

POST

*** NOTICE OF PUBLIC MEETING ***

BOARD OF EXAMINERS

LOCATION: Capitol Building
The Guinn Room
101 N. Carson Street
Carson City, Nevada 89701

VIDEOCONFERENCE: Grant Sawyer State Office Building
555 E. Washington Avenue, Ste. 5100
Las Vegas, Nevada 89101

DATE AND TIME: December 8, 2015 at 10:00 a.m.

Below is an agenda of all items to be considered. **Action will be taken on items preceded by an asterisk (*).** Items on the agenda may be taken out of the order presented, items may be combined for consideration by the public body; and items may be pulled or removed from the agenda at any time at the discretion of the Chairperson.

AGENDA

1. **PUBLIC COMMENTS**
- *2. **FOR POSSIBLE ACTION – APPROVAL OF THE NOVEMBER 10, 2015 BOARD OF EXAMINERS’ MEETING MINUTES**
- *3. **FOR POSSIBLE ACTION – APPROVAL TO PAY A CASH SETTLEMENT**
Pursuant to Article 5, Section 21 of the Nevada Constitution, the State Board of Examiners shall examine all claims against the State.
 - A. **Department of Transportation (NDOT) – Administration – \$127,000**

The department requests settlement approval in the total amount of \$127,000 to fully resolve an eminent domain action to acquire three parcels of real property owned by Iyad Haddad, located at 1725 Loch Lomond Way, 1729 Loch Lomond Way and 1901 Loch Lomond Way in Las Vegas for Project NEON. NDOT previously deposited \$680,000 with the Court for a right of occupancy. NDOT now requests an additional \$127,000 to resolve the action. Approval of the additional amount of \$127,000 would bring the total to \$807,000.

***4. FOR POSSIBLE ACTION – STATE VEHICLE PURCHASES**

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – Public Works – Marlette Lake	1	\$46,825
Department of Administration –Enterprise IT Services	1	\$37,154
Department of Public Safety – Traffic Safety – Motorcycle Safety Program	1	\$54,369
Department of Public Safety – State Fire Marshall	2	\$53,524
Department of Wildlife – Fisheries Management	1	\$30,911
Department of Wildlife – Diversity	2	\$53,160
Department of Wildlife – Habitat	2	\$69,807
Department of Wildlife – Game Management	3	\$90,479
Department of Wildlife – Law Enforcement	5	\$190,105
Department of Wildlife – Conservation Education	1	\$25,761
Total	19	\$652,095

***5. FOR POSSIBLE ACTION – AUTHORIZATION TO CONTRACT WITH A CURRENT AND/OR FORMER EMPLOYEE**

A. Department of Health and Human Services – Division of Welfare and Supportive Services

Pursuant to NRS 333.705, subsection 1, the Division of Welfare and Supportive Services requests authority to contract with a former Social Services Program Specialist 3 position to provide technical assistance with information programming services and training for the Nevada Child Care System database, which provides eligibility, redetermination and payment processes for the Child Care and Development Program.

***6. FOR POSSIBLE ACTION – VICTIMS OF CRIME FISCAL YEAR 2016 1ST QUARTER REPORT AND 2ND QUARTER RECOMMENDATION**

Pursuant to NRS 217.260, the Board of Examiners estimates available revenue and anticipated claim costs each quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 1st quarter fiscal year 2016 Victims of Crime Program report states all approved claims were resolved totaling \$2,251,892.47 with \$1,082,427.45 paid out of the Victims of Crime Program account and \$1,169,465.02 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$8.7 million to help defray crime victims’ medical costs.

Based on the projections the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 2nd quarter of FY 2016.

***7. FOR POSSIBLE ACTION – REQUEST FOR ALLOCATION FROM THE INTERIM FINANCE COMMITTEE CONTINGENCY ACCOUNT**

A. Department of Conservation and Natural Resources – Division of Water Resources - \$200,000

Pursuant to NRS 353.268, the Department of Conservation and Natural Resources-Division of Water Resources requests an allocation of \$200,000 from the Interim Finance Committee Contingency Account to restore funds in the Channel Clearance, Surveying and Monumenting Program to provide funding for restoration and bioengineering projects.

***8. FOR POSSIBLE ACTION – REQUEST FOR AN ALLOCATION FROM THE FUND FOR NEW CONSTRUCTION OF FACILITIES FOR PRISON INDUSTRIES**

A. Department of Corrections – Prison Industries - \$346,507

Pursuant to NRS 209.192, the Department of Corrections, Prison Industries, requests to access \$346,507 from the Fund for New Construction of Facilities for Prison Industries. Funds would be used to purchase new and replacement equipment, new software, buildings and grounds improvements, and materials to allow for expansion and operations improvements to various program activities.

***9. FOR POSSIBLE ACTION – LEASES ([Attached as Exhibit 1](#))**

***10. FOR POSSIBLE ACTION – CONTRACTS ([Attached as Exhibit 2](#))**

***11. FOR POSSIBLE ACTION – MASTER SERVICE AGREEMENTS ([Attached as Exhibit 3](#))**

12. CONTRACTS APPROVED BY THE CLERK OF THE BOARD ([Attached as Exhibit 4](#)) – INFORMATION ITEM

Pursuant to NRS 333.700 subsection 7 (a), the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 – \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from October 16, 2015 through November 13, 2015.

13. INFORMATION ITEMS

A. Fiscal Year 2016 – 1st Quarter Overtime Report

B. Department of Public Safety- Emergency Management – City of Caliente

Pursuant to NRS 353.2755, the Division of Emergency Management is notifying the Board of Examiners of its intent to request a recommendation by the Board of Examiners to the Interim Finance Committee for approval of a grant from the Disaster Relief Account to the City of Caliente to cover expenses for site cleanup and repairs incurred as a result of flash-flooding that occurred on July 15, 2015.

C. Department of Public Safety- Emergency Management – Douglas County

Pursuant to NRS 353.2755, the Division of Emergency Management is notifying the Board of Examiners of its intent to request a recommendation by the Board of Examiners to the Interim Finance Committee for approval of a grant from the Disaster Relief Account to Douglas County to cover expenses for site cleanup and road repair incurred as a result of flash-flooding July 3rd through July 11, 2015.

D. Department of Corrections – Northern Nevada Restitution Center

The Department of Corrections processed the first amendment to the revenue land lease agreement with Dayton Valley Turf, Inc. (DVT) to correct the originally cited land address. DVT utilizes the land for turf operations and employs at least one offender resident.

14. BOARD MEMBERS’ COMMENTS/PUBLIC COMMENTS

***15. FOR POSSIBLE ACTION – ADJOURNMENT**

Notice of this meeting was posted in the following locations:

Blasdel Building, 209 E. Musser St., Carson City, NV

Capitol Building, 101 N. Carson St., Carson City, NV

Legislative Building, 401 N. Carson St., Carson City, NV

Nevada State Library and Archives, 100 Stewart Street, Carson City, NV

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

Capitol Police, Grant Sawyer State Office Building, 555 E. Washington Ave, Las Vegas, NV

Capitolpolice-lasvegas@dps.state.nv.us

Notice of this meeting was posted on the following websites:

<http://budget.nv.gov/Meetings>

<https://notice.nv.gov/>

Any questions regarding the agenda or supporting material for the meeting please contact Director Wells at (775) 684-0222 or you can email us at budget@admin.nv.gov. We are pleased to make reasonable accommodations for members of the public who are disabled and would like to attend the meeting. If special arrangements for the meeting are required, please notify the Department of Administration at least one working day before the meeting at (775) 684-0222 or you can fax your request to (775) 684-0260.

LEASES

BOE #	LESSEE		LESSOR	AMOUNT
1.	Department of Health and Human Services – Aging & Disability Services		JS Park Sahara, LLC	\$156,442
	Lease Description:	This is an amendment to extend an existing lease to house the division.		
	Term of Lease:	01/31/2018 – 01/31/2019	Located in Las Vegas (Suite # 205,208,208A)	
2.	Department of Health and Human Services – Aging & Disability Services		JS Park Sahara, LLC	\$1,563,095
	Lease Description:	This is an amendment to extend an existing lease to house the division.		
	Term of Lease:	01/31/2018 – 01/31/2019	Located in Las Vegas (Suite #207)	
3.	Department of Health and Human Services – Aging & Disability Services		JS Park Sahara, LLC	\$87,312
	Lease Description:	This is an amendment to extend an existing lease to house the division.		
	Term of Lease:	01/31/2018 – 01/31/2019	Located in Las Vegas (Suite #201)	
4.	Department of Health and Human Services – Aging & Disability Services		JS Park Sahara, LLC	\$273,900
	Lease Description:	This is a new lease to expand office space at the current location to house the division.		
	Term of Lease:	01/01/2016 – 01/31/2019	Located in Las Vegas (Suite #310)	
5.	Department of Health and Human Services – Aging & Disability Services – Early Intervention Services		WBCMT 2007-C33 Charleston Boulevard, LLC	\$5,022,101
	Lease Description:	This is an extension of an existing lease to house the agency.		
	Term of Lease:	01/01/2016 – 12/31/2022	Located in Las Vegas	Savings of: \$376,699.81
6.	Department of Health and Human Services – Aging & Disability Services		FNT Corporation	\$1,185,230
	Lease Description:	This is a relocation lease to house the agency.		
	Term of Lease:	01/01/2016 – 12/31/2020	Located in Reno	
7.	Department of Health and Human Services – Public Defenders Office		M & M Bigue Investments, LLC	\$154,262
	Lease Description:	This is an extension of an existing lease to house the agency.		
	Term of Lease:	01/01/2016 – 12/31/2018	Located in Carson City	
8.	Department of Health and Human Services – Welfare and Supportive Services		S. and A. Freshman Family Properties, LLC dba Northgate Plaza	\$112,904
	Lease Description:	This is an extension of an existing lease for warehouse/storage space.		
	Term of Lease:	01/01/2016 – 12/31/2018	Located in Carson City	
9.	Office of the Secretary of State		James W. and Betty Knasiak Trust	\$1,351,254
	Lease Description:	This is a new lease to house the agency.		
	Term of Lease:	01/01/2016 – 12/31/2022	Located in Carson City	
10.	Department of Veterans Services		Sierra Quail, LLC	\$228,192
	Lease Description:	This is a new lease to house the agency and expand the current space.		
	Term of Lease:	01/01/2016 – 12/31/2020	Located in Reno	

BOE #	LESSEE	LESSOR	AMOUNT
11.	Department of Motor Vehicles	Buckingham Holdings, LLC	\$558,616
	Lease Description: This is an extension of an existing lease to house the agency. Term of Lease: 01/01/2016 – 12/31/2023 Located in Winnemucca		
12.	Department of Public Safety – Highway Patrol Parole and Probation – Investigations	Buckingham Holdings, LLC	\$698,272
	Lease Description: This is an extension of an existing lease to house the agency. Term of Lease: 01/01/2016 – 12/31/2023 Located in Winnemucca		
13.	Department of Business and Industry – Real Estate	East College Parkway, L.P.	\$0
	Lease Description: This is an amendment to an existing lease to house the agency. Term of Lease: 09/01/2015 – 08/31/2020 Located in Carson City		
14.	Department of Business and Industry – Office of the Labor Commissioner	East College Parkway, L.P.	\$0
	Lease Description: This is an amendment to an existing lease to house the agency. Term of Lease: 09/01/2015 – 08/31/2020 Located in Carson City		

CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE - FINANCE OFFICE - BUDGET DIVISION	MGT OF AMERICA, INC.	GENERAL	\$160,000	Professional Service
	Contract Description:	This is a new contract that continues ongoing services to the State of Nevada for the preparation of the Statewide Cost Allocation Plan and the Attorney General Cost Allocation Plan for FY 2017, FY 2018, FY 2019 and FY 2020.				
		Term of Contract:	Upon Approval - 12/31/2019	Contract # 17154		
2.	015	GOVERNOR'S OFFICE - FINANCE OFFICE - BUDGET DIVISION	THE JFA INSTITUTE	GENERAL	\$88,910	
	Contract Description:	This is the second amendment to the original contract, which continues projections for prison populations, parole and probation, residential confinement and caseloads for the Parole Board at specific intervals to coordinate with various phases of the state's budget process. This amendment extends the termination date from February 14, 2016 to February 14, 2018 and increases the maximum amount from \$177,820.02 to \$266,730.03 due to the continued need for these services.				
		Term of Contract:	02/14/2012 - 02/14/2018	Contract # 12993		
3.	050	TREASURER'S OFFICE	ATLANTA CAPITAL MANAGEMENT COMPANY, LLC	OTHER: PAID FROM INVESTMENT EARNINGS IN NVEST	\$5,000,000	
	Contract Description:	This is a new contract to provide investment managers responsible for the investment portfolios for local governments approved to participate in the State Treasurer's Local Government Pooled Long Term Investment Account (NVEST) Program.				
		Term of Contract:	11/10/2015 - 11/30/2019	Contract # 17171		
4.	050	TREASURER'S OFFICE	CHICAGO EQUITY PARTNERS, LLC	OTHER: PAID FROM INVESTMENT EARNINGS IN NVEST	\$5,000,000	
	Contract Description:	This is a new contract to provide investment managers responsible for the investment portfolios for local governments approved to participate in the State Treasurer's Local Government Pooled Long Term Investment Account (NVEST) Program.				
		Term of Contract:	11/10/2015 - 11/30/2019	Contract # 17163		
5.	050	TREASURER'S OFFICE	GOVERNMENT PORTFOLIO ADVISORS	OTHER: PAID FROM INVESTMENT EARNINGS IN NVEST	\$5,000,000	
	Contract Description:	This is a new contract to provide investment managers responsible for the investment portfolios for local governments approved to participate in the State Treasurer's Local Government Pooled Long Term Investment Account (NVEST) Program.				
		Term of Contract:	11/10/2015 - 11/30/2019	Contract # 17164		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS - MAIL SERVICES	EXPRESS MESSENGER SYSTEMS, INC. DBA ONTRAC	FEE: MAIL SERVICES FEES	\$63,600	
	Contract Description:	This is the third amendment to the original contract, which provides overnight interdepartmental mail services, pick-up, and delivery between the Carson City Mail Center and the Las Vegas Mail Center every work day. This amendment extends the termination date from December 31, 2015 to December 31, 2016 and increases the maximum amount from \$339,192 to \$402,792 to ensure continuation of this essential service while a new Request for Proposal is processed.				
		Term of Contract:	09/01/2010 - 12/31/2016	Contract # 11355		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS - MARLETTE LAKE WATER SYS-NON-EXEC	LUMOS & ASSOCIATES	OTHER: AGENCY FUNDED CIP - BONDS	\$19,245	Professional Service
		Contract Description: This is the first amendment to the original contract, which provides an Emergency Action Plan (EAP) for the Hobart Reservoir Dam Marlette Water System: CIP Project No. 15-A039; SPWD Contract No. 109551. This amendment increases the maximum amount from \$43,740 to \$62,985 to provide additional professional services relating to the development of a new model for measuring inflow into Hobart Reservoir and a new inundation map to extend downstream beyond habitual structures. Term of Contract: 06/19/2015 - 06/30/2019 Contract # 16871				
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - MARLETTE LAKE	SIERRA CONTROL SYSTEMS, INC.	OTHER: RAW WATER SALES	\$40,000	Sole Source
		Contract Description: This is the second amendment to the original contract, which continues preventive maintenance services for the Marlette Lake Supervising Controls and Data Access System. This amendment increases the contract maximum amount from \$110,144 to \$150,144 due to needed ongoing repairs and upgrades to the Marlette Lake radio system. Term of Contract: 11/13/2012 - 09/30/2016 Contract # 13851				
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	ROUNDS ENGINEERING, LTD	BONDS	\$57,000	Professional Service
		Contract Description: This is a new contract to provide professional architectural/engineering services to install gas fired furnaces in four of the circular dormitories and in the administration building at the Nevada Youth Training Center located in Elko. CIP Project No. 15-M39; SPWD Contract No. 109831. Term of Contract: Upon Approval - 06/30/2019 Contract # 17217				
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	ROUNDS ENGINEERING, LTD	BONDS	\$136,000	Professional Service
		Contract Description: This is a new contract to provide professional architectural/engineering services for the central plant equipment replacement within the education building and multi-purpose building at the Nevada Youth Training Center in Elko. CIP Project No. 13-M40; SPWD Contract No. 109832. Term of Contract: Upon Approval - 06/30/2019 Contract # 17219				

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	AINSWORTH ASSOCIATES	BONDS	\$55,000	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the replacement of 12 existing condensing and evaporator units for the existing refrigerator boxes and five existing condensing and evaporator units for the existing freezer boxes in the central warehouse at the Lovelock Correctional Center: CIP Project No. 15-M10, SPWD Contract No. 109827.					
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 17222			
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	AINSWORTH ASSOCIATES	BONDS	\$70,000	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the replacement of the existing domestic hot water heat exchangers in buildings #1-5 and housing units #3 and #4 at the Lovelock Correctional Center: CIP Project No. 15-M06; SPWD Contract No. 109826.					
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 17221			
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	KITTRELL GARLOCK & ASSOCIATES	BONDS	\$93,700	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services to remodel the administration building (courtroom area and part of the visitation area) to accommodate executions at the Ely State Prison, CIP Project No. 15-C03; SPWD Contract No. 109857.					
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 17267			
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	PETTY & ASSOCIATES, INC.	BONDS	\$60,800	Professional Service	
		Contract Description: This is a new contract to provide professional mechanical and electrical engineering services for the replacement of the existing heating boilers and the water heater in each of the five housing units at the Stewart Conservation Camp in Carson City. CIP Project No. 15-M09; SPWD Contract No. 109807.					
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 17220			
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	ROUNDS ENGINEERING, LTD	BONDS 97% OTHER: TRANSFER FROM CAPITAL PROJECTS FUND 3%	\$190,000	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the HVAC Systems Renovation for housing unit 7, Gymnasium and Law Library at the northern Nevada Correctional Center in Carson City. CIP Project No. 15-M12; SPWD Contract No. 109830.					
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 17216			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	VAN WOERT BIGOTTI ARCHITECTS	BONDS 29% OTHER: TRANSFER FROM VETERANS HOME 4% FEDERAL 67%	\$112,875	Professional Service
		Contract Description: This is a new contract to provide professional architectural/engineering services associated with the production of design and bidding documents for the fixtures, furniture and equipment package for the northern Nevada Veterans Home: CIP Project No. 15-C77; SPWD Contract No. 109840. Term of Contract: Upon Approval - 06/30/2019 Contract # 17243				
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS - NON-EXEC	POGGEMEYER DESIGN GROUP, INC.	BONDS 6% FEDERAL 94%	\$278,106	Professional Service
		Contract Description: This is a new contract to provide for the design and construction of electrical power and security lighting for an organizational parking area and for the design only for the paving of the parking lot area, at the Floyd Edsall Training Center in North Las Vegas: CIP Project No. 15-C06; SPWD Contract No. 109842. Term of Contract: Upon Approval - 06/30/2019 Contract # 17230				
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	AINSWORTH ASSOCIATES	BONDS 92% OTHER: RE-ALLOCATED BOND AUHTORITY TRANSFERRED FROM TREASURER 8%	\$360,000	Professional Service
		Contract Description: This is a new contract to provide professional advanced planning architectural/engineering services for the replacement of the existing hot water and steam boilers, domestic hot water heaters and the associated pumping and piping systems at the northern Nevada Correctional Center in Carson City: CIP Project No. 15-P01; SPWD Contract No. 109829. Term of Contract: Upon Approval - 06/30/2019 Contract # 17232				
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	AINSWORTH ASSOCIATES	BONDS	\$50,000	Professional Service
		Contract Description: This is a new contract to provide professional architectural/engineering services for the replacement of approximately 47 fan coil units in building #6 and 40 fan coil units in building #107 at the Stewart Facility in Carson City: CIP Project No. 15-M26; SPWD Contract No. 109828. Term of Contract: Upon Approval - 06/30/2019 Contract # 17229				
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	HIGHWAY	\$110,000	Professional Service
		Contract Description: This is a new Construction Manager at Risk contract to provide professional architectural/engineering services for the building upgrades at the Flamingo Department of Motor Vehicles in Las Vegas: CIP Project No. 15-M29; SPWD Contract No. 109839. Term of Contract: Upon Approval - 06/30/2019 Contract # 17241				

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21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS STATEWIDE CIP PROJECTS-NON-EXEC	PENTA BUILDING GROUP, LLC	GENERAL 56% BONDS 32% OTHER: TRANSFER FROM LAS VEGAS MENTAL HEALTH 12%	\$1,411,606	Professional Service	
		Contract Description: This is the first amendment to the original contract which provides professional Owner Construction Manager at Risk (CMAR) services for the renovation package of Building #3, Southern Nevada Adult Mental Health Services (SNAMHS); CIP Project No. 13-C08(C) and 15-C01: SPWD Contract No. 109176. This amendment increases the maximum amount of the CMAR contract from \$4,162,842 to \$5,574,448 for additional electrical, HVAC and security renovations to SNAMHS Building #3.					
		Term of Contract:	05/12/2015 - 06/30/2019	Contract # 16575			
22.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	AVIAREPS FRANCE	OTHER: LODGING TAX	\$225,000		
		Contract Description: This is a new contract for ongoing international representation to promote Nevada tourism in France. Services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, media planning and buying, developing foreign brochures, and quarterly progress reports.					
		Term of Contract:	01/01/2016 - 06/30/2017	Contract # 17179			
23.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	CANUCKIWI, LTD	OTHER: LODGING TAX	\$255,750		
		Contract Description: This is a new contract for ongoing international representation to promote Nevada tourism in Australia. Services will include market briefing, media relations, development and maintenance of a foreign website, media planning and buying, developing foreign brochures and quarterly progress reports.					
		Term of Contract:	01/01/2016 - 06/30/2017	Contract # 17182			
24.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	WOLF PROPAGANDA, LTDA	OTHER: LODGING TAX	\$187,500		
		Contract Description: This is a new contract for ongoing international representation to promote Nevada tourism in Brazil. Services will include market briefing, media relations, development and maintenance of a foreign website, media planning and buying, developing foreign brochures, and quarterly progress reports.					
		Term of Contract:	01/01/2016 - 06/30/2017	Contract # 17208			
25.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	NOR-CAL BATTERY CO.	FEE: USER FEES	\$857,599		
		Contract Description: This is a new contract to provide replacement of existing battery systems, racks and ancillary equipment.					
		Term of Contract:	Upon Approval - 06/30/2020	Contract # 17190			
26.	240	DEPARTMENT OF VETERANS SERVICES	OMNICARE NEVADA, LLC DBA RESOURCE PHARMACY	FEDERAL 50% OTHER FUNDING: PRIVATE FUNDS 50%	\$400,000		
		Contract Description: This is a new contract that continues ongoing pharmaceutical services.					
		Term of Contract:	05/09/2014 - 06/30/2016	Contract # 17137			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	EDUCATIONAL RESEARCH & TRAINING CORP.	FEDERAL	\$282,000	Sole Source
	Contract Description:	This is a new contract which provides a web-based tutorial system, a service delivery plan for Nevada, a comprehensive needs assessment, and an evaluation of the Migrant Education Program students. The contractor will ensure the service delivery plan, the needs assessment, and the evaluation all complement each other and will maintain a web-based certificate of eligibility system that meets federal requirements and provides an interface between the U.S. Department of Education's M-SIX data system and the Nevada Department of Education.				
	Term of Contract:	01/01/2016 - 12/31/2019	Contract # 17166			
28.	300	DEPARTMENT OF EDUCATION - ELEMENTARY & SECONDARY EDUCATION - TITLE I	LEITNER, DAVID DBA PACIFIC RESEARCH ASSOCIATES	FEDERAL	\$49,300	
	Contract Description:	This is the third amendment to the original contract to collect the required data for the Federal Comprehensive State Performance Report for applicable Title I and Title III programs as well as evaluate the 21st Century Community Learning Center programs. This amendment extends the termination date from November 30, 2015 to November 30, 2016 and increases the amount of the contract from \$139,740 to \$189,040 due to the continued need for these services.				
	Term of Contract:	09/11/2012 - 11/30/2016	Contract # 13742			
29.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	NEXT GENERATION ASSESSMENT LLC - DBA ACT ASPIRE, LLC	FEE: CHARTER SCHOOL FEES	\$1,656,272	Sole Source
	Contract Description:	This is a new contract to provide comprehensive assessments for grades third through tenth in state sponsored charter schools that will track student's proficiency and academic growth over multiple years.				
	Term of Contract:	01/01/2016 - 12/31/2019	Contract # 17242			
30.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING & DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	CATAMARAN	OTHER: TOBACCO FUNDS	\$1,888,612	
	Contract Description:	This is the second amendment to the original contract, which provides services for Nevada two-part State Pharmaceutical Assistance Program. This amendment increases the maximum amount from \$5,100,000 to \$6,988,612 due to the continued need for these services.				
	Term of Contract:	07/01/2012 - 06/30/2016	Contract # 13430			
31.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	LINCOLN COUNTY	OTHER: COUNTY PROVIDES NON-FEDERAL SHARE.	\$237,587	Exempt
	Contract Description:	This is a new interlocal revenue agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 17184			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	LYON COUNTY HUMAN SERVICES	OTHER: COUNTY PROVIDES NON-FEDERAL SHARE.	\$1,606,512	Exempt
	Contract Description:	This is a new interlocal revenue agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 17185			
33.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	NYE COUNTY HEALTH AND HUMAN SERVICES	OTHER: COUNTY PROVIDES NON-FEDERAL SHARE.	\$1,014,134	Exempt
	Contract Description:	This is a new interlocal revenue agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 17186			
34.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	A'VIANDS, LLC	GENERAL 37% OTHER: TRANSFER FROM LCC AND NNCAS 63%	\$2,500,000	
	Contract Description:	This is the first amendment to the original contract, which provides food management services to Northern Nevada Adult Mental Health Services (NNAMHS), Lake's Crossing Center and Northern Nevada Child and Adolescent Services, all located on the NNAMHS campus in Sparks. This amendment extends the termination date from December 31, 2015 to December 31, 2017, and increases the maximum amount from \$2,500,000 to \$5,000,000 due to the continued need for these services and amends specific language.				
	Term of Contract:	01/01/2014 - 12/31/2017	Contract # 15082			
35.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - RURAL CLINICS	BOARD OF REGENTS- UNIVERSITY OF NEVADA SCHOOL OF MEDICINE	GENERAL	\$102,840	
	Contract Description:	This is a new interlocal agreement that continues ongoing psychiatric telemedicine services from University of Nevada School of Medicine (UNSOM) Child and Adolescent Fellows. UNSOM faculty and fellows will be in compliance with the Joint Commission standards for medical staff providing telemedicine services.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 17165			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - FIELD SERVICES	CHANGE AND INNOVATION AGENCY	GENERAL 30% FEDERAL 70%	\$537,100	
	Contract Description:	This is the second amendment to the original contract, which provides a lobby management system in eight additional district offices (anticipated to be Las Vegas - Lewis, Cambridge and Decatur; Elko/Ely, Pahrump, Community Assistance Center, Yerington, and Winnemucca), and the training facilities located in the north and the south. This amendment increases the maximum amount from \$765,400 to \$1,302,500 as stated in the revised Attachment AA - Negotiated Cost Summary.				
		Term of Contract:	03/11/2014 - 06/30/2018	Contract # 15298		
37.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	MAXIMUS HUMAN SERVICES	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$229,444	
	Contract Description:	This is the third amendment to the original contract, which provides a feasibility study for the modernization and/or replacement of the Child Support Enforcement Program (CSEP) computer system application that processes CSEP claims related to Nevada's citizens entitled to child support. This amendment increases the maximum amount from \$1,812,295 to \$2,041,739, revises the incorporated documents language by incorporating Attachment GG: Statement of Work - Feasibility Study Completion, and revises Attachment AA - Deliverable Payment Schedule.				
		Term of Contract:	04/08/2014 - 06/30/2016	Contract # 15347		
38.	550	DEPARTMENT OF AGRICULTURE - REGISTRATION & ENFORCEMENT	CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.	FEDERAL	\$180,000	
	Contract Description:	This is a new contract to provide services for collecting, removing, and disposing of unwanted pesticides from industrial and homeowner users. Services will be provided in accordance with local, state and federal hazardous waste disposal requirements.				
		Term of Contract:	01/01/2016 - 12/31/2019	Contract # 17159		
39.	690	COLORADO RIVER COMMISSION	ELECTRIC RESOURCES STRATEGIES, INC.	OTHER: POWER ADMINISTRATIVE/ REVENUE CHARGES	\$75,000	Professional Service
	Contract Description:	This is a new contract to provide engineering review and oversight of the United States Bureau of Reclamation (USBR) and Western Area Power Administration's (WAPA) hydropower generation projects on behalf of the commission as a contractor. This review includes an analysis of the engineering justifications presented by USBR and WAPA related to the required ten year plans, operational forecasts, federal regulations and commission rights and obligations.				
		Term of Contract:	Upon Approval - 06/30/2018	Contract # 17168		
40.	700	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - SAGEBRUSH ECOSYSTEM	ENVIRONMENTAL INCENTIVES, LLC	GENERAL	\$383,279	
	Contract Description:	This is the third amendment to the original contract, which creates the Greater Sage-Grouse Conservation Credit System for the State of Nevada. This amendment extends the termination date from December 31, 2015 to December 31, 2017 and increases the maximum amount from \$615,750 to \$999,029 to continue build out and implementation of the Conservation Credit System.				
		Term of Contract:	12/03/2013 - 12/31/2017	Contract # 15176		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
41.	702	DEPARTMENT OF WILDLIFE - WILDLIFE CIP - NON-EXEC	BASIN ENGINEERING	BONDS 25% FEDERAL 75%	\$100,000	Professional Service
	Contract Description:	This is the first amendment to the original contract, which provides civil engineering and surveying services statewide. This amendment increases the maximum amount from \$49,999 to \$149,999 due to an increase in volume of work at Comins Lake boat launch.				
		Term of Contract:	10/01/2015 - 09/30/2019	Contract # 17118		
42.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	PROBIS, LTD	GENERAL 23% OTHER: SPORTSMANS REVENUE 77%	\$95,000	
	Contract Description:	This is a new contract to provide video production to complete a series of videos for general wildlife education, urban wildlife education and other species purposes.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 17231		
43.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS- UNLV	FEDERAL	\$1,092,382	
	Contract Description:	This is a new interlocal agreement to provide vocational rehabilitation services to students with disabilities and help them acquire the academic preparation and job skills necessary to successfully obtain employment.				
		Term of Contract:	01/01/2016 - 06/30/2019	Contract # 17144		
44.	B026	BOARD OF OSTEOPATHIC MEDICINE	MCDONALD, CARANO AND WILSON, LLP	OTHER: AGENCY FUNDS	\$63,000	
	Contract Description:	This is new contract to obtain legislative advice, counsel, representation and assistance.				
		Term of Contract:	01/01/2016 - 12/31/2017	Contract # 17188		

MASTER SERVICE AGREEMENT

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
MSA 1.	MSA	VARIOUS STATE AGENCIES	ENTERPRISE LEASING COMPANY - WEST LLC	OTHER: VARIOUS AGENCY FUNDS	\$400,000	
	Contract Description:	This is a new Participating Addendum to the NASPO ValuePoint contract to provide nationwide vehicle rental services for travelers from State of Nevada agencies and the state's political subdivisions.				
		Term of Contract:	01/01/2016 - 10/18/2017	Contract # 17255		
MSA 2.	MSA	VARIOUS STATE AGENCIES	SIGN LANGUAGE COMMUNICATION	OTHER: VARIOUS AGENCY FUNDS	\$250,000	
	Contract Description:	This is a new contract to provide in-person sign language translation and interpretive services for deaf and hard-of-hearing persons.				
		Term of Contract:	11/11/2015 - 05/31/2019	Contract # 17139		
MSA 3.	MSA	VARIOUS STATE AGENCIES	THE HERTZ CORPORATION	OTHER: VARIOUS AGENCY FUNDS	\$250,000	
	Contract Description:	This is a new Participating Addendum to the NASPO ValuePoint contract to provide nationwide vehicle rental services for travelers from State of Nevada agencies and its political subdivisions.				
		Term of Contract:	01/01/2016 - 10/18/2017	Contract # 17206		

INFORMATION CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CASHMAN EQUIPMENT	FEE: BUILDING AND GROUNDS RENTAL INCOME FEES	\$35,120	
	Contract Description:	This is a new contract that provides ongoing maintenance, inspection, and repair services for the automatic transfer switches, generators and fire pumps for state owned facilities throughout Southern Nevada at the request and approval of Buildings and Grounds.				
		Term of Contract:	10/28/2015 - 09/30/2019	Contract # 17101		
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JCRNO, INC.	FEE: BUILDINGS AND GROUNDS RENTAL INCOME FEES	\$20,508	
	Contract Description:	This is a new contract that provides ongoing janitorial services for the Stewart Facility, building number 107 located at 5500 Snyder, Carson City.				
		Term of Contract:	10/01/2015 - 09/30/2016	Contract # 17153		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	KITTRELL GARLOCK & ASSOCIATES	BONDS 92% OTHER: TRANSFER FROM TREASURE - RE-ALLOCATED BOND AUTHORITY 8%	\$23,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the renovation of Building 3, Phase II, southern Nevada Adult Mental Health Services. Services provided for the security control room, security fence, stair enclosure and construction administration services for phase II of the projects: CIP Project No. 15-C01; SPWD Contract No. 109757.				
		Term of Contract:	10/28/2015 - 06/30/2019	Contract # 17196		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	PETTY & ASSOCIATES, INC.	BONDS	\$19,800	Professional Service
	Contract Description:	This is a new contract to provide professional mechanical engineering services for the ductwork replacement at Lake's Crossing: CIP Project No. 15-M20, SPWD Contract No. 109812.				
		Term of Contract:	10/29/2015 - 06/30/2019	Contract # 17209		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	PETTY & ASSOCIATES, INC.	BONDS	\$32,400	Professional Service
	Contract Description:	This is a new contract to provide professional mechanical and electrical engineering services for the replacement of the existing refrigeration system in two (each) existing refrigerators and freezers located at the northern Nevada Correctional Center central warehouse: CIP Project No. 15-M13, SPWD Contract No. 109811.				
		Term of Contract:	10/29/2015 - 06/30/2019	Contract # 17210		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS - NON-EXEC	ROUNDS ENGINEERING, LTD	BONDS 10% OTHER: TRANSFER IN FEDERAL GRANT REVIEW 90%	\$29,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services to replace domestic water heaters, faucets and associated systems at the Stead Regional Training Institute, buildings 8203 - 8209: CIP Project No. 15-M99, SPWD Contract No. 109834.				
		Term of Contract:	10/29/2015 - 06/30/2019	Contract # 17211		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CIVILWORKS, INC.	HIGHWAY	\$25,880	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Henderson Department of Motor Vehicles Americans with Disabilities Act Accessible Route Improvements - parking lot improvements: CIP Project No. 15-S05h1(2), SPWD Contract No. 109781.				
		Term of Contract:	10/28/2015 - 06/30/2019	Contract # 17197		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CROOK, RAY	BONDS 79% OTHER: TRANSFER FROM TREASURER - RE- ALLOCATED BOND AUTHORITY 21%	\$28,350	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the roof replacement at Building N. 1, Lovelock Correctional Center: CIP Project No. 15-S01-2, SPWD Contract No. 109759.				
		Term of Contract:	10/28/2015 - 06/30/2019	Contract # 17194		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PGAL, LLC	BONDS	\$42,900	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering design services for the Americans with Disabilities Act (ADA) upgrades for building 13 at the Southern Nevada Child and Adolescent Services facility located at 6171 West Charleston Blvd., Las Vegas: CIP Project No. 15-S02-2; SPWD Contract No. 109775.				
		Term of Contract:	10/29/2015 - 06/30/2019	Contract # 17213		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - STATEWIDE CIP PROJECTS- NON-EXEC	THE DUBE GROUP, INC.	GENERAL 56% OTHER: TRANSFER FROM TREASURER - REALLOCATED BOND AUTHORITY 44%	\$11,226	Professional Service
	Contract Description:	This is the first amendment to the original contract, provides professional architectural/engineering services for exterior finishes for the Governor's Mansion Complex; Project No. 13-M52; Contract No. 82223. This amendment increases the maximum amount from \$50,500 to \$61,726 to provide additional design services associated with the removal and replacement of handrails for the accessible ramps and stairs leading into the Governor's mansion.				
		Term of Contract:	10/08/2013 - 06/30/2017	Contract # 14904		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS - NON- EXEC	PAUL CAVIN ARCHITECT LLC	BONDS	\$33,855	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for security, safety and drainage improvements at the Nevada Historical Society located on the University of Nevada campus in Reno: CIP Project No. 15-M33, SPWD Contract No. 109744.				
		Term of Contract:	10/28/2015 - 06/30/2019	Contract # 17195		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	082	DEPARTMENT OF ADMINISTRATION ADMIN - STATE PUBLIC WORKS DIVISION All Budget Accounts	HERSHENOW & KLIPPENSTEIN, LTD	OTHER: AGENCY FUNDED CIP - FEDERAL FUNDS	\$15,800	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Combined Support Maintenance Shops Door Replacement project, CIP Project No. 14-A014-6; SPWD Contract No. 109787.				
		Term of Contract:	10/30/2015 - 06/30/2018	Contract # 17218		
13.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-DIVISION OF TOURISM	ARBORGLYPH	OTHER: LODGING TAX	\$49,000	
	Contract Description:	This is a new contract to provide audio/visual production services which includes shooting, recording, editing and producing videos, multi-media presentations and audio tracks for use at trade shows, events and on various digital and video channels.				
		Term of Contract:	10/27/2015 - 06/30/2017	Contract # 17200		
14.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-DIVISION OF TOURISM	ORANGETREE PRODUCTIONS	OTHER: LODGING TAX	\$49,000	
	Contract Description:	This is a new contract to provide audio/visual production services which includes shooting, recording, editing and producing videos, multi-media presentations and audio tracks for use at trade shows, events and on various digital and video channels.				
		Term of Contract:	10/27/2015 - 06/30/2017	Contract # 17201		
15.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-DIVISION OF TOURISM	XPLORIT	OTHER: LODGING TAX	\$49,000	
	Contract Description:	This is a new contract to provide audio/visual production services which includes shooting, recording, editing and producing videos, multi-media presentations and audio tracks for use at trade shows, events and on various digital and video channels.				
		Term of Contract:	10/27/2015 - 06/30/2017	Contract # 17199		
16.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	GREAT BASIN REGIONAL DEVELOPMENT AUTHORITY	GENERAL	\$20,000	
	Contract Description:	This is the second amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment increases the maximum amount from \$380,000 to \$400,000 due to expanded representation to include Esmeralda County.				
		Term of Contract:	08/13/2013 - 06/30/2017	Contract # 14713		
17.	300	DEPARTMENT OF EDUCATION STUDENT AND SCHOOL SUPPORT	21ST CENTURY STUDENT SUPPORT SERVICES	FEDERAL	\$40,047	
	Contract Description:	This is a new contract that continues ongoing technical assistance, training and data reviews to local school districts and community-based organizations that receive funding under Nevada Department of Education's 21st Century Community Learning Center program for the purpose of collecting data and preparing an annual report, as required under federal funding regulations.				
		Term of Contract:	10/01/2015 - 04/30/2016	Contract # 17198		
18.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	GEN-TECH OF NEVADA, INC.	GENERAL 50.2% FEDERAL 49.8%	\$13,700	
	Contract Description:	This is the first amendment to the original contract which continues ongoing generator inspection and maintenance services. This amendment extends the termination date from December 31, 2015 to December 31, 2017 and increases the maximum amount from \$13,700 to \$27,400 due to the continued need for these services.				
		Term of Contract:	01/01/2014 - 12/31/2017	Contract # 14995		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	GARDNER MECHANICAL SERVICES	GENERAL	\$20,000	
	Contract Description:	This is a new contract that continues ongoing air conditioning and heating services. The contractor will, on an as needed basis, provide for the maintenance, repair, and/or replacement of heating and air conditioning units.				
		Term of Contract:	11/06/2015 - 09/30/2017	Contract # 17099		
20.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	HANSEN HUNTER & COMPANY PC	GENERAL	\$39,450	Professional Service
	Contract Description:	This is a new contract that continues to provide ongoing certified public accounting services to prepare and submit required Medicare Cost Reports to Mutual of Omaha.				
		Term of Contract:	10/19/2015 - 06/30/2017	Contract # 17124		
21.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	NEVADA CHILLER AND BOILER, INC.	GENERAL	\$24,000	Exempt
	Contract Description:	This is a new contract to provide emergency repairs to the air handling unit located in Building 25, the Dini Townsend Hospital, which houses the inpatient unit, rapid stabilization unit and the Lake's Crossing Annex.				
		Term of Contract:	09/29/2015 - 12/31/2016	Contract # 17173		
22.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	FAST GLASS	GENERAL	\$17,422	
	Contract Description:	This is a new contract to replace windows in the family learning homes.				
		Term of Contract:	11/10/2015 - 12/31/2015	Contract # 17244		
23.	431	OFFICE OF THE MILITARY	MCGINLEY & ASSOCIATES, INC.	FEDERAL	\$27,040	
	Contract Description:	This is a new contract to provide direct push groundwater sampling services, in accordance with the Washoe County Health District and State of Nevada guidelines, regulations and environmental laws, at the Army Aviation Support Facility. Testing will be performed to test for quantities of perchloroethylene in surrounding groundwater.				
		Term of Contract:	09/13/2015 - 03/30/2016	Contract # 17061		
24.	440	DEPARTMENT OF CORRECTIONS - HIGH DESERT STATE PRISON	DESERT BOILERS & CONTROLS, INC.	GENERAL	\$11,875	
	Contract Description:	This is a new contract to provide labor and installation to replace a ruptured tube to the #1 steam boiler for the culinary and laundry operations and repair water damaged refractory on the burner wall located at High Desert State Prison.				
		Term of Contract:	11/05/2015 - 01/31/2016	Contract # 17204		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	654	DEPARTMENT OF PUBLIC SAFETY - EMERGENCY MANAGEMENT	EXHIBITONE CORPORATION	GENERAL 20% FEDERAL 80%	\$15,000	
	Contract Description:	This is a new contract to provide, on an as needed basis, ongoing repair and maintenance support services for the audiovisual systems located in the State Emergency Operations Center in Carson City.				
		Term of Contract:	10/29/2015 - 06/30/2016	Contract # 16822		
26.	702	DEPARTMENT OF WILDLIFE - WILDLIFE CIP - NON-EXEC	LUMOS AND ASSOCIATES	BONDS 25% FEDERAL 75%	\$49,999	Professional Service
	Contract Description:	This is a new contract to provide on call engineering and surveying services to the eastern and western regions of Nevada.				
		Term of Contract:	11/04/2015 - 09/30/2019	Contract # 17205		
27.	702	DEPARTMENT OF WILDLIFE - WILDLIFE CIP - NON-EXEC	PK ELECTRICAL, INC.	BONDS 50% FEDERAL 50%	\$49,999	Professional Service
	Contract Description:	This is a new contract to provide new electrical engineering and electrical engineering modification designs for the department's statewide facilities.				
		Term of Contract:	11/04/2015 - 10/31/2019	Contract # 17227		
28.	702	DEPARTMENT OF WILDLIFE - WILDLIFE CIP - NON-EXEC	SUMMIT ENGINEERING CORPORATION	BONDS 25% FEDERAL 75%	\$49,999	Professional Service
	Contract Description:	This is a new contract to provide on call engineering and surveying services to the department statewide. Services may include, but are not limited to civil engineering design, surveying, mapping and construction inspection.				
		Term of Contract:	11/04/2015 - 09/30/2019	Contract # 17189		
29.	702	DEPARTMENT OF WILDLIFE - FISHERIES MANAGEMENT	LAS VEGAS BOAT HARBOR, INC. DBA LAS VEGAS BAY MARINA	FEE: LICENSE FEES 25% FEDERAL 75%	\$12,768	
	Contract Description:	This is a new lease agreement for boat slip rental for NDOW vessel#NC3602EX for continual field work done by the Fisheries Division on Lake Mead.				
		Term of Contract:	11/04/2015 - 06/30/2019	Contract # 17223		
30.	706	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - FORESTRY	CALIFORNIA GENERATOR SERVICE NEVADA	GENERAL	\$11,000	
	Contract Description:	This is the first amendment to the original contract, which provides ongoing service to the Nevada Division of Forestry's emergency backup generators at various locations throughout the state. This amendment increases the maximum amount from \$9,000 to \$20,000 due to unanticipated high cost repairs to the generators.				
		Term of Contract:	01/01/2014 - 01/31/2016	Contract # 14943		
31.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	CITY OF HENDERSON	OTHER: BUSINESS ENTERPRISE SET ASIDE	\$17,944	Exempt
	Contract Description:	This is a new interlocal agreement to provide an operator and/or a vendor to manage the snack bar and/or vending services at the Henderson Pavilion, including reimbursement of police and electrician salary costs, for scheduled events.				
		Term of Contract:	11/09/2015 - 12/31/2019	Contract # 17143		
32.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS-UNLV	GENERAL 21.3% FEDERAL 78.7%	\$45,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide dental services for southern Nevada Vocational Rehabilitation clients to obtain competitive employment or re-enter the work environment.				
		Term of Contract:	11/04/2015 - 12/31/2018	Contract # 17215		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	GEN TECH OF NEVADA, INC.	OTHER: ESD SPECIAL FUND	\$11,808	
	Contract Description:	This is the first amendment to the original new contract, which provides ongoing annual scheduled maintenance, load testing, and biweekly operational inspection for the KATOLKITE 1500 kilowatt diesel generator, which is located at 2800 E. St. Louis Avenue, Las Vegas. This amendment increases the maximum amount from \$21,560.08 to \$33,368.08 due to emergency repairs and the continued need for these services.				
		Term of Contract:	06/01/2014 - 05/31/2016	Contract # 15608		
34.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	KPS3	OTHER: 63% STATE SUBSIDY/ 37% PREMIUM REVENUE	\$48,800	Exempt
	Contract Description:	This is a new contract to provide a website redesign.				
		Term of Contract:	11/06/2015 - 11/01/2016	Contract # 17226		
35.	B036	BOARD OF MASSAGE THERAPISTS	COLLEEN PLATT DBA PLATT LAW GROUP	OTHER: BOARD FUNDS	\$49,000	Professional Service, FORMER EMPLOYEE
	Contract Description:	This is a new contract to retain legal assistance from outside counsel.				
		Term of Contract:	11/10/2015 - 09/30/2017	Contract # 17203		

DETAILED AGENDA

December 8, 2015

1. PUBLIC COMMENTS

Comments:

*2. FOR POSSIBLE ACTION – APPROVAL OF THE NOVEMBER 10, 2015 BOARD OF EXAMINERS’ MEETING MINUTES

Clerk’s Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

*3. FOR POSSIBLE ACTION – APPROVAL TO PAY A CASH SETTLEMENT

Pursuant to Article 5, Section 21 of the Nevada Constitution, the State Board of Examiners shall examine all claims against the State.

A. Department of Transportation (NDOT) – Administration – \$127,000

The department requests settlement approval in the total amount of \$127,000 to fully resolve an eminent domain action to acquire three parcels of real property owned by Iyad Haddad, located at 1725 Loch Lomond Way, 1729 Loch Lomond Way and 1901 Loch Lomond Way in Las Vegas for Project NEON. NDOT previously deposited \$680,000 with the Court for a right of occupancy. NDOT now requests an additional \$127,000 to resolve the action. Approval of the additional amount of \$127,000 would bring the total to \$807,000.

Clerk’s Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

*4. FOR POSSIBLE ACTION – STATE VEHICLE PURCHASES

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – Public Works – Marlette Lake	1	\$46,825
Department of Administration –Enterprise IT Services	1	\$37,154
Department of Public Safety – Traffic Safety – Motorcycle Safety Program	1	\$54,369
Department of Public Safety – State Fire Marshall	2	\$53,524
Department of Wildlife – Fisheries Management	1	\$30,911
Department of Wildlife – Diversity	2	\$53,160

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Wildlife – Habitat	2	\$69,807
Department of Wildlife – Game Management	3	\$90,479
Department of Wildlife – Law Enforcement	5	\$190,105
Department of Wildlife – Conservation Education	1	\$25,761
Total	19	\$652,095

Clerk’s Recommendation: I recommend approval.

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

Comments:

***5. FOR POSSIBLE ACTION – AUTHORIZATION TO CONTRACT WITH A CURRENT AND/OR FORMER EMPLOYEE**

A. Department of Health and Human Services – Division of Welfare and Supportive Services

Pursuant to NRS 333.705, subsection 1, the Division of Welfare and Supportive Services requests authority to contract with a former Social Services Program Specialist 3 position to provide technical assistance with information programming services and training for the Nevada Child Care System database, which provides eligibility, redetermination and payment processes for the Child Care and Development Program.

Clerk’s Recommendation: I recommend approval.

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

Comments:

***6. FOR POSSIBLE ACTION – VICTIMS OF CRIME FISCAL YEAR 2016 1ST QUARTER REPORT AND 2ND QUARTER RECOMMENDATION**

Pursuant to NRS 217.260, the Board of Examiners estimates available revenue and anticipated claim costs each quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 1st quarter fiscal year 2016 Victims of Crime Program report states all approved claims were resolved totaling \$2,251,892.47 with \$1,082,427.45 paid out of the Victims of Crime Program account and \$1,169,465.02 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$8.7 million to help defray crime victims’ medical costs.

Based on the projections the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 2nd quarter of FY 2016.

Clerk's Recommendation: I recommend approval.

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

Comments:

***7. FOR POSSIBLE ACTION – REQUEST FOR ALLOCATION FROM THE INTERIM FINANCE COMMITTEE CONTINGENCY ACCOUNT**

- A. Department of Conservation and Natural Resources – Division of Water Resources - \$200,000**

Pursuant to NRS 353.268, the Department of Conservation and Natural Resources-Division of Water Resources requests an allocation of \$200,000 from the Interim Finance Committee Contingency Account to restore funds in the Channel Clearance, Surveying and Monumenting Program to provide funding for restoration and bioengineering projects.

Clerk's Recommendation: I recommend approval.

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

Comments:

***8. FOR POSSIBLE ACTION – REQUEST FOR AN ALLOCATION FROM THE FUND FOR NEW CONSTRUCTION OF FACILITIES FOR PRISON INDUSTRIES**

- A. Department of Corrections – Prison Industries - \$346,507**

Pursuant to NRS 209.192, the Department of Corrections, Prison Industries, requests to access \$346,507 from the Fund for New Construction of Facilities for Prison Industries. Funds would be used to purchase new and replacement equipment, new software, buildings and grounds improvements, and materials to allow for expansion and operations improvements to various program activities.

Clerk's Recommendation: I recommend approval.

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

Comments:

***9. FOR POSSIBLE ACTION – LEASES ([Attached as Exhibit 1](#))**

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

Clerk's Recommendation: I recommend approval.

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

Comments:

***10. FOR POSSIBLE ACTION – CONTRACTS ([Attached as Exhibit 2](#))**

Forty-four statewide contracts were submitted to the Board for review and approval.

Clerk’s Recommendation: I recommend approval.

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

Comments:

***11. FOR POSSIBLE ACTION – MASTER SERVICE AGREEMENTS ([Attached as Exhibit 3](#))**

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

Clerk’s Recommendation: I recommend approval.

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

Comments:

12. CONTRACTS APPROVED BY THE CLERK OF THE BOARD ([Attached as Exhibit 4](#)) – INFORMATION ITEM

Pursuant to NRS 333.700 subsection 7 (a), the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 – \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from October 16, 2015 through November 13, 2015.

Thirty-five contracts were submitted for the boards review

Comments:

13. INFORMATION ITEMS

A. Fiscal Year 2016 – 1st Quarter Overtime Report

Comments:

B. Department of Public Safety- Emergency Management – City of Caliente

Pursuant to NRS 353.2755, the Division of Emergency Management is notifying the Board of Examiners of its intent to request a recommendation by the Board of Examiners to the Interim Finance Committee for approval of a grant from the Disaster Relief Account to the City of Caliente to cover expenses for site cleanup and repairs incurred as a result of flash-flooding that occurred on July 15, 2015.

Comments:

C. Department of Public Safety- Emergency Management – Douglas County

Pursuant to NRS 353.2755, the Division of Emergency Management is notifying the Board of Examiners of its intent to request a recommendation by the Board of Examiners to the Interim Finance Committee for approval of a grant from the Disaster Relief Account to Douglas County to cover expenses for site cleanup and road repair incurred as a result of flash-flooding July 3rd through July 11, 2015.

Comments:

D. Department of Corrections – Northern Nevada Restitution Center

The Department of Corrections processed the first amendment to the revenue land lease agreement with Dayton Valley Turf, Inc. (DVT) to correct the originally cited land address. DVT utilizes the land for turf operations and employs at least one offender resident.

Comments:

14. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

Comments:

***15. FOR POSSIBLE ACTION – ADJOURNMENT**

Clerk's Recommendation: I recommend approval.

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

Comments:

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

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

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

Date: November 4, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

APPROVAL TO PAY A CASH SETTLEMENT

Pursuant to Article 5, Section 21 of the Nevada Constitution, the State Board of Examiners may approve, settle or deny any claim or action against the State, any of its agencies or any of its present or former officers, employees, immune contractors or State Legislators.

Agenda Item Write-up:

Department of Transportation (NDOT) – Administration - \$127,000

The department requests settlement approval in the total amount of \$127,000 to fully resolve an eminent domain action to acquire three parcels of real property owned by Iyad Haddad, located at 1725 Loch Lomond Way, 1729 Loch Lomond Way and 1901 Loch Lomond Way in Las Vegas for Project Neon. NDOT previously deposited \$680,000 with the Court for a right of occupancy. NDOT now requests an additional \$127,000 to resolve the action. Approval of the additional amount of \$127,000 would bring the total to \$807,000.

Additional Information:

NDOT has considered the benefits of settlement and has made the decision that settlement is reasonable, prudent, and in the public interest. If the board approves the settlement, NDOT intends to enter into a settlement agreement and/or stipulated order to resolve the action in full for the said amount, inclusive of all attorneys' fees, costs, and interest. NDOT will seek reimbursement from the Federal Highway Administration for the proposed settlement amount.

Statutory Authority:



MEMORANDUM

1263 South Stewart
Street
Carson City, Nevada

Date: November 2, 2015
To: Board of Examiners
Governor Brian Sandoval
Attorney General Adam Paul Laxalt
Secretary of State Barbara Cegavske

RECEIVED

NOV 03 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

From: Rudy Malfabon, Director, Nevada Department of Transportation
Dennis Gallagher, Chief Deputy Attorney General
John Witucki, Deputy Attorney General

Subject: Proposed Settlement of an Eminent Domain Action
State of Nevada v. Loch Lomond Trust, et al.,
Eighth Judicial District Court Case No. A-15-718297-C

SUMMARY

NDOT filed the above-referenced eminent domain action in May 2015 to acquire three parcels of real property in fee located on Loch Lomond Way in Las Vegas for Project Neon.

NDOT requests settlement approval in the total amount of \$807,000 to fully resolve the action and acquire the three properties. NDOT previously deposited with the Court \$680,000 representing its June 2014 appraised value of the properties in order to obtain occupancy. NDOT now requests an additional \$127,000 to acquire the properties and fully resolve the action with the landowner.

THE SUBJECT PROPERTIES

The subject properties in this matter are three improved residential properties located at 1725 Loch Lomond Way (APN 162-04-311-028); 1729 Loch Lomond Way (APN 162-04-311-027); and 1901 Loch Lomond Way (APN 162-04-311-018) (collectively, the "Properties").

NEGOTIATIONS PRIOR TO THE CONDEMNATION ACTION

On October 28, 2014, NDOT sent offer letters to the landowner, Iyad Haddad (through his trusts), attempting to acquire each of the Properties. The offers presented to the landowner were based on appraisals prepared for NDOT dated June 23, 2014.

The offers for each of the Properties were in the following amounts: \$245,000 for the 1725 Loch Lomond Way property (APN 162-04-311-028); \$205,000 for the 1729 Loch Lomond Way property (APN 162-04-311-027); and \$230,000 for the 1901 Loch

Lomond Way property (APN 162-04-311-018), for a total collective amount of \$680,000.

On December 17, 2014, the landowner emailed NDOT and rejected NDOT's written offer of \$680,000 for the Properties. The landowner made a counteroffer of \$3,780,000 for NDOT to acquire his Properties. NDOT rejected that counteroffer.

NDOT nevertheless continued negotiations with the landowner, and in an effort to compromise, made a collective counteroffer of \$807,000 for the three properties in February 2015. This increase was justified by utilizing new comparable sales and an acknowledgment of appreciation in values since the 2014 appraisal was completed. The landowner originally rejected this offer, but he now wishes to accept it as discussed below.

THE ACTION

Because of the impasse in negotiations between NDOT and the landowner, and needing to move forward with the acquisition of the Properties, NDOT filed a condemnation action on May 12, 2015. The landowner filed an answer to the condemnation complaint on June 24, 2015, but he did not assert any counterclaims against NDOT.

On July 20, 2015, NDOT obtained occupancy of the Properties. In connection with such occupancy, NDOT deposited \$680,000 with the clerk of the Court for the landowner's withdrawal. Again, the \$680,000 amount was based on the appraised value of the Properties as of June 23, 2014.

On October 15, 2015, the landowner offered to fully settle his claims in this case for the \$807,000 amount that NDOT had previously offered as an administrative settlement to acquire the Properties.

POINTS THAT FAVOR SETTLEMENT

The landowner's offer to settle this litigation for \$807,000 is reasonable given that NDOT had already offered to acquire the Properties for that exact same amount in February 2015 prior to the condemnation lawsuit. The proposed \$807,000 settlement amount is reasonable given recent comparable sales, as well as appreciation of the Properties since their appraisals dated June 23, 2014.

Additionally, by accepting this offer, NDOT will expeditiously acquire the Properties, and thus ensure project delivery, as well save litigation costs, the potential for prejudgment interest, and the risks and uncertainty of a potentially higher jury award.

RECOMMENDATION

NDOT has considered the benefits of settlement and has made the decision that settlement is reasonable, prudent, and in the public interest. NDOT requests the authority to settle the condemnation action with the landowner for the total amount of \$807,000 (\$127,000 in new money plus the \$680,000 already deposited with the Court).

FISCAL NOTE STATEMENT

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

STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – MARLETTE LAKE	1	\$46,824.25
Total:	1	\$46,824.25

RECEIVED

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

NOV 11 2015
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

RETURN TO
DoA/ASD

Agency Name: SPWD/B&G/MARLETTE		Budget Account #: 1366	
Contact Name: THOMAS FEDERICI		Telephone Number: 775-684-1807	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:			
Number of vehicles requested: <u>1</u>		Amount of the request: <u>\$46,824.25</u>	
Is the requested vehicle(s) new or used: <u>NEW</u>			
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>pickup truck</u>			
Mission of the requested vehicle(s): <u>MARLETTE WATER SYSTEM MAINTENANCE/BACK COUNTRY</u>			
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the decision unit number: <u>E711</u> If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input checked="" type="checkbox"/> <u>1</u> Addition(s) <input type="checkbox"/> Replacement(s)			
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <u>N/A</u>			
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)		Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.	
<u>Current Vehicle Information:</u> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle:		YES: WAS TO BE A REPLACEMENT - NEW POSITION IN BA 1366 WAS APPROVED BY LEGISLATURE - CURRENT VEHICLE WILL BE RETAINED FOR NEW POSITION	
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:		If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
<i>Please attach an additional sheet if necessary</i>			
APPOINTING AUTHORITY APPROVAL:			
<u>Thomas Federici</u> Agency Appointing Authority		<u>Dep. Admin. B&G</u> Title	<u>11-9-15</u> Date
BOARD OF EXAMINERS' APPROVAL:			
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase			
Board of Examiners		Date	

Revised 7/13/10

STANDARD PAGE/COST MATRIX ~ FLEET

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

Specify State's Vehicle Item Number: 2.14A Dodge Ram 2500 Crew Cab LWB 4x2-4x4 Diesel		
<small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Dodge Ram 2500 Crew Diesel , 2016, DJ2L92	\$34,400.00	\$34,700.00
State vehicle miles per gallon (MPG): N/A HD Truck		
State manufactures warranty: 3/36,000 COMPREHNSIVE AND 5/100,000 POWERTRAIN		
Specify engine size and emission rating: 6.7 Liter Cummins Diesel		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Black Forest Green, Blue Streak, Silver, White, Brilliant Black, Delmonico Red, Flame Red, Granite Crys		
Lux Brown, Max Steel, True Blue		
Special production color available for \$383.00-Call dealer for colors.		
Seats, Cloth: List available colors:		
Dark Slate Gray		
GVW: 8800 #	WHEELBASE: 169.0	
<small>(When Applicable)</small>	<small>(When Applicable)</small>	

JOEL @ CARSON Dodge

Chris @ Purchasing
Heatherc "

ITEMIZED OPTION PAGE ~ FLEET

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

DEDUCT AMOUNT

ABS Brake System	STD	\$-
Air Conditioning	STD	\$-
Cruise Control	STD	\$-
Diesel Engine	STD	\$-
Engine Block Heater	\$77.00	\$-
Four Wheel Drive (4x4)	\$2,950.00	\$-
Heavy Duty Alternator	\$85.00 220 AMP	\$-
Hitch Receiver	STD	\$-
Integrated Trailer Brake (3/4 ton only)	\$238.00	\$-
Keyless Entry w/Fob (must have power door locks)	STD	\$-
Limited Slip Differential	\$315.00	\$-
Paint, Metallic	SEE PAINTS	\$-
Power Mirrors	STD	\$-
Power Locks	STD	\$-
Power Seats	N/A	\$-
Power Windows	STD	\$-
Radio; AM/FM Stereo, Cassette Player	AM/FM STD	\$-
Radio; AM/FM Stereo, Cassette Player, CD	CD \$166.00	\$-
Rear Window Wiper	N/A	\$-
Seats, Vinyl		(-\$425.00)
Vinyl Colors: SLATE GRAY		
Skid Plate W/ Tow Hooks 4x4	\$85.00	\$-
Tilt Steering	STD	\$-
Tire, Spare, Full Size-	STD	\$-
Trailer Tow Mirrors	\$153.00	\$-
Trailer Tow Package	STD	\$-
Daytime Running Lamps	\$34.00	
LT 275/70R18E ON OFF ROAD TIRES	\$191.00	
Rear Sliding Window	N/A	
Mopar Chrome Tube Steps	\$446.00	
HD Snow Plow Prep 4x4	\$115.00	
Uconnect Handsfree Communication	\$646.00	
Park Assist System	\$213.00	
Park View Rear Backup Camera	\$170.00	
Aux Switches I/P Mounted	\$111.00	
Elect Mont Module	\$276.00	
Ram Box	\$1,101.00	
Dual Alternators at 440 Amps	\$336.00	

LED Bed Lighting	\$85.00	
Elect Transfer Case	\$208.00	
Upfitter VISM Module	\$276.00	
Spray In Liner	\$404.00	\$-

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

3.1-3.7 TRUCK BODIES FOR CAB CHASSIS

STATE OF NEVADA RFP # 8255

CARSON DODGE CHRYSLER, INC.

8 FT SINGLE REAR WHEEL SERVICE BODY WITH TOP OPENING LIDS
\$5,850.00

8 FT DUAL REAR WHEEL SERVICE BODY WITH TOP OPENING LIDS
\$6,275.00

OPTIONS:

HEAVY DUTY TAPPED FORKLIFT LOADABLE RACK \$995.00
3 PIECE BED ENCLOSURE \$995.00
MASTER LOCK SYSTEM \$795.00
BACK UP ALARM \$195.00
CLASS IV HITCH WITH WIRING \$650.00

9 FT SINGLE REAR WHEEL SERVICE BODY WITH TOP OPENING LIDS
\$6,225.00

9 FT DUAL REAR WHEEL SERVICE BODY WITH TOP OPENING LIDS
\$6,470.00

OPTIONS:

HEAVY DUTY TAPPED FORKLIFT LOADABLE RACK \$1,150.00
3 PIECE BED ENCLOSURE \$1,025.00
MASTER LOCK SYSTEM \$795.00
BACK UP ALARM \$195.00
CLASS IV HITCH WITH WIRING \$650.00

11 FT SERVICE BODY WITH TOP OPENING LIDS
\$7,720.00

OPTIONS:

HEAVY DUTY TAPPED FORKLIFT LOADABLE RACK \$1,395.00
3 PIECE BED ENCLOSURE \$1,295.00
MASTER LOCK SYSTEM \$795.00
BACK UP ALARM \$195.00
CLASS IV HITCH WITH WIRING \$650.00

3 PIECE RAISED BED ENCLOSURE \$1,795⁰⁰

STATE TITLE FEE \$2925

TOTAL w/ options: \$46,824.25

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

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

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

Date: October 23, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Scott J. Ewart, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION - DIVISION OF ENTERPRISE IT SERVICES

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Administration, Division of Enterprise IT Services, requests approval to purchase one vehicle in FY 2016 in the amount of \$37,153.25.

Additional Information:

The department seeks approval to purchase one new vehicle that will be used to access mountain top communication sites for repair and preventative maintenance of the equipment and other improvements at these sites. The vehicle purchase was legislatively approved in the 2015-17 Biennium's budget for purchase during FY 2016.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

RECEIVED

BRIAN SANDOVAL
Governor

OCT 23 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATE OF NEVADA



Patrick Cates
Director

EVAN DALE
Administrator

**DEPARTMENT OF ADMINISTRATION
ADMINISTRATIVE SERVICES DIVISION**

209 E. Musser Street, Room 304

Carson City, Nevada 89701-4204

(775) 684-0273

Fax (775) 684-0275

MEMORANDUM

TO: Scott Ewart, Budget Analyst IV
Office of Budget and Planning
State of Nevada
Carson City, Nevada 89701

FROM: Sue Sands
Department of Administration
Administrative Services Division
Contracts Unit

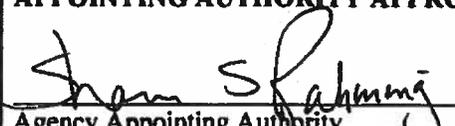
October 23, 2015

SUBJECT: Approval to Purchase a State Vehicle for EITS

Attached, please find request for Approval to Purchase a State Vehicle. Please call (775) 684-0279 when ready for pick-up.

Thank you.

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

Agency Name: Enterprise IT Services	Budget Account #: 1388	
Contact Name: Patrick Sheehan	Telephone Number: 775-884-5854	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>ONE</u> Amount of the request: <u>\$37,153.25</u> Is the requested vehicle(s) new or used: <u>NEW</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Mission of the requested vehicle(s): To transport staff and equipment to remote mountain site locations to repair the microwave radio equipment.		
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E715 If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u> </u> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. Yes		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2009 Dodge Ram 2500 Odometer Reading: 132,386 Type of Vehicle: Pick Up Truck Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. N/A	
<i>Please attach an additional sheet if necessary</i>		
APPOINTING AUTHORITY APPROVAL:		
	<u>Administrator - CIO</u>	<u>10/16/11</u>
Agency Appointing Authority	Title	Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
_____ Board of Examiners		_____ Date

Revised 7/13/10

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

Agency Enterprise IT Services RX No. _____

Contact Patrick Sheehan Phone No. 775-684-5854

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

Please check all that apply below:

- Dealer is located in close proximity to the area of vehicle deployment for service, parts and warranty support to the agency
- Dealer has historically provided favorable service to the agency concerning cost of ownership issues
- Vehicle is compatible with other agency vehicles providing for standardized operation and maintenance including parts management
- Vehicle requested is best suited for the purpose to be used
- Vehicles of this make have a good cost of ownership record within the agency
- If this vehicle does not meet "Smart Way or Smart Way Elite" requirements, agency must provide detailed justification
Vehicle is used for maintaining remote mountaintop
communications sites and maintaining public safety
infrastructure.

____ Other justification

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

___Approved___Disapproved by _____ date _____

If disapproved awarded dealer _____

Reason _____

2.12 A Vehicle Order Information Form

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2.12A Ram 2500 Regular Cab 4x2 Diesel		
Dealer Name:	Carson Dodge Chrysler Jeep		
Delivery Location:	Carson City, NV		
Vehicle Colors:	Exterior: White	Interior: Dark Slate Gray	x Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 35,100.00	\$ 35,100.00
SPECIFY OPTIONS: (description)			\$ 2,025.00
4 Wheel Drive 4x4	1	\$ 1,000.00	
Integrated Trailer Brake	1	\$ 238.00	
Limited slip Differential	1	\$ 315.00	
Skid Plate	1	\$ 43.00	
Trailer Tow Mirrors	1	\$ 153.00	
LT 275/70R18E On Off Road Tires	1	\$ 191.00	
220 Amp Alt	1	\$ 85.00	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	
Total purchase price with options			\$ 37,125.00
DMV Title and DRS Fee's		\$28.25	\$ 28.25
GRAND TOTAL:			\$ 37,153.25

Registered Owner:	Agency Name & Address: Department of Administration Enterprise Information Technology Services 100 N. Stewart Street, Suite 100 Carson City, NV 89701-4211
Legal Owner:	Agency Name & Address: Same
County Vehicle Based In:	Clark
Name & Phone of Person to contact when vehicle is ready for delivery:	Ken Ballew 775-720-0814

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

Agency Name: Office of Traffic Safety	Budget Account #: 4691
Contact Name: Darlene Rouillard	Telephone Number: 775-884-7474

Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:

Number of vehicles requested: 1 Amount of the request: \$54,260

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

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

Pickup

Mission of the requested vehicle(s):

Transport the mobile motorcycle classroom to rural teaching sites

Were funds legislatively approved for the request?

Yes No

If yes, please provide the decision unit number:

E710 for FY17, WP C34241 requests change to FY16 12/14/15

If no, please explain how the vehicles will be funded?
*IFC meeting

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

Addition(s) Replacement(s)

Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.

Yes

Please Complete for Replacement Vehicles Only:
(For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)

Current Vehicle Information:

Vehicle #1 Model Year: 04
Odometer Reading: 87,849
Type of Vehicle: Pickup

Vehicle #2 Model Year:
Odometer Reading:
Type of Vehicle:

Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.

Yes

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

Please attach an additional sheet if necessary

APPOINTING AUTHORITY APPROVAL:

Amber Dwyer Administrator 11/2/15
Agency Appointing Authority Title Date

BOARD OF EXAMINERS' APPROVAL:

Approved for Purchase Not Approved for Purchase

Board of Examiners _____ Date _____

STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
DEPARTMENT OF PUBLIC SAFETY - DIVISION OF TRAFFIC SAFETY MOTORCYCLE SAFETY PROGRAM	1	\$54,369
Total:	2	\$54,369

Brian Sandoval
Governor



James M. Wright
Director

Jackie Muth
Deputy Director

Director's Office

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

Memorandum

DATE: November 3, 2015

TO: Jim Rodriguez, Budget Analyst IV
Executive Budget Office

FROM: Susan Hohn, Budget Analyst III *SH*
DPS Director's Office

VIA: Sheri Brueggemann, Administrative Services Officer IV *SB*
DPS Director's Office

SUBJECT: Board of Examiners Request for Vehicle Purchase Approval

The Department of Public Safety's (DPS) Office of Traffic Safety (OTS) is requesting approval to purchase a replacement vehicle pursuant to Decision Unit E710 in Budget Account 4691 2015-17 Biennium Budget. This decision unit provided funding for this replacement in state fiscal year (SFY) 2017; however, work programs C34241 and C34284 were submitted for the December 16, 2015 Interim Finance Committee (IFC) to request permission to accelerate the replacement of this vehicle in SFY 2016 due to continuous extensive and expensive repairs.

DPS-OTS is requesting for this item to be placed on the December 2015 Board of Examiners agenda for approval contingent upon approval of the corresponding work programs at the December IFC meeting.

State of Nevada Work Program

WP Number: C34284

FY 2017

Add Original Work Program

XXX Modify Work Program

BUDGET DIVISION USE ONLY

DATE _____
APPROVED ON BEHALF OF
THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
10/16/15	101	658	4691	DPS - MOTORCYCLE SAFETY PROGRAM

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		0	0	
Total Budgetary & Revenue GLs					0		

Expenditures

CAT	Amount	CAT	Amount
05	(54,369)		
88	54,369		
Sub Total Category Expenditures		0	

Remarks
Transfer of \$54,369 in Motorcycle Safety funding from the Equipment category to the Reserve category due to the replacement of the Motorcycle Safety Program vehicle in fiscal year 2016. Requires IFC approval since the amount transferred from the Equipment category exceeds \$30,000. This work program relates to C34241.

Total Budgetary General Ledgers and Category Expenditures (AP) **0**

jdibasil
Authorized Signature

10/19/15
Date

Controller's Office Approval

Requires Interim Finance approval since WP exceeds \$30,000 and is 10% or more cumulative for category



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

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

Date: November 02, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Jim Rodriguez, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHAL'S OFFICE

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Public Safety - Fire Marshal's Office, requests approval to purchase two FY16 replacement vehicles in an amount not to exceed \$53,523.50.

Additional Information:

The department seeks approval to purchase two new replacement vehicles that were approved in the agency's 2015-17 leg approved budget under decision unit E711. The vehicles will replace one investigation vehicle based in Carson City and one fire/life safety inspection vehicle assigned to the Las Vegas area.

In addition to the vehicles requested, the agency is requesting to purchase the needed vehicle emergency equipment and options that were inadvertently omitted from the agency's 2015-17 budget request. The agency proposes to fund the purchase of these vehicle options from saving generated in its Contract Plan Review expenditure category. In support of this request, the agency has submitted the necessary work program (C34324) to make this funding available for this purpose.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

Agency Name: DPS - State Fire Marshal Division	Budget Account #: 3816
Contact Name: Patrick Bowers	Telephone Number: 775-684-7509
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$22,123.25</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: (1) SUV 2016 Chevrolet Equinox Mission of the requested vehicle(s): Vehicle will be utilized to to travel to multiple counties conducting State building inspections and plan review related construction inspections.	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E711 If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. Yes	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2004 Odometer Reading: 153,999 Type of Vehicle: Pick up Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Agency Appointing Authority </div> <div style="text-align: center;"> <u>Chief, SFM Division, DPS</u> Title </div> <div style="text-align: center;"> <u>10/27/2015</u> Date </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
Board of Examiners _____	Date _____

Vehicle Order Information Form

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	5.1-Sport Utility Vehicle: 4X4; 4 Door; Compact; 4-5 Passengers; 2016 Chevrolet Equinox-1LG26 All Wheel Drive			
Dealer Name:	Champion Chevrolet			
Delivery Location:	Reno			
Vehicle Colors:	Exterior: Summit White	Interior: Jet Black	• Cloth Vinyl	
	Quantity	Unit Cost	Total Cost	
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 21,070	\$ 21,070	
SPECIFY OPTIONS: (description)			\$	
Deep Tint Glass	1	\$ 260.00		
Power Seat (Driver's Side)	1	\$ 264.00		
Tire, Spare, Full Size	1	\$ 500.00		
		\$		
		\$		
		\$		
		\$		
		\$		
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$		\$
Total purchase price with options				\$ 22,094.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25	
GRAND TOTAL:			\$ 22,123.25	

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

Agency Name: DPS - State Fire Marshal Division	Budget Account #: 3816
Contact Name: Patrick Bowers	Telephone Number: 775-684-7509
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$31,460.25</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>(1) Pick up - Dodge Ram 2500 Crew Cab SWB 4X4 Gas</u> Mission of the requested vehicle(s): <small>Vehicles will be utilized for emergency response situations as well as towing the agency's fire prevention trailer to public events and fire safety/prevention training courses administered by the agency.</small>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E711 *See Below</u> If no, please explain how the vehicles will be funded? <small>Work program CD1351 has been submitted to increase the legislatively approved amount for options that were not included in the original budget request. Proposed budget savings will be utilized, no additional general funds are requested.</small>
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <u>No. This section is not applicable for emergency response vehicles.</u>	
Please Complete for Replacement Vehicles Only: <small>(For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</small> Current Vehicle Information: Vehicle #1 Model Year: <u>2008</u> Odometer Reading: <u>116,507</u> Type of Vehicle: <u>Pick up</u> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. <u>Yes</u> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL:	
	<u>Chief, SFM Division, DPS</u>
Agency Appointing Authority	Title
	<u>10/27/2015</u>
	Date
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____	_____
Board of Examiners	Date

Vehicle Order Information Form

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2.13 - 2016 Dodge Ram 2500 Crew Cab SWB 4X4 Gas – DJ2L91		
Dealer Name:	Carson Dodge Chrysler Jeep		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: White	Interior: Dark Slate Gray	<input checked="" type="radio"/> Cloth <input type="radio"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 24,800	\$ 24,800
SPECIFY OPTIONS: (description)			\$ 6,571.00
Chrome Appearance Group (AED)	1	\$ 761.00	
Four Wheel Drive	1	\$ 2,450.00	
Heavy Duty Alternator 180 AMP	1	\$ 85.00	
Integrated Trailer Brake	1	\$ 238.00	
Limited Slip Differential	1	\$ 315.00	
Skid Plate W/ Tow Hooks 4x4	1	\$ 85.00	
Trailer Tow Mirrors	1	\$ 153.00	
Daytime Running Lamps	1	\$ 34.00	
LT 275/70R18E ON OFF ROAD TIRES	1	\$ 191.00	
Unconnect Handsfree Communication	1	\$ 646.00	
Park View Rear Backup Camera	1	\$ 170.00	
6.4 Hemi V-8 Engine	1	\$ 1,150.00	
Electronic Transfer Case	1	\$ 208.00	
LED Bed Lighting	1	\$ 85.00	

DELIVERY COST: (If other than Reno\Carson or Las Vegas)	0	\$ 0.00	\$ 0.00
Total purchase price with options			\$ 31,371.00
DMV Title and DRS Fee's	1	\$29.25	\$ 29.25
GRAND TOTAL:			\$ 31,400.25

Registered Owner:	Agency Name & Address: State Fire Marshal Division 107 Jacobsen Way Carson City, NV 89711
Legal Owner:	Agency Name & Address: State Fire Marshal Division 107 Jacobsen Way Carson City, NV 89711
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Patrick Bowers 775-684-7509

STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT – FIRE MARSHAL’S OFFICE	1	\$22,123.25
DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT – FIRE MARSHAL’S OFFICE	1	\$31,400.25
Total:	2	\$53,523.50

Jim Rodriguez

From: Jim Rodriguez
Sent: Monday, November 02, 2015 1:00 PM
To: Jim Dibasilio
Cc: Sheri Brueggemann
Subject: RE: WP C34324 and BOE Approval Request for Replacement Vehicles

Jim

I have reviewed the attached request and have the following comments/questions:

- The Leg approved amount for the requested vehicles is \$52,269
- The total requested for the two vehicles is now \$53,523.50
- The difference between these values is \$1,254.50 vehicle costs
- WP C34324 is \$7,200 for the difference in vehicle purchase cost (\$1,254.50) and omitted emergency vehicle equipment and associated labor to install the equipment (\$3,283.93) and a truck shell (\$1,655)

It appears from the review of the leg approved request, and the current work program request, that there may be a duplication of costs (cost of the console) for the emergency equipment and installation? The leg approved amount included \$744 for the center console and it looks like the cost for the emergency vehicle equipment in the work program also include this cost. Will you please verify if there is a duplication of costs in the two requests?

BOM/Build Sheet for Trooper UPI

Car #: 15-____

PART NUMBER	ITEM	\$
ELUC2K106J	Under Cover 6 Light Kit (Corners)	\$292.80
ES-100	Siren Speaker	\$102.50
ES8-EXP07	Siren Speaker Bracket (Vertical/Horizontal Mount)	\$20.00
?	Console Plate (estimated)	\$50.00
CC-MC-25	Console (Possible better fit exists)	\$310.00
FP-HARRIS-T	Harris Radio Faceplate With 10° Slant	\$17.65
FP-PLATINUM-T	Platinum Siren Faceplate With 10° Slant	\$20.00
FP-ARM4	Console 4" Arm Rest	\$40.45
AC-INBHG	Console Cup Holder	\$33.91
FP-BLNK3	Console 3" Blank	\$7.00
500950	Antenna Line Kit	\$17.90
386825	700 / 800 Phantom Antenna	\$31.72
MPS600-RR	Red Micropulse Light (for sides)	\$55.00
MPS600-BB	Blue Micropulse Light (for sides)	\$55.00
EL3H04ADJ	Ultralite 4 Module LED Windshield Light (2X - 1 front/1 Back)	\$150.00
SSP3000-NHP	Platinum Smart Siren Kit	\$600.00
	LABOR = 40 hrs	\$1,480.00

TOTAL (estimated) **\$3,283.93**

I was under the impression that DSP/NHP transferred all usable emergency response vehicle equip (radios, sirens, speakers, lights etc.) from to the old vehicle to the new replacement vehicle and that they used their mechanical repair staff to do this. I also understood that NHP provided this assistance to other DPS division as needed. Can you verify this is a correct understanding? If it is, can the Fire Marshal's Office utilize NHP for the transfer and installation of the identified emergency response vehicle equipment for these two vehicles? How much of the older equipment is transferable?

There is also an estimate of 40 hrs for the labor associated with the equipment installation. Can you verify this is correct and provide some narrative as to why the installation requires a full labor man-week to complete?

As you indicated in your email, the deadline for the December BOE is tomorrow November 3rd so I would appreciate if you could get me a response to these question no later than Thursday November 5, 2015, since my deadline to have the December BOE request completed has been significantly shortened due to the Thanksgiving holiday.

Thanks

Jim Rodriguez, Budget Analyst IV
Department of Administration, Budget Office
775-684-0211 (Office)
775-684-0260 (Fax)
rodriguez@finance.nv.gov

From: Jim DiBasilio
Sent: Monday, November 02, 2015 10:16 AM
To: Jim Rodriguez
Cc: Sheri Brueggemann
Subject: FW: WP C34324 and BOE Approval Request for Replacement Vehicles

Jim

Here is the Fire Marshal's request to purchase vehicles. I have not look at the back up or associated WP. The deadline for BOE items is tomorrow.

James DiBasilio
Dept. of Public Safety
(775) 684-4983 phone
(775) 684-4502 fax
<mailto:jdibasilio@dps.state.nv.us>

From: Patrick Bowers
Sent: Wednesday, October 28, 2015 4:29 PM
To: Jim DiBasilio
Subject: WP C34324 and BOE Approval Request for Replacement Vehicles

Hi Jim,

I have submitted WP C32324 for review which increases the original leg approved authority in category 05 to facilitate the purchase of replacement vehicles. I have also attached a scanned copy of the memo to you requesting submission of the requests to BOE. I will bring the originals over to you tomorrow since I have volunteered to help with the Halloween event. If you have any questions, please let me know.

Thanks,

Patrick Bowers, Administrative Services Officer
Nevada Department of Public Safety
State Fire Marshal Division
Phone: (775) 684-7509
Fax: (775) 684-7518
pbowers@dps.state.nv.us



Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: October 29, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Sherri Barkdull, Budget Analyst *SB*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF WILDLIFE – FISHERIES MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Wildlife, Fisheries Management, requests approval to purchase one vehicle in FY 2016 in the amount of \$30,911.

Additional Information:

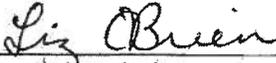
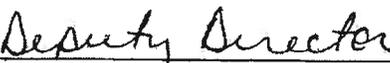
The department seeks approval to purchase one new vehicle to conduct fish/wildlife surveys in remote areas. The vehicle purchase was legislatively approved in the 2015-17 Biennium's budget for purchase during FY 2016.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

Agency Name: Wildlife	Budget Account #: 4465	
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$30,911</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: 2016 Chevrolet Silverado, 3/4 ton truck, full size, extended cab, short bed; 6.0L Vortec V-8 Mission of the requested vehicle(s): Used to conduct fish/wildlife surveys in remote areas with unimproved roads		
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E711 If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. YES		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 1995 Odometer Reading: 182,458 Type of Vehicle: Chevrolet Silverado 2500 Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. YES If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
Please attach an additional sheet if necessary		
APPOINTING AUTHORITY APPROVAL:		
 _____ Agency Appointing Authority	 _____ Title	<u>10-20-15</u> _____ Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
_____ Board of Examiners	_____ Date	

State of Nevada
Equipment Schedule

Budget Period: 2015-2017 Biennium (FY16-17)
Budget Account: 4465 WILDLIFE - FISHERIES MANAGEMENT
Version: L01 LEGISLATIVELY APPROVED
Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr. 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
B000	13	7460	EQUIPMENT PURCHASES < \$1,000	90	1	4,396.00	4,396	1	4,396.00	4,396
B000	14	7460	EQUIPMENT PURCHASES < \$1,000	100	1	3,693.00	3,693	1	3,693.00	3,693
B000	16	7460	EQUIPMENT UNDER \$1,000	105	1	1,281.00	1,281	1	1,281.00	1,281
B000	17	7460	EQUIPMENT PURCHASES < \$1,000	110	1	7,789.00	7,789	1	7,789.00	7,789
B000	18	7460	EQUIPMENT PURCHASES < \$1,000	120	1	7,601.00	7,601	1	7,601.00	7,601
B000	19	7460	EQUIPMENT PURCHASES < \$1,000	130	1	4,429.00	4,429	1	4,429.00	4,429
E710	05	8250	EVINRUDE 250HB OUTBOARD MOTOR	50	1	17,526.00	17,526	0	0.00	0
E710	05	8270	SMITH ROOT 7.5 GPP ELECTROFISHER	45	0	0.00	0	1	16,473.00	16,473
E710	05	8270	SMITH ROOT LR-20B BACKPACK ELECTROFISHER COMBO	40	2	8,784.00	17,568	2	8,784.00	17,568
E711	05	7465	EQUIPMENT FOR FREIGHTLINER	35	0	0.00	0	1	9,561.00	9,561
E711	05	8310	CHEVY SILVERADO	5	0	0.00	0	1	30,911.00	30,911
E711	05	8310	CHEVY SILVERADO	20	1	30,911.00	30,911	0	0.00	0
E711	05	8310	CHEVY 3/4 TON DIESEL	25	0	0.00	0	1	35,254.00	35,254
E711	05	7460	TIRES-CHEVY SILVERADO FY17	160	1	0.00	0	1	866.00	866
E711	05	7460	TIRES CHEVY DIESEL FY17	165	0	0.00	0	1	866.00	866
E711	05	7460	TIRES SILVERADO FY16	170	1	866.00	866	0	0.00	0
E711	05	7465	CARAVAN CAMPER	10	1	0.00	0	2	4,932.00	9,864
E711	05	8280	FREIGHTLINER	30	0	0.00	0	1	86,391.00	86,391
E720	05	8250	DECONTAMINATION STATION	70	1	106,234.00	106,234	1	106,234.00	106,234
E720	05	8220	XPO CARGO TRAILER	55	1	2,345.00	2,345	0	0.00	0
E720	05	8250	AQUA PRESSURE VESSEL FOR FISH EGGS	60	1	26,500.00	26,500	0	0.00	0
E720	05	8250	WATER MEASUREMENT & CONTROLS SYSTEM	75	1	110,615.00	110,615	0	0.00	0
E720	05	7465	JM4 EGG SORTER	65	0	0.00	0	1	7,800.00	7,800

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

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

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

Date: October 29, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Sherri Barkdull, Budget Analyst *SB*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF WILDLIFE – DIVERSITY

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Wildlife, Diversity, requests approval to purchase two vehicles in FY 2016 in the amount of \$53,160.

Additional Information:

The department seeks approval to purchase two new vehicles to conduct wildlife surveys and habitat restoration projects. The vehicle purchase was legislatively approved in the 2015-17 Biennium's budget for purchase during FY 2016.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

2

Agency Name: Wildlife	Budget Account #: 4466
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>26,760</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up Truck</u></p> <p>Mission of the requested vehicle(s): <u>To conduct wildlife surveys and habitat restoration projects in remote areas of the Great Basin in Southern Nevada.</u></p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: <u>E711</u></p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> ___ Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p><u>YES</u></p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: <u>2004</u> Odometer Reading: <u>145348</u> Type of Vehicle: <u>Ford 250 w/camper shell</u></p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p><u>YES</u></p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><u>Liz O'Brien</u> <u>Deputy Director</u> <u>10-20-15</u> Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

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

Agency Name: Wildlife	Budget Account #: 4466	
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>1</u> Amount of the request: <u>26,400</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Pick up Truck Mission of the requested vehicle(s): To conduct wildlife surveys and habitat restoration projects in remote areas of the Great Basin in Northern Nevada.		
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E711 If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. YES		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2004 Odometer Reading: 131515 Type of Vehicle: Chevy Silverado 2500 HD Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. YES If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
<i>Please attach an additional sheet if necessary</i>		
APPOINTING AUTHORITY APPROVAL:		
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title	<u>10-20-15</u> Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
_____ Board of Examiners	_____ Date	

(1)

State of Nevada
Equipment Schedule

10/20/15 2:51 PM

Budget Period: 2015-2017 Biennium (FY16-17)
Budget Account: 4466 WILDLIFE - DIVERSITY
Version: L01 LEGISLATIVELY APPROVED
Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
B000	11	7460	EQUIPMENT PURCHASES < \$1,000	5	1	8,830.00	8,830	1	8,830.00	8,830
B000	11	7770	COMPUTER SOFTWARE >\$5,000	25	1	14,113.00	14,113	1	14,113.00	14,113
B000	13	7460	EQUIPMENT PURCHASES < \$1,000	15	1	1,099.00	1,099	1	1,099.00	1,099
B000	15	7460	EQUIPMENT PURCHASES < \$1,000	20	1	127.00	127	1	127.00	127
E711	05	8310	PICK-UP TRUCK	30	1	26,400.00	26,400	1	26,400.00	26,400
E711	05	7460	EQUIPMENT PURCHASES < \$1,000	55	1	4,273.00	4,273	0	0.00	0
E711	05	8310	PICK-UP TRUCK	35	1	26,760.00	26,760	0	0.00	0
E711	05	7460	EQUIPMENT PURCHASES < \$1,000	60	2	1,672.00	3,344	0	0.00	0

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

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

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

Date: October 29, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Sherri Barkdull, Budget Analyst *SB*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF WILDLIFE – HABITAT

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Wildlife, Habitat, requests approval to purchase two vehicles in FY 2016 in the amount of \$69,807.

Additional Information:

The department seeks approval to purchase two new vehicles to perform wildlife management and habitat restoration projects. The vehicle purchase was legislatively approved in the 2015-17 Biennium's budget for purchase during FY 2016.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

Agency Name: Wildlife	Budget Account #: 4467
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>\$35,120</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up truck</u></p> <p>Mission of the requested vehicle(s): <u>Perform wildlife management and habitat restoration projects in Eastern Nevada, some of which are in remote areas.</u></p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: <u>E711</u></p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p><u>YES</u></p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: <u>2004</u> Odometer Reading: <u>175,610</u> Type of Vehicle: <u>SILVERADO CREW CAB SHORT BED (46618)</u></p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p><u>YES</u></p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><u>Liz O'Brien</u> <u>Deputy Director</u> <u>10-20-15</u> Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

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

Agency Name: Wildlife	Budget Account #: 4467
Contact Name: Liz O'Brien	Telephone Number: 775-888-1982
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$34,687</u>	
Is the requested vehicle(s) new or used: <u>New</u>	
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Pick up truck	
Mission of the requested vehicle(s): Perform wildlife management area duties of habitat restoration and management, hauling, towing, farming and transport.	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E711 If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. YES	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2002 Odometer Reading: 130,005 Type of Vehicle: DODGE RAM 3/4 TON QUAD Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. YES If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL:	
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title
<u>10-20-15</u> Date	
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

2

State of Nevada
Equipment Schedule

10/20/15 2:56 PM

Budget Period: 2015-2017 Biennium (FY16-17)
Budget Account: 4467 WILDLIFE - HABITAT
Version: L01 LEGISLATIVELY APPROVED
Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
8000	10	7460	EQUIPMENT PURCHASES < \$1,000	5	1	156.00	156	1	156.00	156
8000	11	7770	COMPUTER SOFTWARE > \$5,000	80	1	1,500.00	1,500	1	1,500.00	1,500
8000	11	7460	EQUIPMENT PURCHASES < \$1,000	10	1	2,864.00	2,864	1	2,864.00	2,864
8000	12	7460	EQUIPMENT PURCHASES < \$1,000	15	1	9,389.00	9,389	1	9,389.00	9,389
8000	13	7460	EQUIPMENT PURCHASES < \$1,000	25	1	4,139.00	4,139	1	4,139.00	4,139
8000	14	7460	EQUIPMENT PURCHASES < \$1,000	35	1	3,297.00	3,297	1	3,297.00	3,297
8000	15	7460	EQUIPMENT PURCHASES < \$1,000	45	1	5,701.00	5,701	1	5,701.00	5,701
8000	16	7460	EQUIPMENT PURCHASES < \$1,000	55	1	6,777.00	6,777	1	6,777.00	6,777
8000	16	7770	COMPUTER SOFTWARE > \$5,000	85	1	300.00	300	1	300.00	300
8000	17	7460	EQUIPMENT PURCHASES < \$1,000	65	1	6,643.00	6,643	1	6,643.00	6,643
8000	18	7460	EQUIPMENT PURCHASES < \$1,000	75	1	532.00	532	1	532.00	532
E710	05	8340	JOHN DEERE 6115D TRACTOR	90	1	60,000.00	60,000	0	0.00	0
E710	05	8270	BD1113 END WHEEL GRAIN DRILL	95	0	0.00	0	1	15,365.00	15,365
E711	05	8310	CHEVROLET TRUCK	140	1	35,120.00	35,120	0	0.00	0
E711	05	8310	CHEVROLET TRUCK	145	0	0.00	0	1	27,968.00	27,968
E711	05	8310	DODGE TRUCK	150	0	0.00	0	1	48,431.00	48,431
E711	05	8310	FORD TRUCK	155	1	34,687.00	34,687	0	0.00	0
E711	05	8310	DODGE TRUCK	160	0	0.00	0	1	40,050.00	40,050
E711	05	7460	EQUIPMENT PURCHASES < \$1,000	165	2	1,672.00	3,344	3	1,672.00	5,016
E720	05	8340	RANGER 900 UTV	100	1	13,549.00	13,549	1	13,549.00	13,549
E720	05	7465	SKID UTV SPRAYER	105	1	4,905.00	4,905	1	4,905.00	4,905
E720	05	8280	INTERNATIONAL TRUCK & FONTAINE TRAILER	110	0	0.00	0	1	107,500.00	107,500
E720	05	8340	FLEX WING ROTARY CUTTER	115	1	19,548.00	19,548	0	0.00	0
E720	05	8340	H75E S HAMMER	120	1	19,817.00	19,817	0	0.00	0
E720	05	7465	BIG TEX TRAILER	125	0	0.00	0	1	5,451.00	5,451
E720	05	8220	WASTECORP WATER TRAILER	130	1	15,324.00	15,324	0	0.00	0
E720	05	8340	DEW DROP DRILL	135	1	7,545.00	7,545	1	7,545.00	7,545

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: October 29, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Sherri Barkdull, Budget Analyst *SB*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF WILDLIFE – GAME MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Wildlife, Game Management, requests approval to purchase three vehicles in FY 2016 in the amount of \$90,479.

Additional Information:

The department seeks approval to purchase three new vehicles to replace current field vehicles with high mileage. The vehicle purchase was legislatively approved in the 2015-17 Biennium's budget for purchase during FY 2016.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

Agency Name: Wildlife	Budget Account #: 4464
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$30,637</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Chevrolet 3/4 ton Truck Mission of the requested vehicle(s): To replace current field vehicles with high mileage	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E711 If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. YES	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2008 Odometer Reading: 146,277 Type of Vehicle: Ford 250	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. YES <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; text-align: center;"> <u>Liz O'Brien</u> Agency Appointing Authority </div> <div style="width: 30%; text-align: center;"> <u>Deputy Director</u> Title </div> <div style="width: 30%; text-align: center;"> <u>10-20-15</u> Date </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase <hr/> Board of Examiners _____ Date _____	

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

Agency Name: Wildlife	Budget Account #: 4464
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>\$29821</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Ford 1/2 ton Truck</u></p> <p>Mission of the requested vehicle(s): <u>To replace current field vehicles with high mileage</u></p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: <u>E711</u></p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p><u>YES</u></p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: <u>2001</u> Odometer Reading: <u>113,759</u> Type of Vehicle: <u>Ford 250</u></p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p><u>YES</u></p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><u>Liz O'Brien</u> <u>Deputy Director</u> <u>10-20-15</u> Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

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

Agency Name: Wildlife	Budget Account #: 4464
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>\$29,821</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Ford 1/2 ton Truck</u></p> <p>Mission of the requested vehicle(s): <u>To replace current field vehicles with high mileage</u></p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: <u>E711</u></p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p><u>YES</u></p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: <u>2007</u> Odometer Reading: <u>146,430</u> Type of Vehicle: <u>Ford 250</u></p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p><u>YES</u></p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><u>Liz O'Brien</u> <u>Deputy Director</u> <u>10-20-15</u> Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

State of Nevada
Equipment Schedule

Budget Period: 2015-2017 Biennium (FY16-17)
Budget Account: 4464 WILDLIFE - GAME MANAGEMENT
Version: L01 LEGISLATIVELY APPROVED
Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
B000	10	7460	EQUIPMENT PURCHASES < \$1,000	5	1	566.00	566	1	566.00	566
B000	12	7460	EQUIPMENT PURCHASES < \$1,000	10	1	2,776.00	2,776	1	2,776.00	2,776
B000	13	7460	EQUIPMENT PURCHASES < \$1,000	20	1	6,302.00	6,302	1	6,302.00	6,302
B000	13	7771	COMPUTER SOFTWARE < \$5,000	75	1	1,350.00	1,350	1	1,350.00	1,350
B000	14	7770	COMPUTER SOFTWARE > \$5,000	80	1	2,100.00	2,100	1	2,100.00	2,100
B000	14	7460	EQUIPMENT PURCHASES < \$1,000	30	1	12,213.00	12,213	1	12,213.00	12,213
B000	15	7460	EQUIPMENT PURCHASES < \$1,000	40	1	3,343.00	3,343	1	3,343.00	3,343
B000	15	7771	COMPUTER SOFTWARE < \$5,000	85	1	3,600.00	3,600	1	3,600.00	3,600
B000	16	7460	EQUIPMENT PURCHASES < \$1,000	45	1	755.00	755	1	755.00	755
B000	17	7460	EQUIPMENT PURCHASES < \$1,000	50	1	882.00	882	1	882.00	882
B000	18	7460	EQUIPMENT PURCHASES < \$1,000	55	1	329.00	329	1	329.00	329
B000	22	7460	EQUIPMENT PURCHASES < \$1,000	60	1	453.00	453	1	453.00	453
B000	24	7460	EQUIPMENT PURCHASES < \$1,000	65	1	174.00	174	1	174.00	174
E350	22	7465	EQUIPMENT PURCHASE \$1,000-\$5,000	90	1	2,192.00	2,192	0	0.00	0
E350	22	7460	EQUIPMENT PURCHASES < \$1,000	95	1	605.00	605	0	0.00	0
E500	13	7460	EQUIPMENT PURCHASES < \$1,000	100	1	-1,840.00	-1,840	1	-1,840.00	-1,840
E500	23	7460	EQUIPMENT PURCHASES < \$1,000	110	1	1,840.00	1,840	1	1,840.00	1,840
E711	05	8310	FORD F-150 TRUCK	120	0	0.00	0	1	31,351.00	31,351
E711	05	8310	CHEVROLET TRUCK	125	1	30,837.00	30,837	0	0.00	0
E711	05	8310	FORD F-150 TRUCK	130	1	29,821.00	29,821	0	0.00	0
E711	05	8310	FORD F-150 TRUCK	135	1	29,821.00	29,821	0	0.00	0
E711	05	7460	EQUIPMENT PURCHASES < \$1,000	140	3	4,935.00	14,805	1	4,935.00	4,935
E711	05	7460	EQUIPMENT PURCHASES < \$1,000	145	3	1,672.00	5,016	1	1,672.00	1,672
E720	05	7465	EQUIPMENT PURCHASE \$1,000-\$5,000	150	6	3,125.00	18,750	0	0.00	0
E720	05	7460	EQUIPMENT PURCHASES < \$1,000	155	12	300.00	3,600	0	0.00	0
E720	05	7460	EQUIPMENT PURCHASES < \$1,000	160	6	399.00	2,394	0	0.00	0
E721	15	7465	DEER GPS COLLARS	175	100	1,500.00	150,000	100	1,500.00	150,000
E900	13	7460	EQUIPMENT PURCHASES < \$1,000	133	-1	-1,840.00	1,840	-1	-1,840.00	1,840

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

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

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

Date: October 29, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Sherri Barkdull, Budget Analyst *SB*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF WILDLIFE – LAW ENFORCEMENT

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Wildlife, Law Enforcement, requests approval to purchase five vehicles in FY 2016 in the amount of \$190,105.

Additional Information:

The department seeks approval to purchase five new vehicles that will be used for wildlife education; and wildlife and boating patrol. The vehicle purchase was legislatively approved in the 2015-17 Biennium's budget for purchase during FY 2016.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

Agency Name: Nevada Department of Wildlife	Budget Account #: 4463	
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$39,605.00</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up</u> Mission of the requested vehicle(s): <u>Law Enforcement Division Boating Education Position in Southern Nevada</u>		
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E711</u> If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <u>Yes</u>		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: <u>2000</u> Odometer Reading: <u>155,986</u> Type of Vehicle: <u>SUV, EXPEDITION, FORD</u>	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. <u>Yes</u> <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. <u>now need towing capabilities</u>	
<i>Please attach an additional sheet if necessary</i>		
APPOINTING AUTHORITY APPROVAL:		
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title	<u>10-20-15</u> Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
Board of Examiners _____		Date _____

①

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

Agency Name: Nevada Department of Wildlife	Budget Account #: 4463	
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>1</u> Amount of the request: \$38,725.00 <u>\$37,625</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Pick up truck Mission of the requested vehicle(s): Law Enforcement Vehicle for wildlife and boating patrol		
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E711 If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. YES		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2006 Odometer Reading: 154,545 Type of Vehicle: FORD F250 TRUCK Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
APPOINTING AUTHORITY APPROVAL:		
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title	<u>10-20-15</u> Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
Board of Examiners	Date	

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

Agency Name: Nevada Department of Wildlife	Budget Account #: 4463
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u>	Amount of the request: \$30,000.00 <u>\$37,625</u>
Is the requested vehicle(s) new or used: <u>New</u>	
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up truck</u>	
Mission of the requested vehicle(s): <u>Law Enforcement Vehicle for Wildlife and Boating Patrol</u>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E711 If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. YES	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2007 Odometer Reading: 154,790 Type of Vehicle: TRUCK 3/4 TON FULL SIZE	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. YES
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL:	
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title
	<u>10-20-15</u> Date
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
Board of Examiners _____	Date _____

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

Agency Name: Nevada Department of Wildlife	Budget Account #: 4463
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u>	Amount of the request: -\$38,725.00 ^{\$} <u>37,625</u>
Is the requested vehicle(s) new or used: <u>New</u>	
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up truck</u>	
Mission of the requested vehicle(s): <u>Law Enforcement Vehicle for Wildlife and Boating Patrol</u>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E711</u> If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <u>YES</u>	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: <u>2007</u> Odometer Reading: <u>124,947</u> Type of Vehicle: <u>TRUCK 3/4 TON FULL SIZE</u>	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. <u>YES, vehicle recently suffered breakdown requiring \$7,500 in repairs</u>
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL:	
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title
	<u>10-20-15</u> Date
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
Board of Examiners	Date

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

Agency Name: Nevada Department of Wildlife	Budget Account #: 4463
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u>	Amount of the request: \$98,725.00 ^{\$} <u>37,625</u>
Is the requested vehicle(s) new or used: <u>New</u>	
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up truck</u>	
Mission of the requested vehicle(s): <u>Law Enforcement Vehicle for Wildlife and Boating Patrol</u>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E711 If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. YES	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2009 Odometer Reading: 148,354 Type of Vehicle: FORD F-250	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. YES
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL:	
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title
	<u>10-20-15</u> Date
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
Board of Examiners _____	Date _____

State of Nevada
Equipment Schedule

10/20/15 2:38 PM

Budget Period: 2015-2017 Biennium (FY16-17)
Budget Account: 4463 WILDLIFE - LAW ENFORCEMENT
Version: L01 LEGISLATIVELY APPROVED
Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
B000	11	7460	EQUIPMENT PURCHASES < \$1,000	200	1	23,704.00	23,704	1	23,704.00	23,704
B000	12	7460	EQUIPMENT PURCHASES < \$1,000	195	1	16,679.00	16,679	1	16,679.00	16,679
B000	14	7460	EQUIPMENT PURCHASES < \$1,000	190	1	13,782.00	13,782	1	13,782.00	13,782
B000	15	7460	EQUIPMENT PURCHASES < \$1,000	185	1	1,440.00	1,440	1	1,440.00	1,440
B000	31	7460	EQUIPMENT PURCHASES < \$1,000	170	1	1,042.00	1,042	1	1,042.00	1,042
B000	35	7460	EQUIPMENT PURCHASES < \$1,000	165	1	1,633.00	1,633	1	1,633.00	1,633
E350	22	7465	EQUIPMENT PURCHASE- \$1,000 BUT LESS THAN \$5,000	135	1	2,192.00	2,192	0	0.00	0
E350	22	7460	EQUIPMENT PURCHASE- LESS THAN \$1,000	140	1	605.00	605	0	0.00	0
E710	05	8270	UNINTERRUPTABLE POWER SUPPLY (UPS)	10	1	15,000.00	15,000	0	0.00	0
E710	05	8270	MOUNTAINTOP REPEATERS W/ DUPLEXERS	5	2	19,179.00	38,358	2	19,179.00	38,358
E710	05	8270	AEROFLEX 3550R RADIO TEST SET	4	1	23,478.00	23,478	0	0.00	0
E710	05	8270	MOTOROLA APX7500 MOBILE RADIOS	3	6	5,421.00	32,526	6	5,421.00	32,526
E710	05	8270	EVINRUDE 225 HP OUTBOARD MOTOR DE225CX	15	2	14,660.00	29,320	0	0.00	0
E710	05	8270	EVINRUDE 225 HP OUTBOARD MOTOR DE225CX	25	0	0.00	0	2	14,660.00	29,320
E710	05	8270	EVINRUDE 225 HP OUTBOARD MOTOR DE225CX	30	0	0.00	0	1	14,660.00	14,660
E710	05	7465	LIGHTBAR REPLACEMENT FOR NV 3557 EX PATROL BOAT	35	1	1,836.00	1,836	0	0.00	0
E710	05	8270	SAFEBOAT COLLAR REPLACEMENT FOR SAFEBOAT	40	1	30,499.00	30,499	0	0.00	0
E710	05	8270	SAFEBOAT COLLAR REPLACEMENT FOR SAFEBOAT	45	0	0.00	0	1	19,865.00	19,865
E710	05	8270	MOTOROLA XTL2500 MOBILE RADIO	55	1	3,109.00	3,109	4	3,109.00	12,436
E710	05	8270	EVINRUDE 225 HP OUTBOARD MOTOR DE225CX	20	0	0.00	0	1	14,660.00	14,660
E711	05	7460	RAM BOX CARGO MANAGEMENT SYSTEM	60	4	1,100.00	4,400	6	1,100.00	6,600
E711	05	7460	GRAPHICS FOR LAW ENFORCEMENT VEHICLES	65	4	450.00	1,800	6	450.00	2,700
E711	05	7460	HEADLIGHT WIG WAGS	75	4	54.00	216	6	54.00	324
E711	05	7460	WHELEN/MOTOROLA SIREN	80	4	640.00	2,560	6	640.00	3,840
E711	05	7460	SPOTLIGHTS	85	4	364.00	1,456	6	364.00	2,184
E711	05	7465	AUXILIARY GAS TANK	90	4	1,890.00	7,560	6	1,890.00	11,340
E711	05	7460	SPARE TIRE MOUNT	100	4	303.00	1,212	6	303.00	1,818
E711	05	7460	WINDSHIELD EMERGENCY LIGHTS	105	4	446.00	1,784	6	446.00	2,676
E711	05	7465	BRUSH GUARD WITH EMERGENCY LIGHTS - DODGE	110	4	1,292.00	5,168	6	1,292.00	7,752
E711	05	8310	FORD F-250 CREW CAB SHORT BED DIESEL	1	1	39,605.00	39,605	0	0.00	0
E711	05	8310	DODGE RAM 2500 CREW CAB GAS BASE MODEL	2	4	37,625.00	150,500	6	37,625.00	225,750
E711	05	7460	REAR EMERGENCY LIGHTS	125	4	517.00*	2,068	6	517.00	3,102
E711	05	7460	SHOTGUN LOCKS AND RACKS	130	4	607.00	2,428	6	607.00	3,642
E711	05	7460	RADIO CONSOLE	70	4	680.00	2,720	6	680.00	4,080
E711	05	7460	SPARE TIRE	115	4	392.00*	1,568	6	392.00	2,352
E711	05	7460	SPARE RIM	120	4	150.00*	600	6	150.00	900
E720	05	8270	FLIR MARINE UNIT FOR BOAT	50	1	7,700.00	7,700	0	0.00	0

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

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

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

Date: October 29, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Sherri Barkdull, Budget Analyst *SB*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Wildlife, Conservation Education, requests approval to purchase one vehicle in FY 2016 in the amount of \$25,761.

Additional Information:

The department seeks approval to purchase one new vehicle that will be used for implementing the Southern Region Angler Education Program. The vehicle purchase was legislatively approved in the 2015-17 Biennium's budget for purchase during FY 2016.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

Agency Name: Wildlife	Budget Account #: 4462	
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$25,761</u>		
Is the requested vehicle(s) new or used: <u>New</u>		
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick up truck</u>		
Mission of the requested vehicle(s): <u>This vehicle will be used for implementing the Southern Region Angler Education Program.</u>		
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>E711</u> If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <u>YES</u>		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) <u>Current Vehicle Information:</u> Vehicle #1 Model Year: <u>1993</u> Odometer Reading: <u>102,052</u> Type of Vehicle: <u>Chevrolet 1/2-ton pickup truck</u> <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <hr/> <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. <u>YES</u> <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
APPOINTING AUTHORITY APPROVAL:		
<u>Liz O'Brien</u> Agency Appointing Authority	<u>Deputy Director</u> Title	<u>10-20-15</u> Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
<hr/> Board of Examiners	<hr/> Date	

State of Nevada
Equipment Schedule

10/20/15 2:35 PM

Budget Period: 2015-2017 Biennium (FY16-17)
Budget Account: 4462 WILDLIFE - CONSERVATION EDUCATION
Version: L01 LEGISLATIVELY APPROVED
Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
B000	10	7460	EQUIPMENT PURCHASE- LESS THAN \$1,000 - EACH ITEM	25	1	3,615.00	3,615	1	3,615.00	3,615
B000	12	7460	EQUIPMENT PURCHASE- LESS THAN \$1,000 - EACH ITEM	30	1	2,777.00	2,777	1	2,777.00	2,777
B000	13	7460	EQUIPMENT PURCHASE- LESS THAN \$1,000 - EACH ITEM	35	1	2,942.00	2,942	1	2,942.00	2,942
B000	14	7460	EQUIPMENT PURCHASE- LESS THAN \$1,000 - EACH ITEM	40	1	4,084.00	4,084	1	4,084.00	4,084
B000	15	7460	EQUIPMENT PURCHASE- LESS THAN \$1,000 - EACH ITEM	45	1	2,470.00	2,470	1	2,470.00	2,470
B000	16	7460	EQUIPMENT PURCHASE- LESS THAN \$1,000 - EACH ITEM	50	1	13,121.00	13,121	1	13,121.00	13,121
B000	17	7460	EQUIPMENT PURCHASE- LESS THAN \$1,000 - EACH ITEM	55	1	5,315.00	5,315	1	5,315.00	5,315
E711	05	8310	FORD F-150 EXTENDED CAB SHORT BED	10	1	25,761.00	25,761	0	0.00	0
E720	05	8220	WILDLIFE EDUCATION TRAILER	15	1	19,998.00	19,998	0	0.00	0

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE

Budget Division

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

Date: November 17, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Nikki Hovden, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE
AND SUPPORTIVE SERVICES**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Division of Welfare and Supportive Services requests authority to contract with a former Social Services Program Specialist 3 position to provide technical assistance with information programming services and training for the Nevada Child Care System database, which provides eligibility, redetermination and payment processes for the Child Care and Development Program.

Additional Information:

Because of ongoing system needs as well as the federal changes from the 2014 reauthorization requirements, the retirement of the key position for the database leaves the Child Care and Development Program at risk of delays in providing the required federal changes and vulnerable to system shutdowns if ongoing maintenance is not addressed. To alleviate this situation, the division is requesting to contract with a former state employee with the knowledge and expertise to address these concerns and the capacity to train staff to take over the responsibilities. This former employee would start December 8, 2015 utilizing Master Services Agreement 2074 for IT Temporary Consulting services and the contract is anticipated to be for 90 days.

Statutory Authority:

NRS 333.705

REVIEWED: _____
ACTION ITEM: _____



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF WELFARE & SUPPORTIVE SERVICES

1470 College Parkway
Carson City, NV 89706
(775) 684-0500

RICHARD WHITLEY
Director

STEVE H. FISHER
Administrator

November 10, 2015

To: Jim Wells, Clerk
Board of Examiners

From: Steve Fisher, Administrator *S.F.F.*
Division of Welfare and Supportive Services

Through: Richard Whitley, Director
Department of Health and Human Services

Subject: Authorization to Contract with Former State Employee

The Division of Welfare and Supportive Services requests approval to contract with a former Social Services Program Specialist 3 to provide information programming services for the Nevada Child Care System (NCCS) database. The Nevada Child Care System (NCCS) database provides eligibility, redetermination, and payment processes for the Child Care and Development Program (CCDP) in Nevada. In 2014 the Child Care and Development Block Grant was reauthorized, and this reauthorization requires states to provide additional data elements to the Federal Administration for Children and Families. Because of this, staff within the Division of Welfare and Supportive Services (DWSS) have been working to design, test, and implement changes that will allow NCCS to collect and report this information.

Since its development in 2009 there has been one key staff person responsible for oversight of development, maintenance, updates, improvements, training, and technical assistance for this data system. This key person has provided their resignation and will leave employment as of November 20, 2015. Because of the ongoing system needs as well as the required federal changes, the loss of this staff person leaves the CCDP in a difficult situation. There are currently no other DWSS staff trained or available to fill this role, and the CCDP is at risk of delays in providing required federal changes, and vulnerable to system shutdowns if ongoing system maintenance is not addressed. In order to alleviate this situation, DWSS is requesting to contract with a former state employee who was involved in the development, testing, and implementation of the NCCS data system in 2009. Her knowledge and expertise will allow us to address the current issues and give DWSS the capacity to train state staff to take over these responsibilities in the future.

The "Authorization to Contract with a Former Employee" form is attached for review and consideration. Should you have any questions, please contact Nova Murray at 775 684-0553.

cc: Nova Murray
Sue Smith
Tami Dufresne

Authorization to Contract with a Former Employee

Former Employee Name: Sherry Ailsip
Former Employee ID number: 014480
Former Job Title: Social Services Program Specialist 3
Former Employing Agency: DHHS - DWSS
Former Class and Grade: 12.315 Grade 37
Employment Dates: 2/13/88 to 8/27/14
Contracting Agency: DWSS

<p>Please check which of the following applies:</p> <p><input type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-i below.</p> <p><input checked="" type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.</p>	
<p>a. Summarize scope of contract work.</p>	<p>This position is expected to provide an average of 20 hours per week to the Division in application testing and defect documentation, requirements definition, and business process documentation for end users. The consultant is expected to complete tasks and provide support in multiple Nevada Child Care System (NCCS) environments, including the test region, pre-production/training and production. Other duties will be assigned as needed to support NCCS daily operations.</p>
<p>b. Document former job description.</p>	<p>Social Services Program Specialist III responsible for policy and program development for the Child Care and Development Program.</p>
<p>c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?</p>	<p>Yes. Sherry Ailsip has knowledge of both the Child Care and Development Program and the Nevada Child Care System (NCCS).</p> <p>Yes, the intent of the contract is to address the current NCCS issues and train State staff to have ongoing responsibility for the NCCS system. The agency is confident that the specialized knowledge can be transferred to State staff within 90 days.</p>
<p>d. Explain why existing State employees within your agency cannot perform this function.</p>	<p>The Division does not currently have the personnel capacity to perform this function.</p>
<p>e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect</p>	<p>The individual overseeing or establishing the contract is not related to the contractor.</p>

independence and why this would not violate <u>NAC 284.750</u> .	
f. List contractor's hourly rate.	
g. List the range of comparable State employee rates.	
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?	
i. Document justification for hiring contractor.	<p>In October of 2014 the Child Care and Development Block Grant was reauthorized and this reauthorization requires DWSS to provide additional data elements to the Federal Administration for Children and Families.</p> <p>Elaine Woodring was contracted, through the State Purchasing's MSA process, as the Business Analyst for the NCCS, and has given her notice to terminate her contract with the State of Nevada effective 11/20/15.</p> <p>With the departure of Elaine, as the contracted Business Analyst, the Child Care and Development Program (CCDP) is left without staff to implement the federally mandated changes or address other system issues as they arise.</p> <p>Sherry Allap worked with the CCDP for over 9 years and is very familiar with the Program and the NCCS. Her familiarity with CCDP operations and the NCCS system make contracting this service with Mrs. Allap a beneficial solution for the Division.</p>

Comments:

Allen M Cecelum 11/16/15

John H. [Signature] 11/12/15

Contracting Agency Head's Signature and Date

[Signature]

Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

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

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

Date: October 28, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Kim Perondi, Budget Analyst *K.P.*
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – VICTIMS OF CRIME FISCAL YEAR 2016
1ST QUARTER REPORT AND FISCAL YEAR 2016 2ND QUARTER
RECOMMENDATION.**

Agenda Item Write-up:

Pursuant to NRS 217.260, the Board of Examiners estimates available revenue and anticipated claim costs each quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 1st Quarter fiscal year 2016 Victims of Crime Program report states all approved claims were resolved totaling \$2,251,892.47 with \$1,082,427.45 paid out of the Victims of Crime Program account and \$1,169,465.02 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$8.7 million to help defray crime victims' medical costs.

Based on the projections the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 2nd quarter of FY 2016.

Statutory Authority:

BOE approval required pursuant to NRS 217.260

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

Brian Sandoval
Governor

STATE OF NEVADA

Patrick Cates
Director

Bryan Nix, Esq.
Senior Appeals Officer



Ann Wilkinson
Deputy Director

DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME

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

October 19, 2015

To: James R. Wells, Clerk, Board of Examiners
From: Bryan Nix, Coordinator, Victims of Crime Program
Re: VOCP 1st Quarter FY 2016 Report, and 2nd Quarter FY 2016 Recommendation

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

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

Claim Payments

The following chart shows claim payments made in FY 2016, by benefit type. As this chart shows the VOCP satisfied **\$2,251,892.47** in victim medical bills and claims for **\$1,082,427.45** of available funding. After bill review and application of Board Policies we have had a total savings of **\$1,169,465.02** over the billed amount in fiscal year 2016.

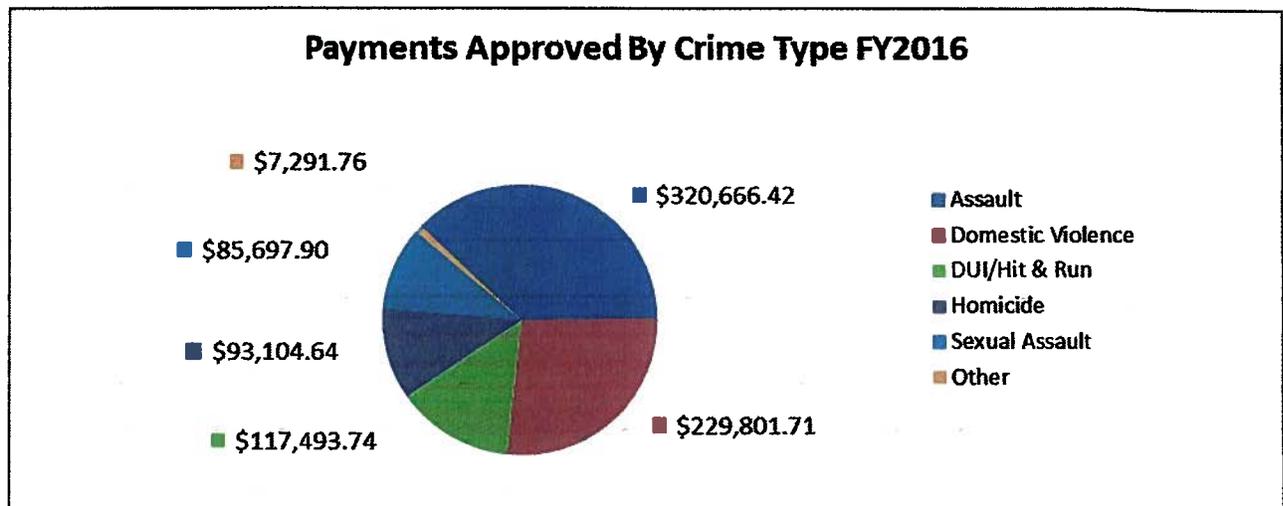
Payment Amounts by Type Fiscal Year 2016				
Type of Expense	Number of Bills	Total Victim Bills Submitted	Amount Saved by Bill Review	Amount Paid to Providers
Chiropractic/Physical Therapy	62	37,079.56	11,254.11	25,825.45
Counseling	594	169,192.63	51,167.29	118,025.34
Survivor Benefits	12	7,000.00	0.00	7,000.00
Dental	38	60,116.35	15,705.21	44,411.14
Discretionary*	156	164,159.06	1,881.52	162,277.54
Funeral Expense	29	97,160.00	11,922.02	85,237.98
Lost Wages	86	115,182.36	666.65	114,515.71
Medical - Hospital	35	342,718.34	308,170.22	34,548.12
Medical - Other	224	297,332.95	109,836.45	187,496.50
Prescription	48	8,071.39	0.30	8,071.09
Vision	19	19,673.01	539.76	19,133.25
Pending Priority Three Payments 1st Quarter 2016	263	934,206.82	658,321.49	275,885.33
Total Payments YTD FY2016	1566	\$2,251,892.47	\$1,169,465.02	\$1,082,427.45

*Discretionary payments include: Relocations, Temporary Housing, Crime Scene Clean-up, etc.

** There are **\$934,206.82** in pending Priority Three Claims (hospital bills, etc), which will be paid **\$275,885.33**, which is 100% of the approved amount.

Victim Payments by Crime Type

The following pie chart shows amounts approved for payment by crime type, during Fiscal Year 2016.



Financial Review

The chart on the next page shows projected revenues and fund balances, including reserves for FY 2016, and recommendations for 2nd quarter FY 2016 based on

projections. These projections of revenue and anticipated expenses are used for purposes of determining compliance with NRS 217.260 and policies of the Board.

Financial Position and Second Quarter 2016 Projections	
Projected Funds Available for Payments FY16 Less 45 Day Reserves	\$14,302,290.47
1st Quarter Priority 1 & 2 Payments	\$806,542.12
1st Quarter Priority 3 Payments	\$275,885.33
Total 1st Quarter 2016 Payments	\$1,082,427.45
Projected Funds Available for Remainder of FY16 Less 45 Day Reserves	\$13,219,863.02
Projected Funds Available for 2nd Quarter FY16	\$4,406,621.01
Projected Payments 2nd Quarter FY16*	\$1,136,960.84
Projected Quarterly Funds Remaining After Payments - Add to Reserves	\$3,269,660.17
Projected Funds Available for FY16 Less 45 Day Reserves	\$12,082,902.18
Recommended Priority 3 Payment Percentage 2nd Quarter FY16	100%
*Average of last 6 quarters	

As required, a 45 day operating expense reserve of \$1,045,554.53 is maintained to cover up to 45 days of victim's claims and administrative expenses.

Historically, most of the program's funding has been spent on emergency medical treatment for uninsured victims of violent crimes. We have seen a significant decrease in hospital and other emergency medical expenses due to changes made to Medicaid rules under the Affordable Care Act. Qualified applicants are receiving retroactive Medicaid coverage, limiting program financial assistance for medical expense to their copay amount. Our current Reserves stand at \$9 million, and we anticipate Revenues of \$8.2 million for FY 2016. Our expenses are projected to total \$8.5 million this fiscal year, which would leave the program with \$8.7 million in Reserves after all expenses are covered. These Reserves will allow us to pay existing crime related expenses at 100% for the foreseeable future, and will also allow us to consider allocating more resources for crime victims' recovery expenses – such as Lost Wages, Survivor Benefits and Relocation Expenses.

Recommendation

We are projecting Priority One and Two payments totaling **\$793,527.04** and projected Priority Three payments totaling **\$343,433.80**, for a total expense of **\$1,136,960.84** for the 2nd quarter.

After reserving **\$1,045,554.53** for 45 days operating expenses, our budget shows VOCP revenues and reserves available for 2nd quarter total **\$13,219,863.02**.

Based on these projections the VOCP recommends paying Priority One and Two and Three claims at **100%** of the approved amount for the 2nd quarter of FY 2016.

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

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

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

Date: November 05, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Sherri Barkdull, Budget Analyst *SB*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES –
DIVISION OF WATER RESOURCES**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Department of Conservation and Natural Resources-Division of Water Resources requests an allocation of \$200,000 from the Interim Finance Committee Contingency Account to restore funds in the Channel Clearance, Surveying and Monumenting Program to provide funding for restoration and bioengineering projects.

Additional Information:

The Carson Valley Conservation District and the Dayton Valley Conservation District have approached DCNR-Water Resources to apply for funding under NRS 532.220 to conduct restoration and bioengineering work at various areas in the Carson River.

Statutory Authority:

Pursuant to NRS 353.268.

REVIEWED: *SB*
ACTION ITEM: _____

NRS 532.220 Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program: Establishment; purpose; grant qualification; immunity of state and local governments; refund of certain fees; certain permits not to be denied for lack of money.

1. The Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program is hereby established and must be administered by the State Engineer.

2. This Program is to aid local governments in this state in the clearance, maintenance, restoration, surveying and monumenting of navigable rivers.

3. Any incorporated city, county or other political subdivision of this state may apply to the State Engineer for a grant under this program if the incorporated city, county or other political subdivision requesting the money agrees to match the state grant equally.

4. The State, its departments, divisions and agencies, an incorporated city, a county and all other political subdivisions of this state, and their employees and agents, are immune from civil liability for damages caused by an alteration or disturbance of a riverbed or flooding sustained as a result of any act or omission by an employee or agent in clearing or causing to be cleared, maintaining or restoring a channel of a river pursuant to this section if the channel is cleared, maintained or restored pursuant to a permit granted by the Division of State Lands of the State Department of Conservation and Natural Resources and such other permits and approvals as are required by law.

5. The Division of State Lands and the Division of Environmental Protection of the State Department of Conservation and Natural Resources shall refund the application or permit fees, if any, paid by a governmental entity to apply for a state permit to perform channel clearance, maintenance, restoration, surveying and monumenting if:

(a) The governmental entity applies for the applicable permits from the Division of State Lands and from the Division of Environmental Protection of the State Department of Conservation and Natural Resources;

(b) The governmental entity obtains all other permits and approvals as are required by law;

(c) The governmental entity applies for a grant pursuant to subsection 3; and

(d) The grant is denied for lack of money in the Account for the Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program after:

(1) The State Engineer requests an allocation from the Contingency Account pursuant to subsection 4 of NRS 532.230; and

(2) An allocation from the Contingency Account is not made within 90 days after the request is made.

6. A state permit must not be denied for lack of money in the Account for the Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program.

7. As used in this section, "navigable river" means a river or stream that is used, or is susceptible of being used, in its ordinary condition for trade or travel in the customary modes of trade or travel on rivers or streams.

(Added to NRS by 1973, 821; A 1979, 114; 1985, 305; 1989, 1692; 1993, 112; 1997, 2221; 1999, 1240)

NRS 532.230 Account for the Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program.

1. The Account for the Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program is hereby created in the State General Fund.

2. The money in the Account must be administered by the State Engineer and must be expended only to aid local governments in the manner provided in NRS 532.220.

3. If the balance in the Account is below \$250,000, the State Engineer may request an allocation from the Contingency Account pursuant to NRS 353.266, 353.268 and 353.269.

4. If the balance in the Account is not sufficient to provide a grant of money to an incorporated city, a county or a political subdivision of this state, the State Engineer shall request an allocation from the Contingency Account pursuant to NRS 353.266, 353.268 and 353.269.

(Added to NRS by 1995, 865; A 1997, 2222; 1999, 1241)



RECEIVED

JASON KING, P.E.
State Engineer

OCT 13 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES**

901 South Stewart Street, Suite 2002

Carson City, Nevada 89701-5250

(775) 684-2800 • Fax (775) 684-2811

<http://water.nv.gov>

October 13, 2015

James Wells, Clerk
Board of Examiners
Department of Administration
209 E. Musser Street, Room 200
Carson City, Nevada 89701

Re: Channel Clearance, Surveying and Monumenting Program
B/A 4222

Dear Mr. Wells:

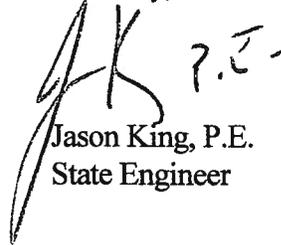
Nevada Revised Statutes 532.220, was enacted in 1973, establishing a Channel Clearance, Surveying and Monumenting Program. This program is to aid local governments in this state in the clearance, maintenance, restoration, surveying and monumenting of navigable rivers. Any incorporated city, county or other political subdivision of this state may apply to the State Engineer for a grant under this program if the incorporated city, county or other political subdivision requesting the money agrees to match the state grant equally. NRS 532.230 states that if the balance in the account is below \$250,000, the State Engineer may request an allocation from the contingency fund pursuant to NRS 353.266, 353.268 and 353.269. If the balance in the account is not sufficient to provide a grant of money to an incorporated city, a county or a political subdivision of this state, the State Engineer shall request an allocation from the contingency fund.

In 2009, the funds in the Channel Clearance account were reverted for budget reductions and there is currently a zero balance in the account. These funds are extremely useful in addressing potential flood problems by helping local jurisdictions. We have had a request from both the Carson Valley Conservation District and the Dayton Valley Conservation District for funding under this program in the amount of approximately \$100,000.00 each for channel maintenance of the Carson River (see attached), to which we informed them that there were no funds currently available.

James Wells, Clerk
October 13, 2015
Page 2

Therefore, it is respectfully requested that the Channel Clearance Fund be restored from the contingency fund per statute in an amount not to exceed \$250,000, or at a minimum, the \$200,000 currently requested.

Sincerely,

A handwritten signature in black ink, appearing to be 'JK P.E.', written over a printed name and title.

Jason King, P.E.
State Engineer

JK/bk
cc: Leo Drozdoff
Kay Scherer



Carson Valley Conservation District

775-782-3661 ext 102

775-782-3547 FAX

USDA Service Center

1702 County Road, Suite A

Minden, NV 89423

To: Kelvin Hickenbottom, P.E.
Deputy State Engineer
Nevada Division of Water Resources
901 S. Stewart Street, Suite 2002
Carson City, NV 89701
Phone 775.684.2817
Fax 775.684.2811

Re: Clearing and Snagging Funds

Kelvin, our conservation districts do restoration and bioengineering work in the river and sloughs to prevent erosion, improve water quality and provide habitat for wildlife. We also treat noxious weeds and provide vegetation management. All this works improves water quality and helps to keep the surface water flowing.

While we're doing this work we have come across several areas that could be project sites. There are areas with sand and gravel bars that have willows and other vegetation including noxious weeds on them. These vegetated bars increase in size and push the channel out of the normal flow area and direct it towards the banks that ultimately erode and deposit sediment into the flow. These bars also reduce channel capacity. In the past we have removed the bars, treated the noxious weeds, or cut a trench into the bar and allowed the river to attack and eventually remove the bar. There are numerous bars that are created when the river or slough takes a sharp turn. The flow attacks the outside of the turn and deposits sediment on the inside as the flow slows down.

We do not want to change the channel, we just want to remove bars and armor the outside of turns where the river is attacking. We have done "Hard Rock" armoring and bioengineering armoring using willow mattresses, fascines and barbs and in some cases we have deployed a

juniper revetment that slows velocity and allows sediment to drop out and start to build up the eroded areas. As the willows grow they provide a root matrix that holds the bank together. The bioengineering has been done on a small scale, the Hard Rock solution has been done on areas where more erosion has occurred or to protect infrastructure like bridges and roads. We have included some project pictures that show both techniques.

We also have depredation permits to trap beaver that clog the channels and girdle the trees along the waterways, sometimes felling trees that are transported downstream sometimes causing damage to projects or creating blockages that force the channel out of course and cause erosion or sheet flows out of the normal channel.

We would like to have the \$250,000 reinstated so we can fund our projects. We would be glad to appear before the Interim Finance Committee and give a brief presentation and answer questions. We'd like to be able to respond quickly to issues that impact the water flow or water quality. A streamlined permitting process is very important. We would like to operate with a minimum of paperwork, meetings, reports, studies, monitoring and tours. Think of us as an "Early Detection- Rapid Response" asset for our respective reaches of the Carson River and surface water conveyances in our areas. We have done work that requires time consuming, unproductive and mind numbing amounts of studies, reports, permits, presentations, meetings, tours and conceptual designs. Frankly, we burn up so much time and money with the non-physical tasks that we can't do as much physical work as we'd like to; in some cases it can be a project killer. A streamlined process will get more actual work done to benefit the surface waters of the State of Nevada. Our goal is to do enhancement work, not destruction or demolition type work. The bioengineering amounts to nothing more than planting and anchoring indigenous trees that were once growing in the area of repairs; the work really needs to be viewed in this context. Oft times we are required to produce copious amounts of paperwork for planting trees, stopping erosion and improving water quality.

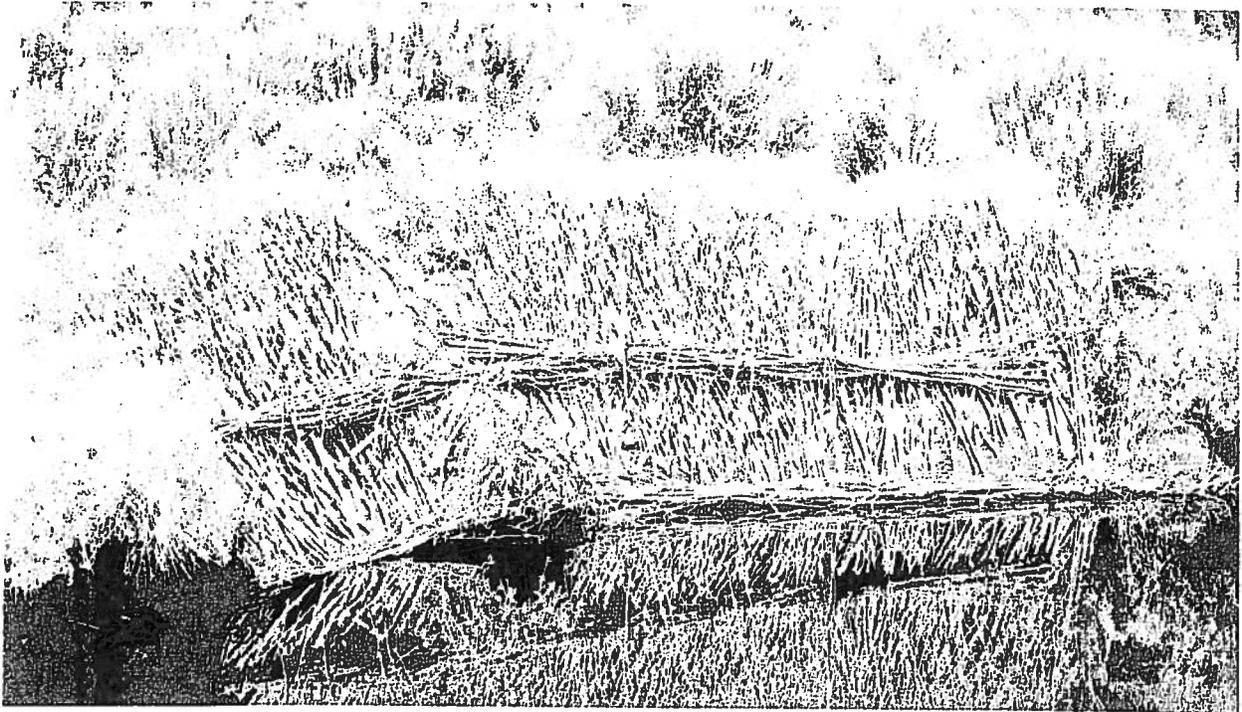
Here are some pictures of bioengineering using indigenous willows and cottonwoods. The bioengineering process is done using hand tools, manual labor and indigenous Willows and Cottonwoods.



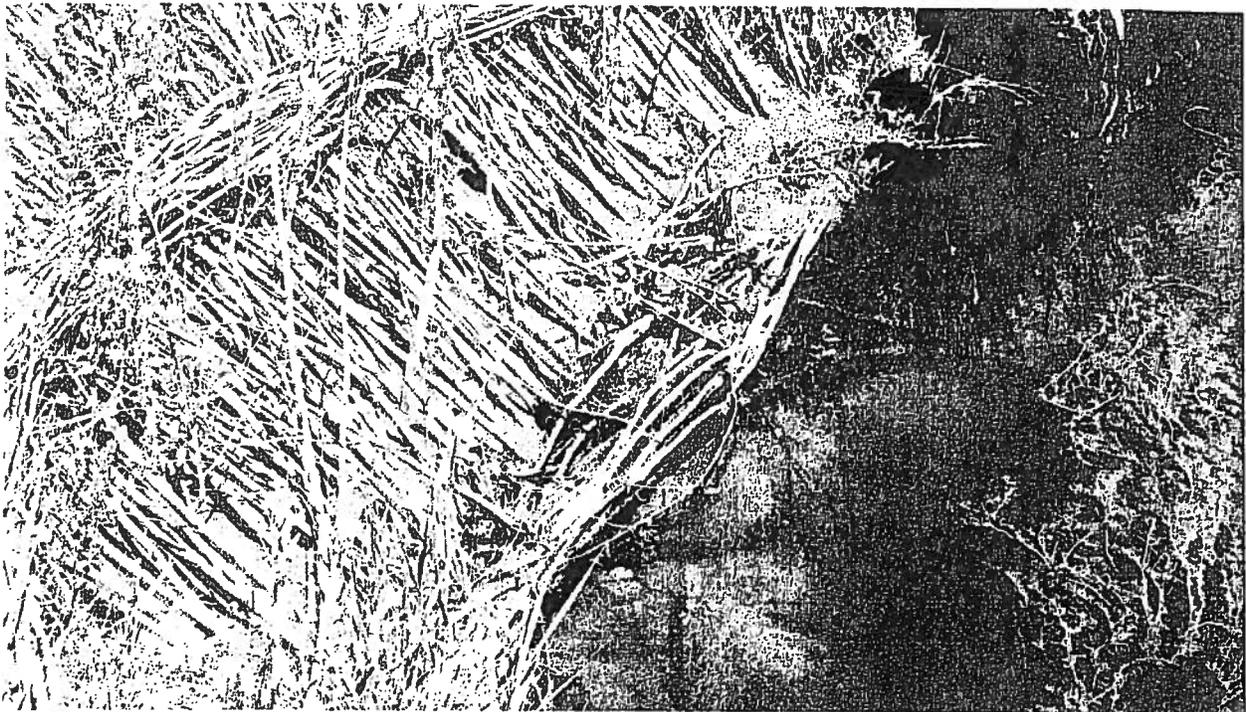
Here is an outside turn before bioengineering



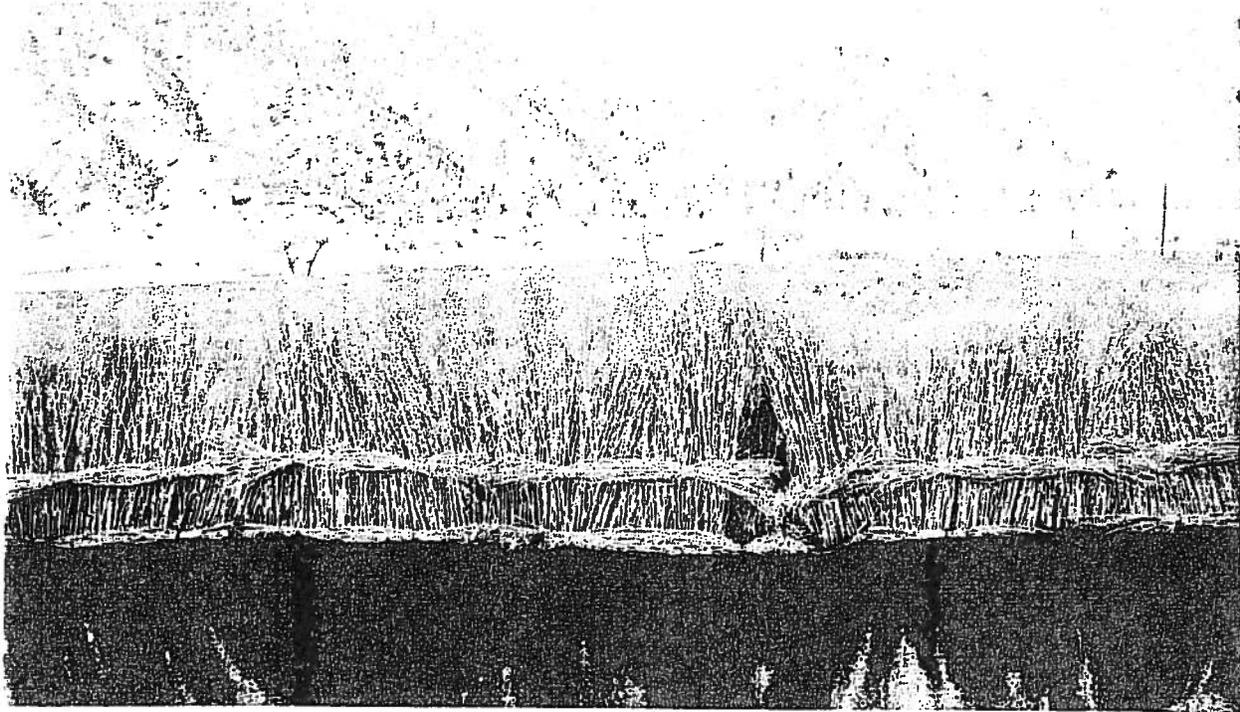
This is the same section with a Juniper Revetment, Willow Mattress and Willow Pole Plantings. The exposed dirt is covered and the surface area of the willows and Junipers slows the water velocity down and allows sediment to drop out and redeposit along the eroded stretch. The willow will grow and their roots provide a matrix that holds the bank together.



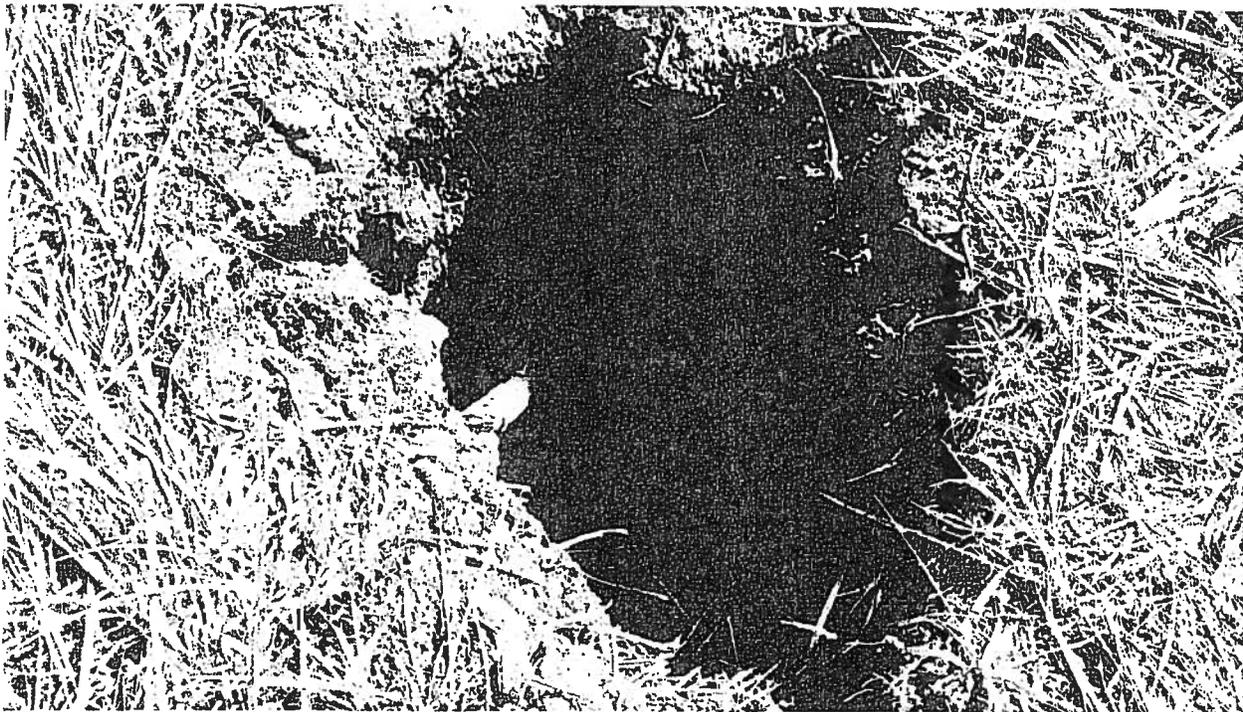
Here is a steeper section of eroded bank that has been treated with a vertical Willow mattress and horizontal fascines. The willows can grow and cover the exposed bank.



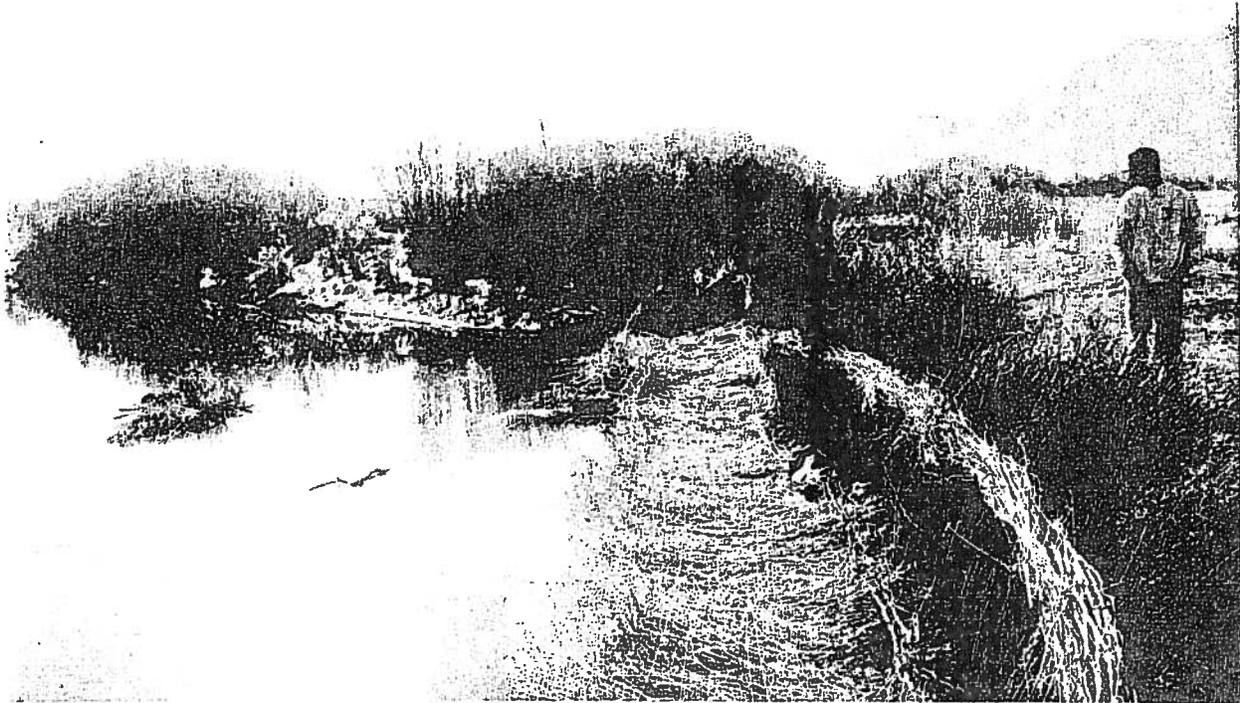
Here is a Willow patch with some of the Willows sprouting. This work is done by hand crews, no heavy equipment is used and all the Willows are gathered from stands in the area of the patch.



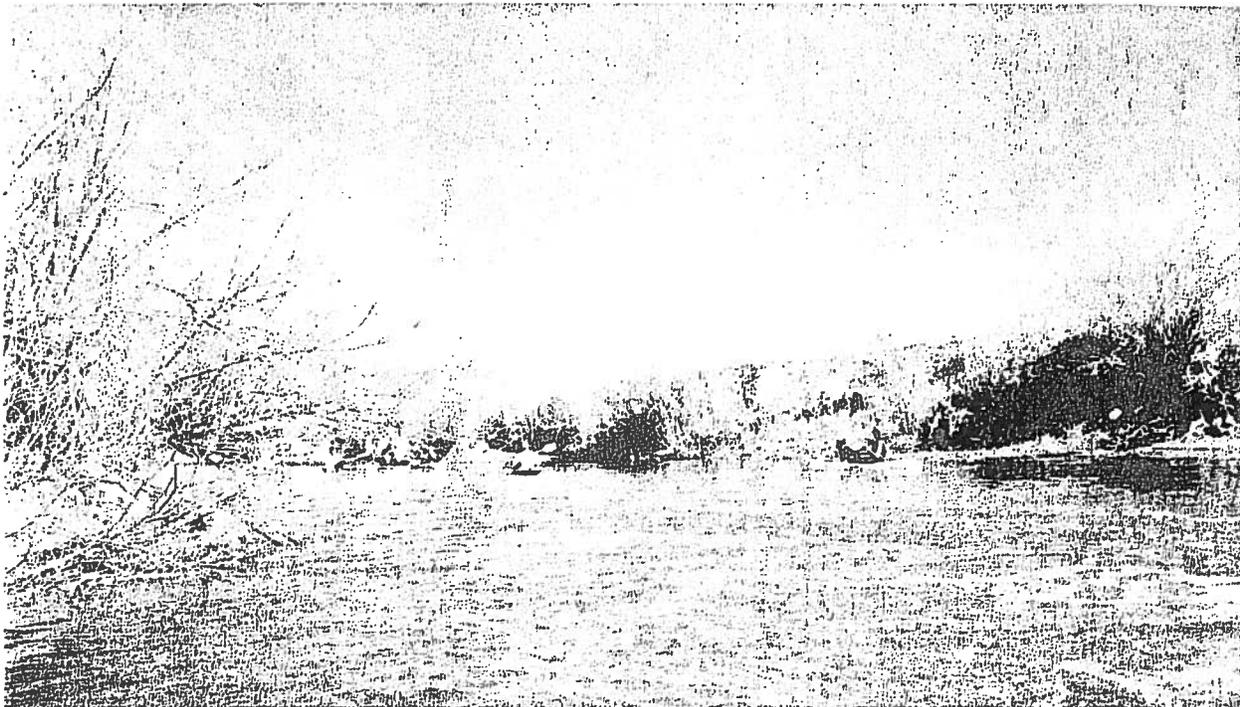
The Willows are secured in a trench footing and anchored to the bank. The patch also denies noxious weeds a foothold



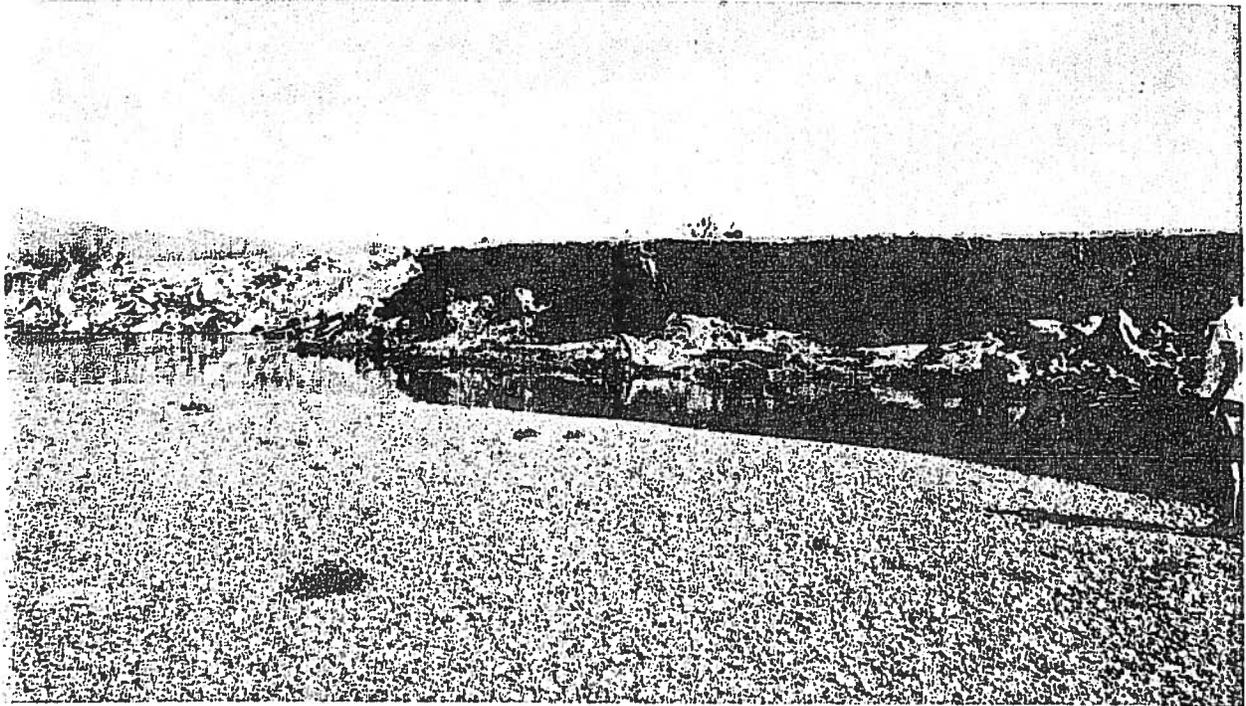
Here is a beaver burrow. The way our beavers work is that they tunnel into the bank rather than live in a lodge. As a result, when the river comes up these burrows washout and creates large scars that extend perpendicular to the river channel sometimes undermining roads or productive pastures.



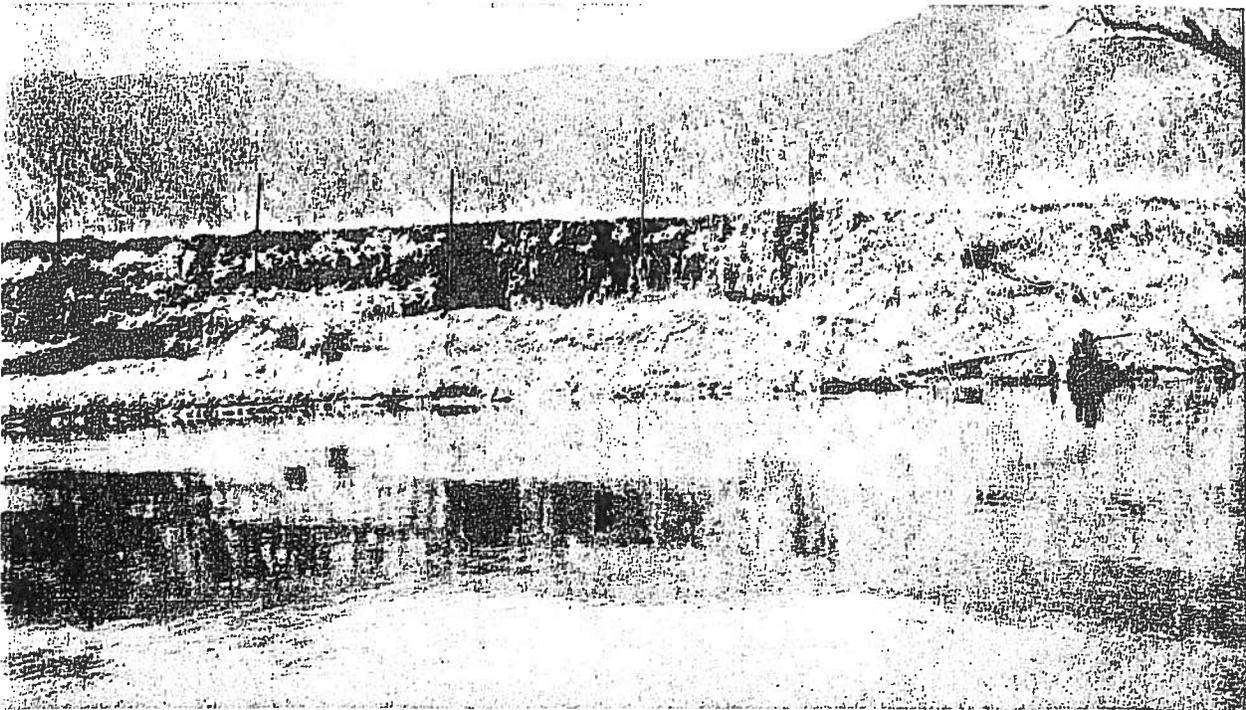
Here is a large patch with Willow barbs, mattress, fascines and pole plantings. This site is just downstream from seven beaver dams on the west fork of the Carson River.



We actually went down the river yesterday 04-14-2014 looking for project sites and here's what we saw.



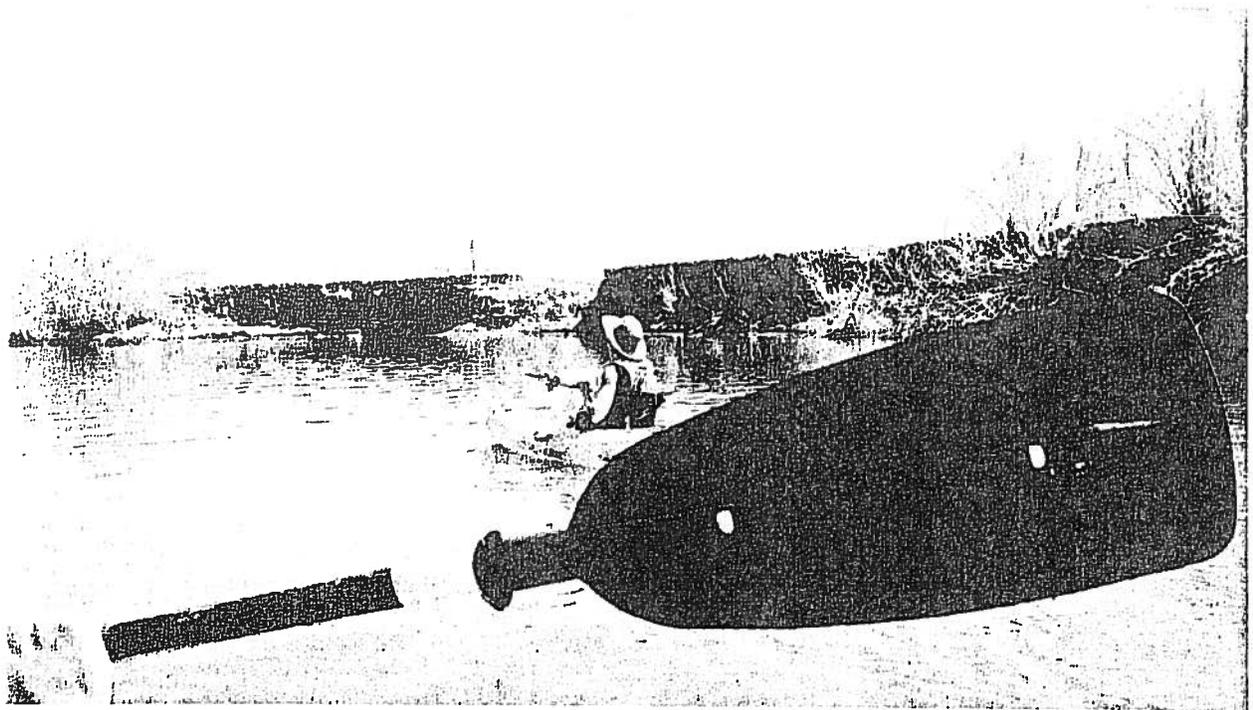
Vertical and concave bank that is eroding and large sand and gravel bars like this one that reduce channel capacity.



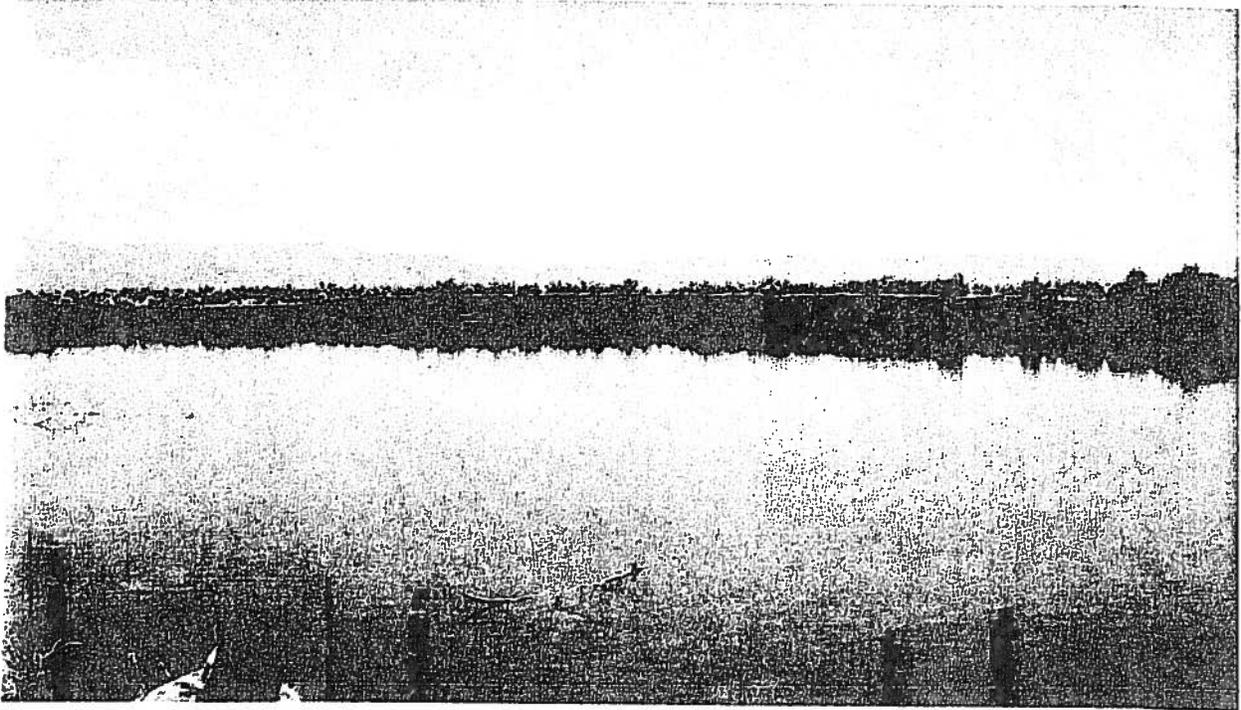
More erosion of productive ranch and farm land, note the fence posts in the air.



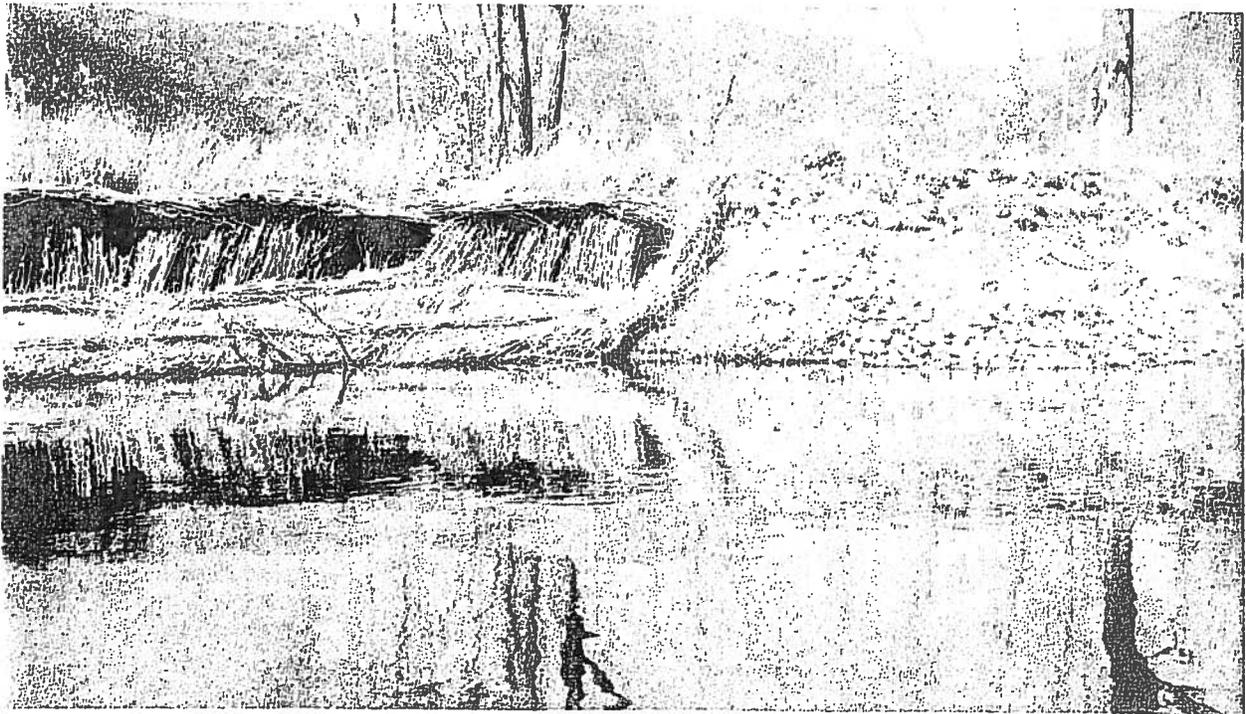
Here is an odd erosion pattern with “points” and cutbacks.



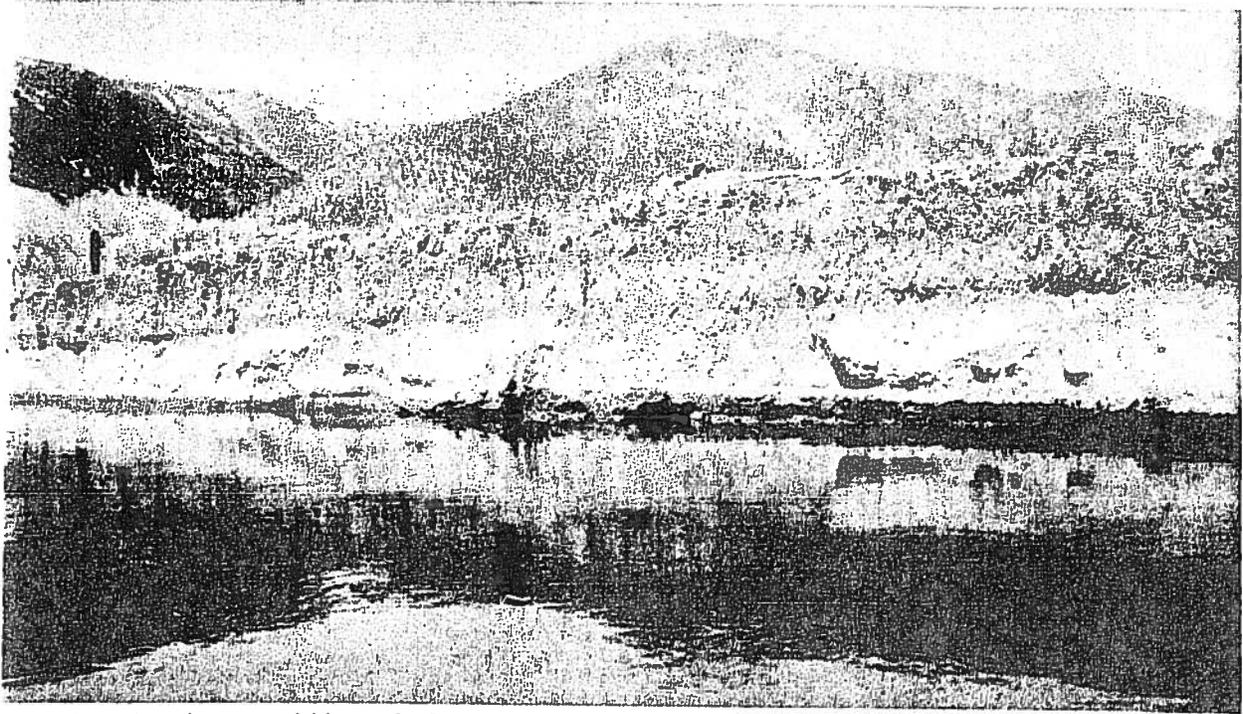
Bank erosion. Note how the willows hold the bank together, even sparse decadent plants.



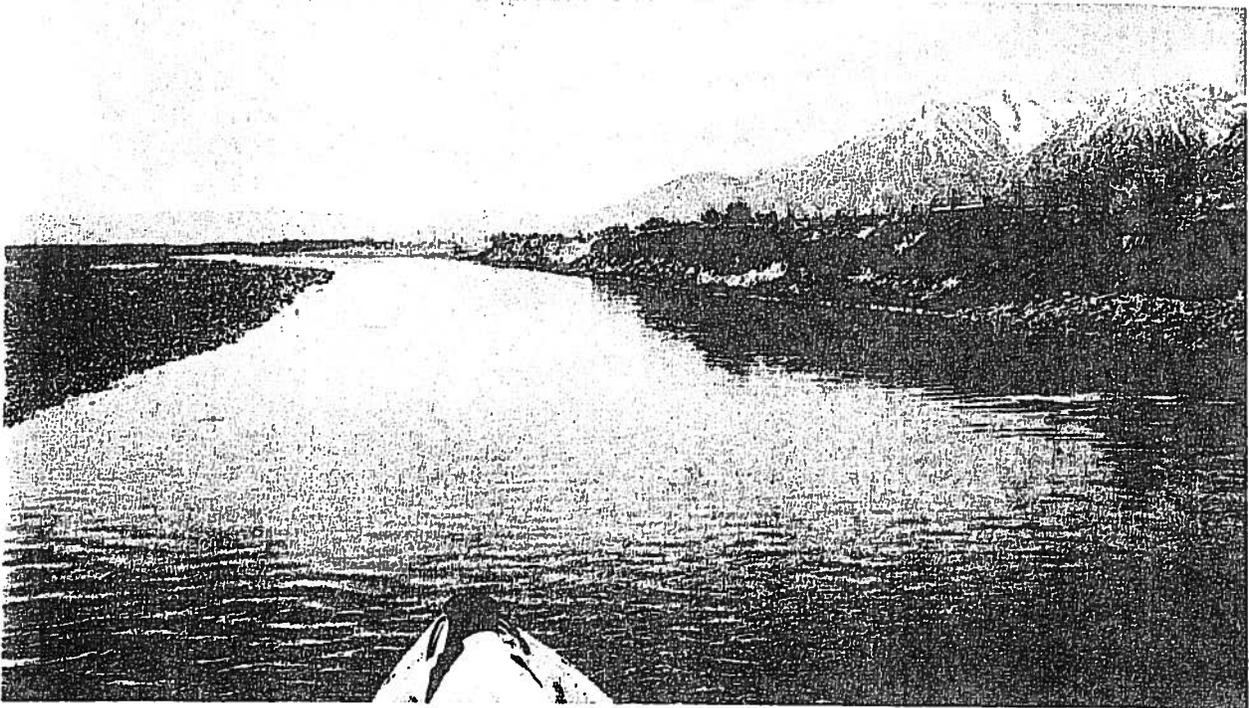
Even wide, slow moving sections have undercut bank that deposits material into the channel.



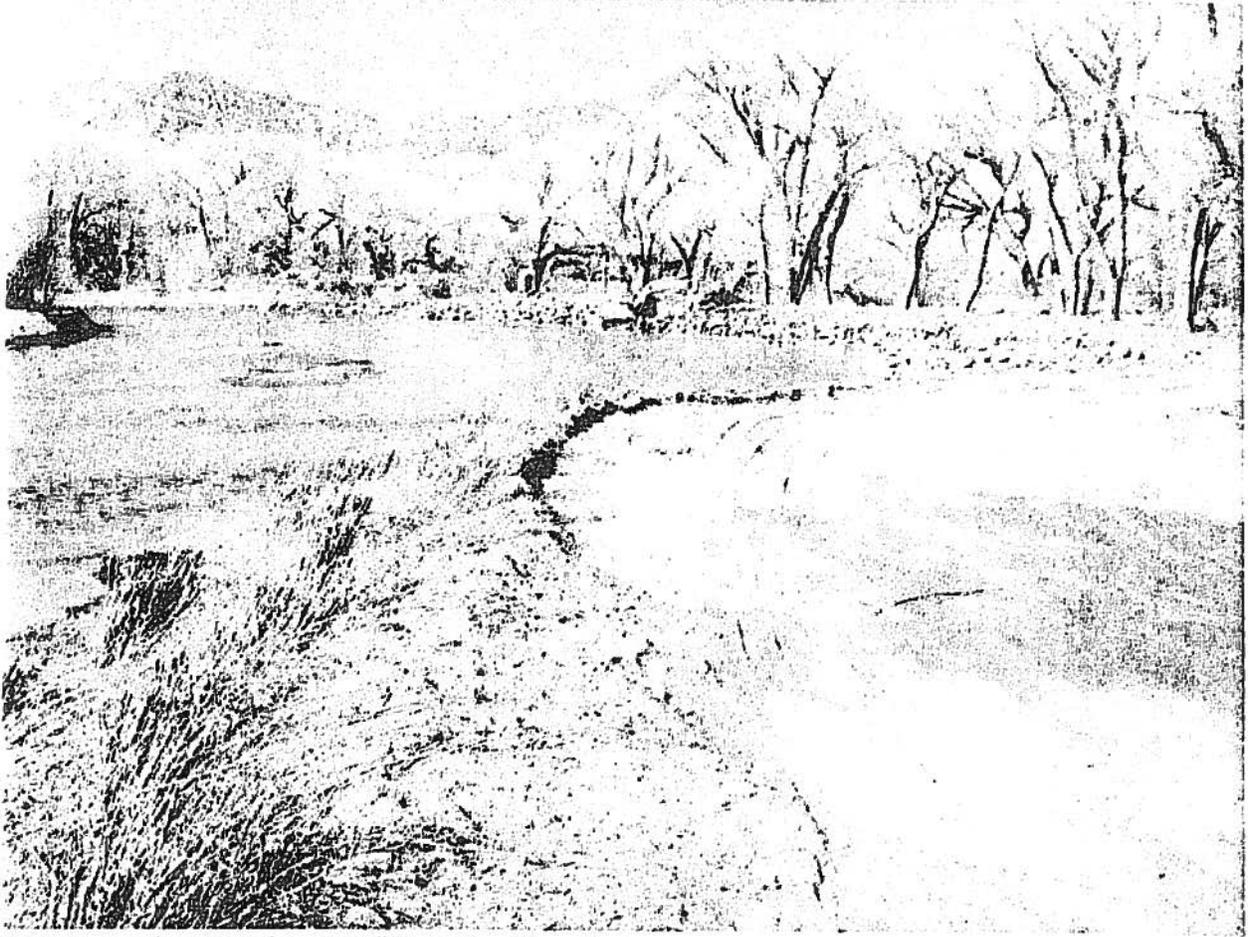
Here is a segway from bioengineering to bare bank with old concrete throw in as rip-rap. Rock rip-rap is not effective unless the banks are shaped and large split rock is used.



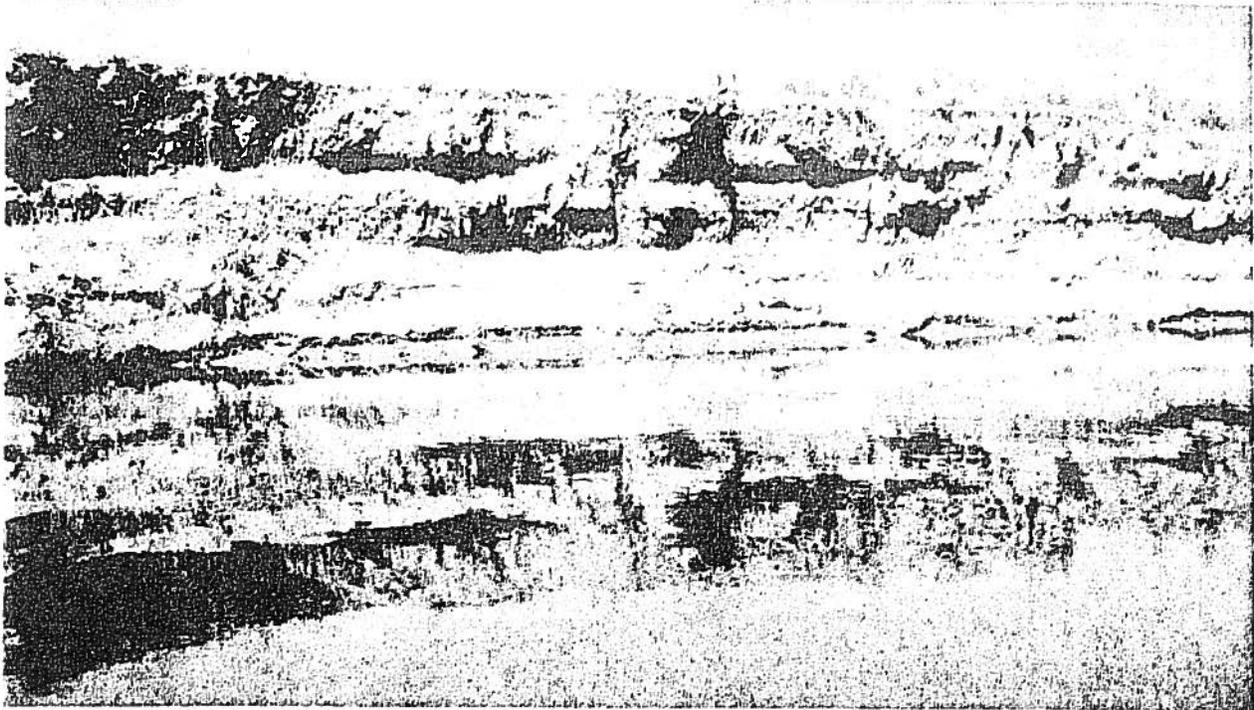
Here is a site that would benefit from bioengineering.



Here is a typical site of erosion on one side and a sand and gravel bar on the other or nearby. The bad pushed the river into the eroded bank taking valuable and productive land from agriculture.



Here is combination bio and "Hard Rock" project.



We can fix this. Bioengineering can mend damaged banks. Bars may have to be moved out of the channel by heavy equipment, especially where willows have taken root on bars, it's like a concrete structure; removing by hand is not an option. To have channel capacity and improve water quality the banks and bars must be addressed. We both like to start with a \$100,000 for projects in our respective districts. Any questions please contact us.

Thank you for your time and consideration.

Mike Hayes
CVVBCD Coordinator

Rich Wilkinson
Dayton Valley CD Manager

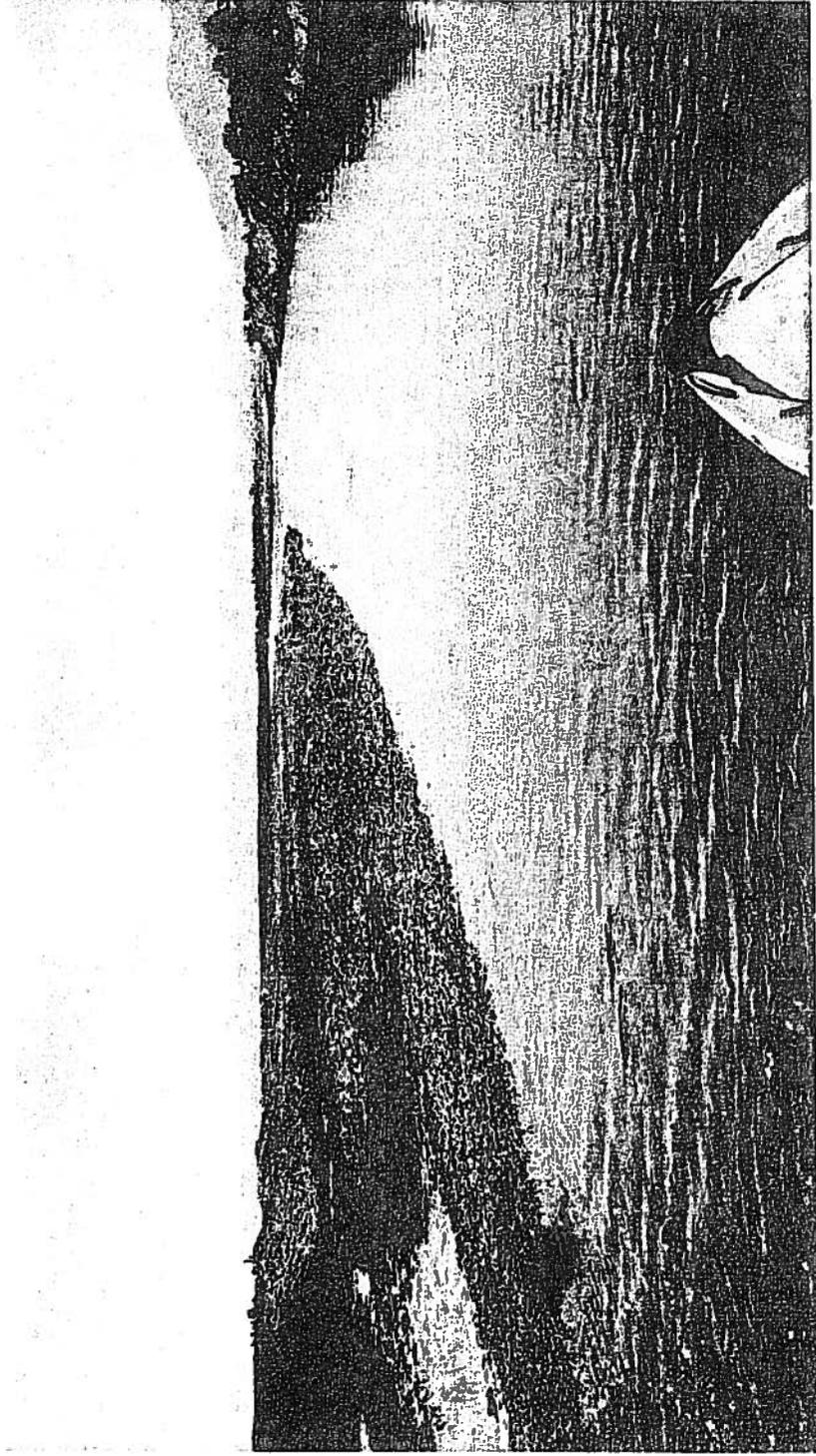
BIOENGINEERING

ANALYZE REALITY, CREATE
NEW, PROGRESSIVE, PRO-
GRESSIVE
RESEARCH

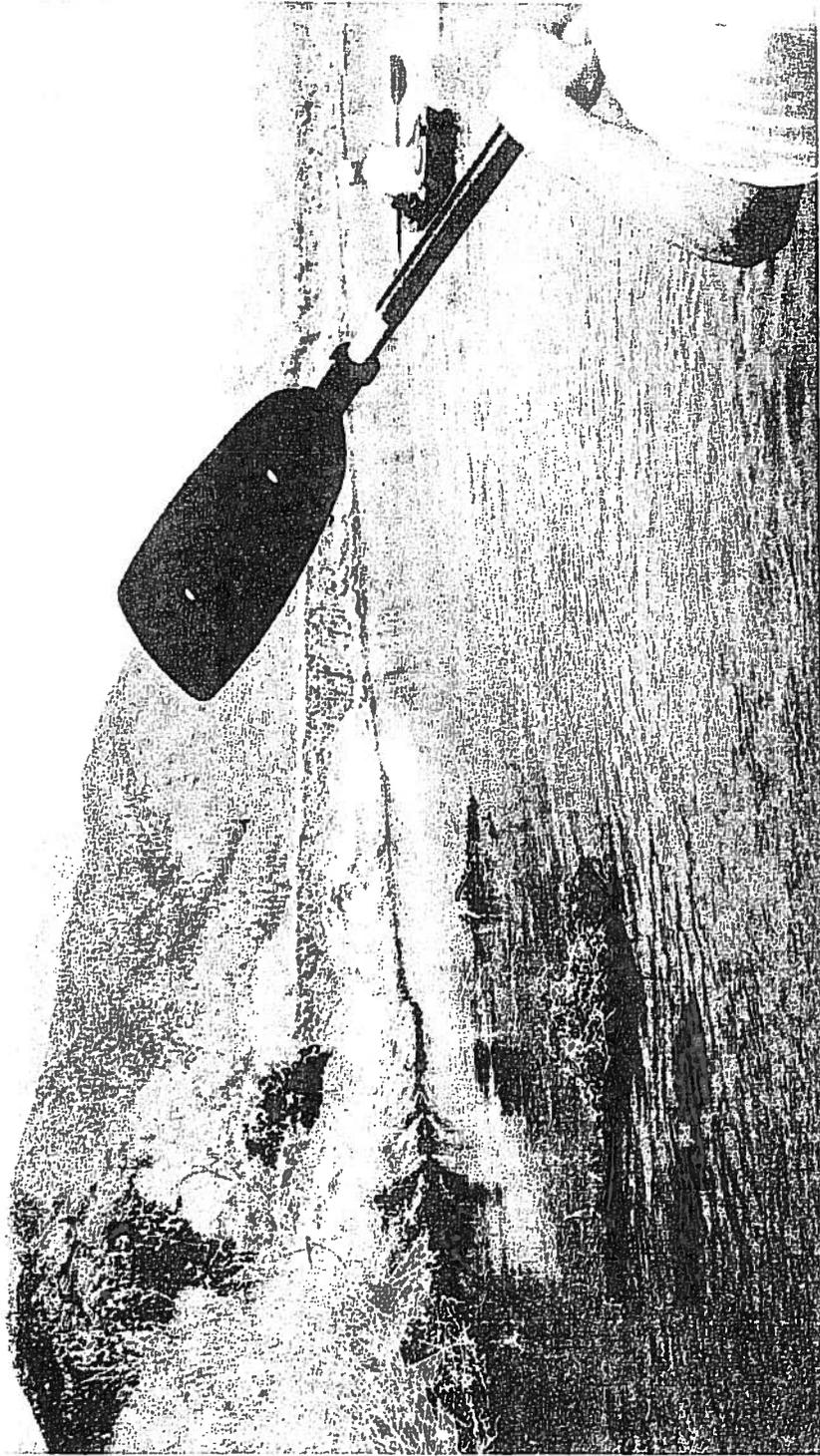
WILLOWS AND MANPOWER



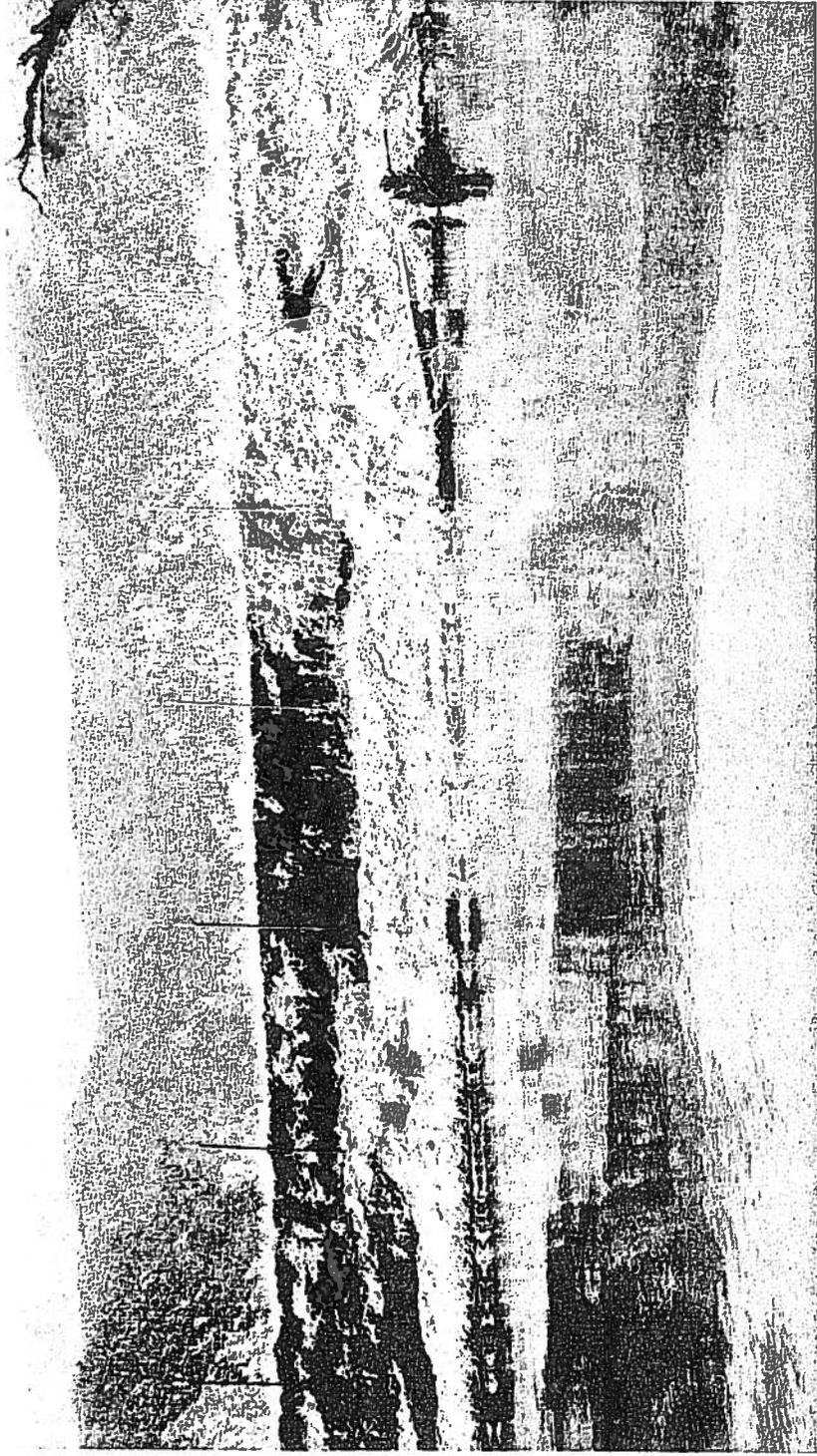
ERODED AREA WITH BAR ON LEFT



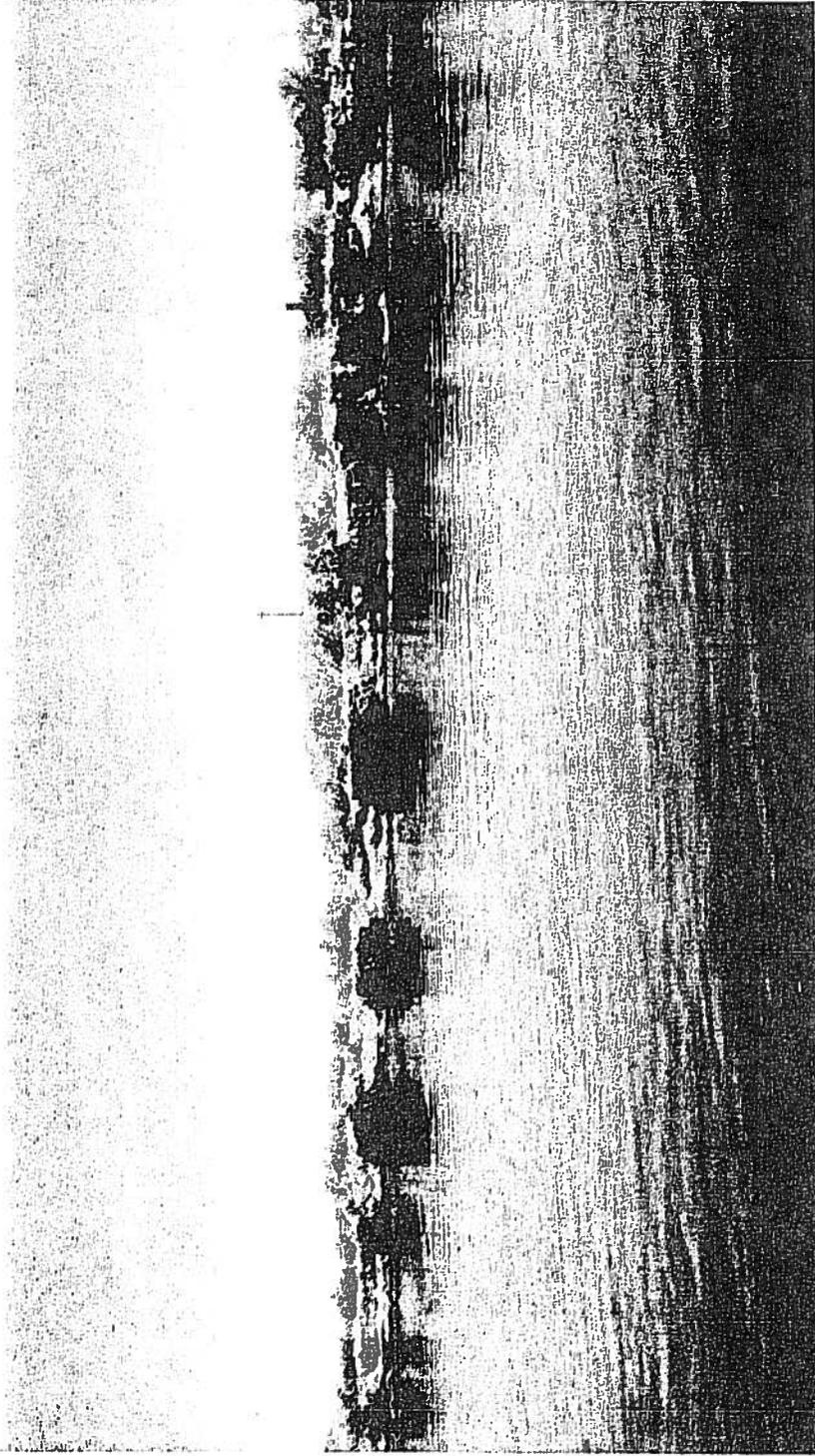
DAMAGES BANKS



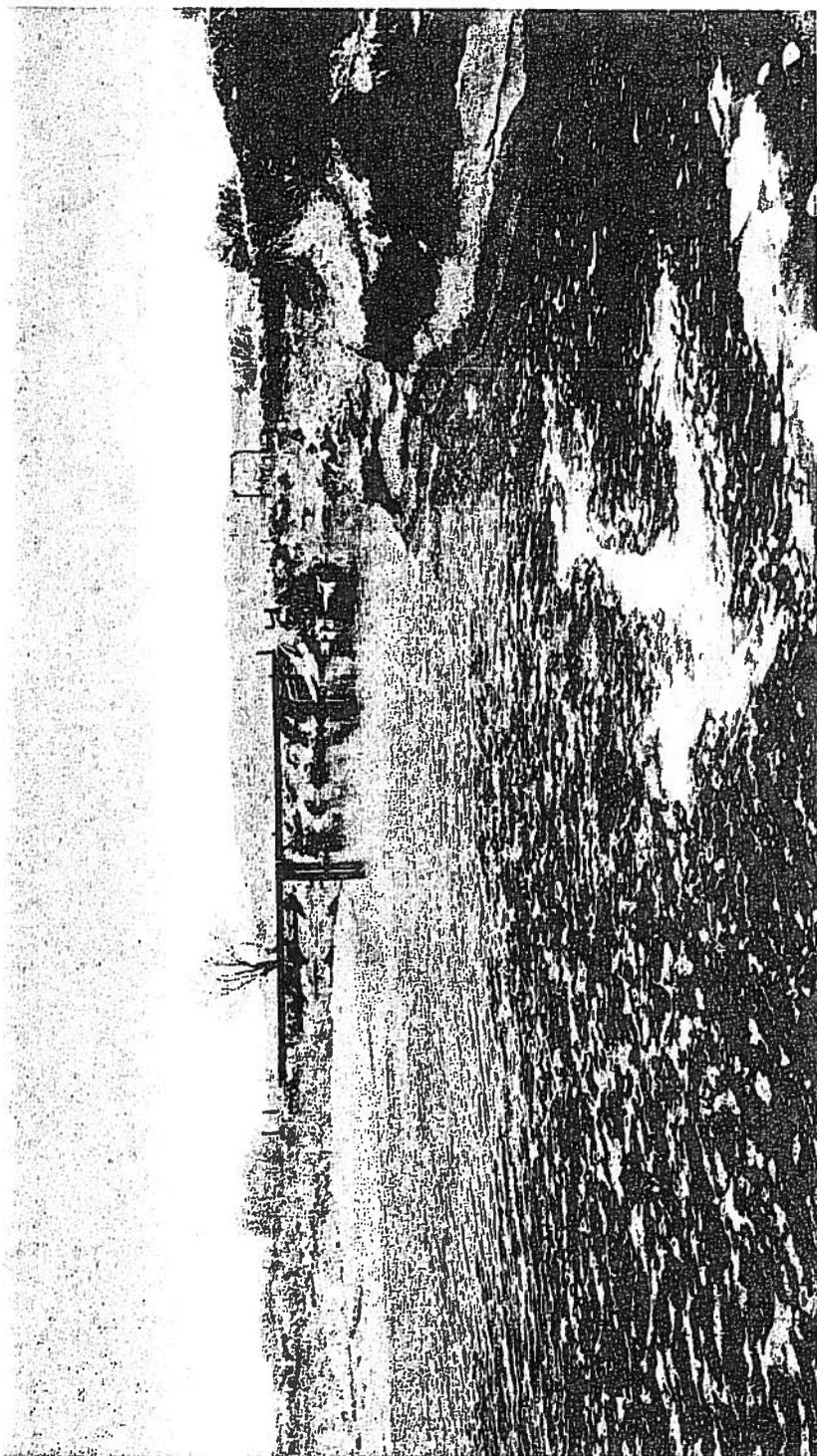
VERTICAL AND CONCAVE BANKS



LOSING PRODUCTIVE LAND



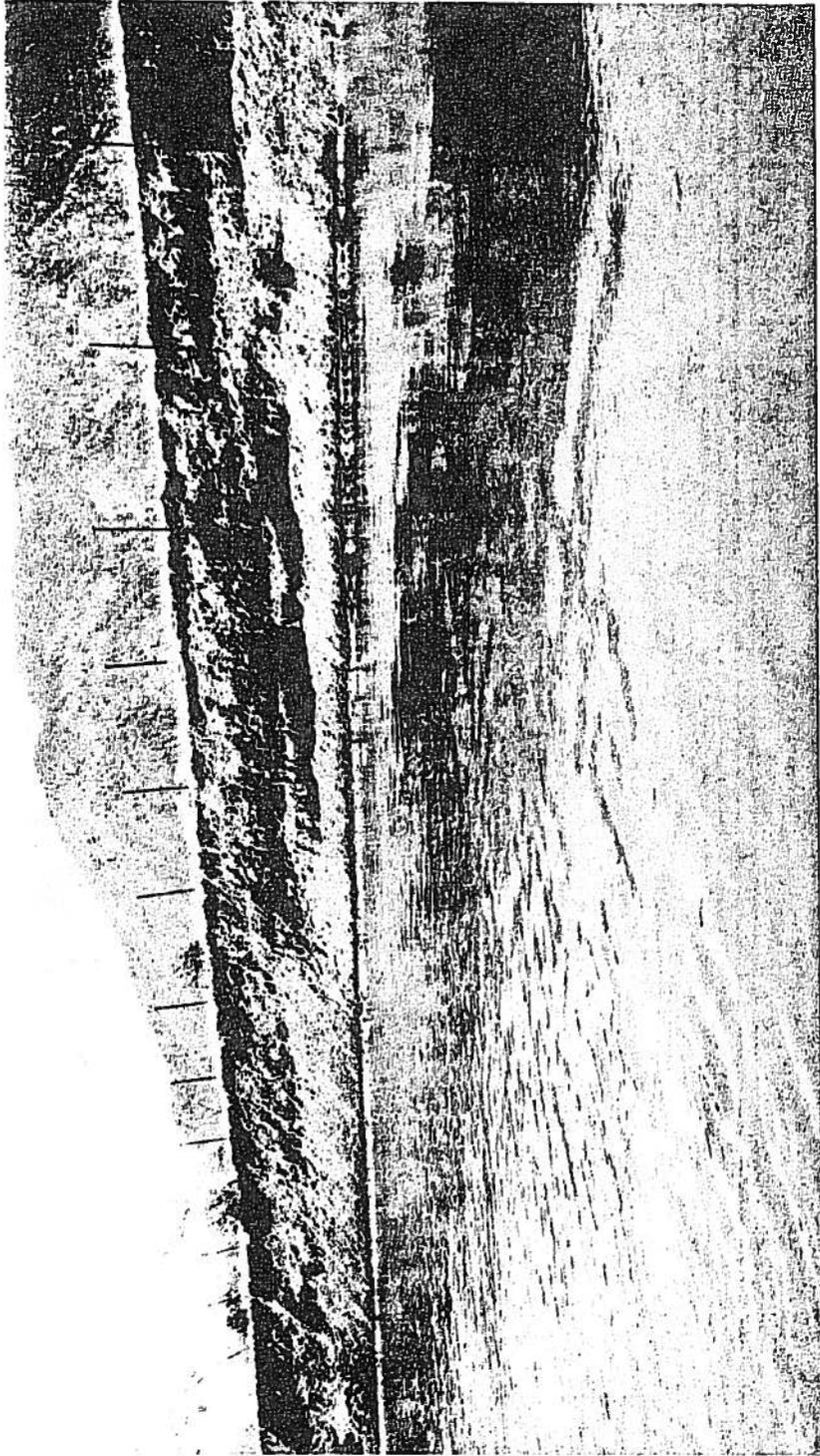
SEDIMENT LOADS



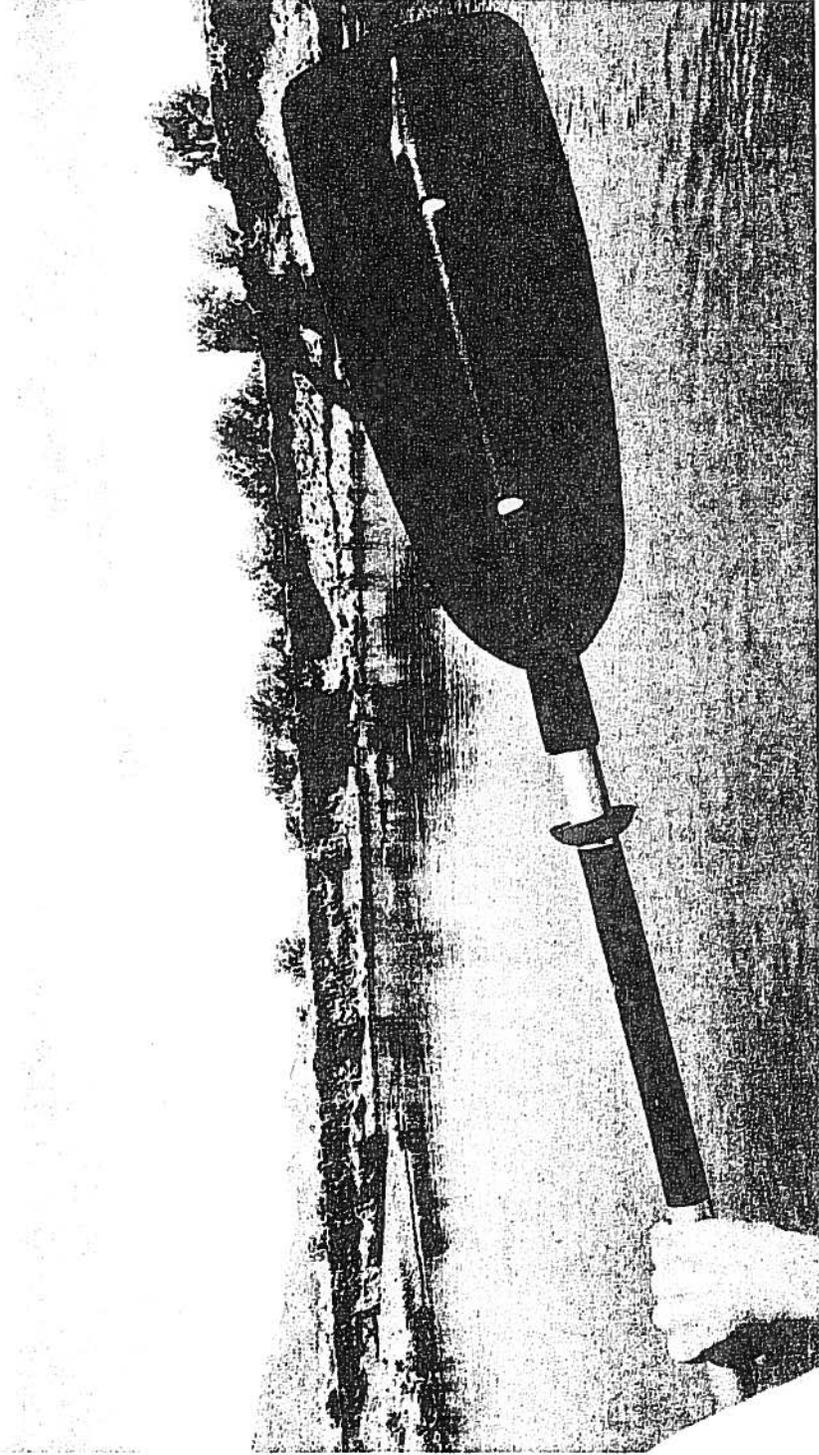
HABITAT DAMAGE



BIO FIX?



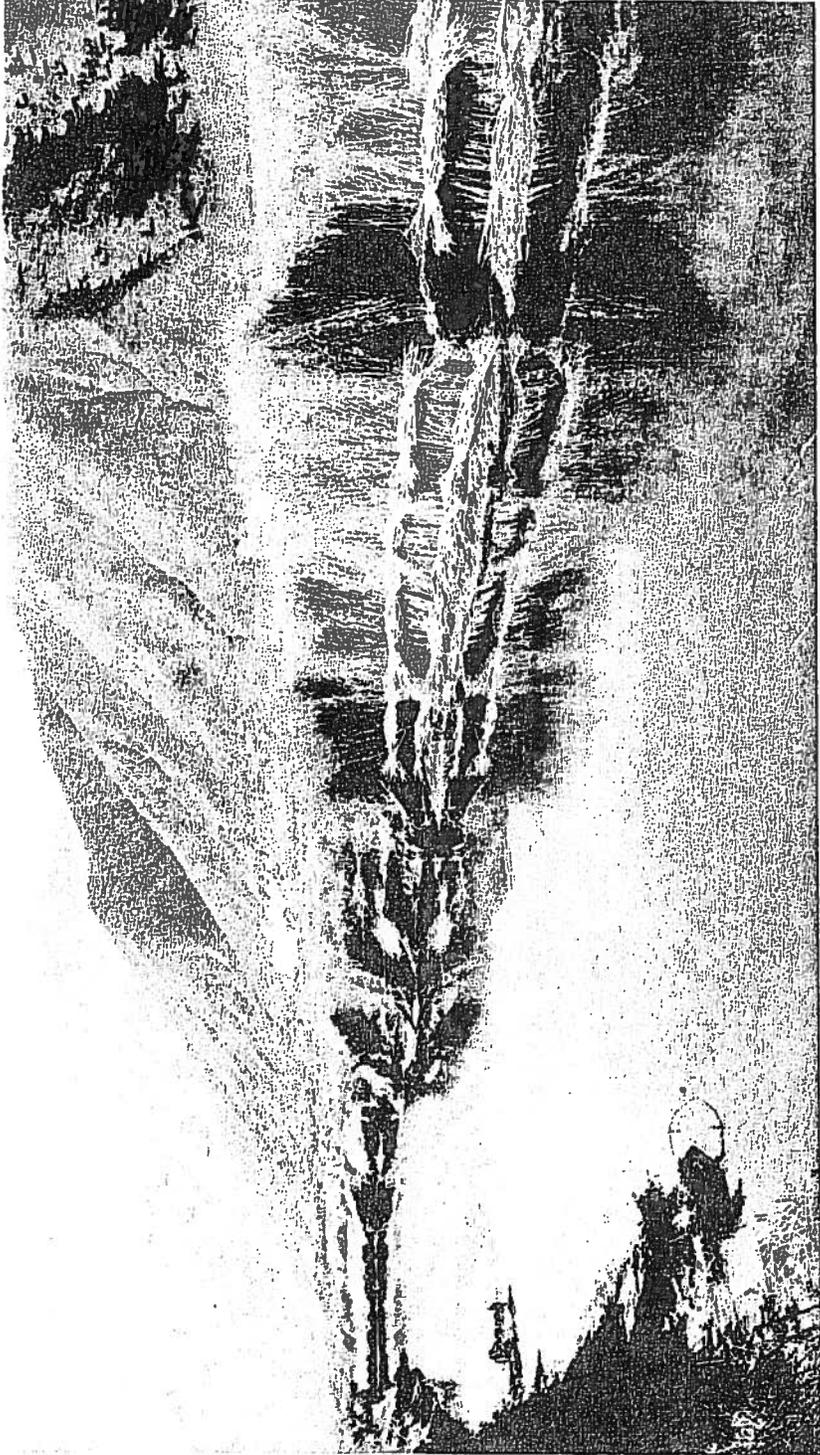
PROJECT SITES



SOLUTIONS

- Bioengineering and “Hard Rock” solutions
- Bigger project sites will require hard rock work
- Many sites can be bioengineered
- We can improve water quality
- Create habitat
- Shade the water
- Minimize erosion
- Protect vital, productive land

NATURAL BIOENGINEERING





REQUEST

- We are requesting \$100,000 for work on several project sites
- We will start work with the bioengineering
- Hard Rock solutions will be implemented in some areas
- Help us streamline the process for work
- Early Detection Rapid Response fixes need a streamlined system to work in



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

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

Date: October 26, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Colleen Murphy, Budget Analyst *CM*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS – PRISON INDUSTRIES

Agenda Item Write-up:

Pursuant to NRS 209.192, the Department of Corrections, Prison Industries, requests to access \$346,507 from the Fund for New Construction of Facilities for Prison Industries. Funds would be used to purchase new and replacement equipment, new software, buildings and grounds improvements, and materials to allow for expansion and operations improvements to various program activities.

Additional Information:

The fund (Prison Industries Capital Projects, Fund 525, Agency 440, Budget Account 3728) balance as of October 21, 2015, is \$549,910. Funds will be used for various program activities including ranch, furniture, metal, automotive, garment, mattress, and printing. Per the cited NRS, on October 9, 2015, Prison Industries presented the plan and detailed the associated expenditures to the Legislative Committee on Industrial Programs; the committee supported the plan. The plan is also subject to BOE and IFC approval (both anticipated to be December). Detailed justification and quotes have been provided for each item in the work program. Relates to Non-IFC Work Program C#34217.

Statutory Authority:

NRS 209.192 - Fund for New Construction of Facilities for Prison Industries

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

Board of State
Prison Commissioners

BRIAN SANDOVAL
Governor

BARBARA CEGAVSKE
Secretary of State

ADAM PAUL LAXALT
Attorney General



STATE OF NEVADA
DEPARTMENT OF CORRECTIONS



Northern Administration
5500 Snyder Avenue, Carson City, NV 89702
Phone: (775) 887-3285 - Fax: (775) 887-3138

Southern Administration
3955 W. Russell Road, Las Vegas, NV 89118
Phone: (702) 486-9938 - Fax: (702) 486-9981

BRIAN SANDOVAL
Governor

E.K. McDaniel
Interim Director

October 26, 2015

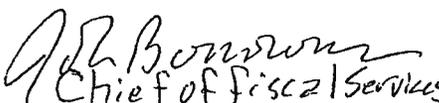
Dear Board of Examiners:

On behalf of Prison Industries, the Nevada Department of Corrections is requesting to expend funds from the Prison Industries Capital Improvement Fund. Pursuant to NRS 209.192 as amended by the 2015 legislature within Senate Bill 96, this fund may only be expended to promote goods and services provided by prison industries, provide for new industries, or modify existing industries in the industrial program to provide additional employment or training of offenders, to improve operations or security, or any other purpose authorized by the legislature. The new language mandates review and approval by the Committee on Industrial Programs, as well as the Board of Examiners and the Interim Finance Committee prior to purchases being made using the fund.

A plan was submitted to the Committee on Industrial Programs to purchase equipment, software, a paint booth, an evaporative cooler and fencing to support the Prison Ranch, Garment Factory, Furniture Shop, Mattress Factory, Metal Shop, Print Shop and Auto Shop. The purpose of the plan is to increase employment and training opportunities, improve efficiencies, provide a proper work environment and conditions, and improve security.

Prison Industries is requesting approval from the Board of Examiners via this memo and subsequent authorization from the Interim Finance Committee via work program C34217 to expend approximately \$350,000 of the available \$550,000 in the fund. Please let me know if you have any questions regarding this request.

Respectfully,

 As authorized to sign
Chief of Fiscal Services on behalf of
Scott K. Sisco
Deputy Director, Support Services

Work Program C34217

Justification

Nevada Revised Statute (NRS) 209.192 was recently amended and expanded to include the purchase of equipment for Prison Industries (PI) and expansion, modification, and security improvements to Prison Industries. The majority of Prison Industries' shops have not purchased equipment in many years. The equipment, building and grounds improvements and the requested AutoCAD software would greatly assist PI with increasing productivity, improve job training and skills to help offenders successfully re-enter society, reduce government operating costs, enhance security, and create inmate work positions. This will result in increased profits and more room and board reimbursements for various institutions.

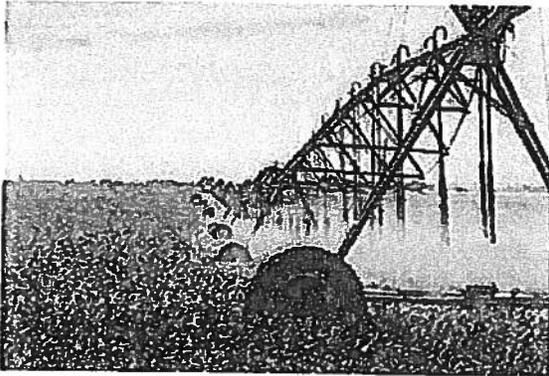
The following items are requested for the Ranch:

One used Gooseneck style flatbed Trailer to move supplies and equipment to and from the Ranch. This will enable the operation to safely move cargo in and out. The trailers available to use are no longer suitable due to age, condition or limited capacity. The Ranch borrows a trailer from another agency when available; however, it is not always available when needed. The demand for a trailer has increased with the frequency of items obtained from the GSAXcess program. Furthermore, many items acquired through the GSAXcess program could be retrieved with this trailer hitched to a pick-up truck, versus the current method of hauling by semi-tractor, thus saving a substantial amount in fuel costs.



One used Center Pivot Irrigation Line. The Ranch has been in an irrigation water crisis for the past few years. Reclaimed irrigation water provided by Carson City has been reduced by 30 percent. The current means of irrigation is flood, which is about 65 percent efficient, and hand line/side roll sprinkler, which is about 75 percent efficient. A Center pivot with LEPA (low energy precision application) applicators would increase efficiency 20 percent, making irrigation efficiency 95 percent or better. It would also enable the Ranch to grow crops that are currently limited in height by wheel lines. With water savings in this pivot field, other fields may benefit by receiving more water, thus raising the yield in those fields. Chemigation (the process by which herbicides are applied to crops through irrigation equipment) will improve the effectiveness of the herbicide and allow for a higher yield. This method will also reduce spending on additional herbicides.

Furthermore, this equipment is beginning to show its age as repair costs are mounting. With the efficient design of a center pivot, environmental factors such as gusty winds and sand will have less of an impact, leading to less repair costs. During the irrigation off-season, winds may reach speeds that bend, stress, and sometimes break irrigation equipment. Sand blows into the pipes and lodges itself in the sprinkler heads causing them to fail. Sand can be difficult to completely remove when beginning to irrigate. Necessary steps are taken to prevent these problems but they occur regardless.



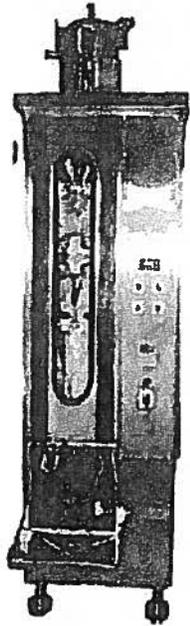
A Fence along the west side of the Ranch is necessary to increase security on the Ranch due to a new housing development being constructed there. This new housing development could potentially bring thousands of new residents to close proximity of the Ranch's property. Just on the other side of the Ranch's property line runs a recreational trail that is open to the public. People using this trail could simply walk across a dry creek bed (there is a bridge in one area) and enter Ranch property without being seen by security personnel. In the past, trespassers have been observed walking on Ranch property, and while this is not a frequent problem it is a great concern. The fence would be industrial grade chain link, six feet tall, and span 5,000 feet. A fence will enhance the security of the Ranch by keeping inmates inside the Ranch and housing residents outside of the Ranch. The fence will be installed by inmates; therefore, reducing the cost and working more inmates.

One used Milk Pouch Line would allow the Ranch to package milk into pint size, single serving containers to gain additional market share, as well as address a major concern of limited floor space in the milk processing plant. This particular machine will have a small footprint and easily adapt to the existing infrastructure. Little modification to the existing facility will need to be done. This machine could give the dairy an additional revenue source that has the potential for expansion into different markets.

The dairy is currently unable to gain additional market share with its current customers and seek new customers primarily due to outdated, inconvenient milk packaging. The current packaging, a six-gallon bag, requires the customer to have a dispenser and cups. These requirements have led potential customers to explore a more convenient, cost effective alternative; pre-packaged, individual servings. The dairy would like to continue with the current packaging and phase in this machine to gain additional market share.

If the dairy sets a competitive price of \$0.31 per pouch for its Lovelock Correctional Center customer, this institution can save \$8,000 annually by switching from its current vendor. Lovelock Correctional Center would save \$0.08 per serving at a rate of 2,000 servings per week. On an annual basis this equates to approximately \$8,000. The ranch would see an annual gross revenue increase of \$30,000 or more from this customer. A current private customer, Wittenberg Hall/J.E.J.C., is interested in purchasing approximately 36,500 servings annually, equating to \$11,000, an increase of \$2,500 from the current revenue figures. Other private Institutions have also shown interest and may be potential customers with this new form of packaging.

The dairy will be able to increase its milk volume during the production process thereby lowering its costs per gallon. Currently, the low customer demand for milk is causing an excess of raw milk which has to be sold to the co-op. Raw milk is purchased by the cooperator at a low price; the dairy is not profitable from raw milk sales. By processing more of this raw milk the dairy will receive premium pricing and have less excess.



The following request is from the Garment Factory:

The Garment Factory would like to start manufacturing t-shirts. To do so the Garment Factory needs twelve production line tables with chairs, two Eastman Blue Streak cutters, twelve Consew sewing machines, start-up patterns and materials for the first run of shirts. PI is projecting to initially train and work twelve to seventeen inmates on this new project. Not only will producing t-shirts put more inmates to work, it will generate more room and board reimbursements and contribute to PI's ability to make a profit.

The following requests are from the Furniture Shop:

A Laser Engraver would benefit the Furniture Shop two-fold. First, it would enhance the current process of making recognition/retirement plaques, replacing PI's 1940's equipment. Second, it would allow Prison Industries to offer new services to State entities. The current manual engraver only has an engraving surface of 8" x 10". This limits the size of plaque that PI can make. Also, it only has one set of lettering limiting the style that can be offered. It also currently takes roughly thirty minutes to manually engrave each plaque. A new engraver which is computer operated would allow PI to offer new services to State entities (name plates, door indicators, hazardous signs, etc.). A new engraver would allow PI to add pictures, various lettering, and allow PI to engrave multiple materials such as plastic, metal and wood. It would also cut down in labor time to engrave the plaque. Computerized plaques take roughly two to four minutes to complete the engraving process.

Upgrade the current AutoCAD to meet standards used in public industry. Currently when quoting jobs for potential customers, PI cannot access the drawings being sent in because they were created on the current version of the CAD. This slows down the process of quoting the job. Purchasing the new AutoCAD would also help inmates learn up-to-date skills needed in this field.

One new Saw Stop Cabinet Saw to upgrade one of the current table saws to allow PI to become more efficient. PI's current table saws are older and do not have the technology and advancements of new table saws. The safety aspect has been greatly improved with design and operation of the machines. The new technology also allows for multiple angles and improves the things that can be done with the newer equipment models currently on the market.

One new Band Saw to replace the current band saw in the wood shop. The current band saw that the Furniture Shop uses has multiple mechanical issues. The blade walks while in operation. The walking of the blade can cause users to have to scrap the material being cut. This causes waste and a lack of production. The new band saw will improve efficiency and will reduce material waste.

One new Jointer would add to efficiency of production by allowing multiple people to work on large projects at one time. Currently PI only has one jointer and when large orders come in this slows down the process and it requires more lead time for the completion of jobs than the customers would like. This additional band saw would allow PI to streamline processes, saving on labor time and lead time for completion.

The Mattress Factory is requesting the following:

Currently the Mattress Factory sews covers for mattresses issued to the institution. PI currently has to add a seam sealer to create the non-perforated seam wanted. PI has requests from health care and dormitories on sealed mattresses. PI currently cannot meet their requests. By allowing the Mattress Factory to purchase a **Radio Frequency (RF), also known as High Frequency Welder End Sealer and Corner Sealer** PI could offer better, more secure mattresses to State institutions and health care facilities.

The purchase of a new **Eastman Brute 627 Material Cutter** would be an addition to PI's current process. The current material cutter PI uses is limited by the amount of material it can cut at one time. Currently when cutting multiple layers of material, the blade will get hot and melt materials together which slows down the manufacturing of mattresses. The new saw can handle thirty-five percent to fifty percent more material at one time without getting hot and melting material. This will allow PI to cut material faster and getting the material into the manufacturing process faster. This will help improve the streamlining of PI's operation, making PI more efficient.

The Metal Shop is requesting the following:

The purchase of a **Beam Cutting Band Saw** will allow PI to make cleaner cuts and save on labor cost. Currently a cutting torch is used in fabricating beams. The cutting torch does not provide a clean cut and also takes a significant amount of time. After using the cutting torch, PI has to follow up with grinders to shave down the slag left from the torch and flatten any rough spots. This process takes roughly one hour plus per beam. PI also uses a minimum of one grinding wheel per beam. The band saw would significantly cut down time and materials waste. The saw also provides a safer alternative than cutting with a cutting torch. By allowing PI to purchase a beam cutting band saw it would drastically reduce fabricating/production times while increasing the efficiency of fabrication and production.

Upgrade the current AutoCAD to meet standards used in public industry. Currently when quoting jobs for potential customers, PI cannot access the drawings being sent in because they are being created on newer versions of the CAD. This slows down the process of quoting jobs because PI has to request that the customers save the drawings in a lower version of AutoCAD. This also can cause problems because as the new versions were created so were new functions. The new functions are not always compatible with older versions; therefore, PI cannot receive the whole drawing. Purchasing the new AutoCAD also helps inmates learn up-to-date skills needed in this field.

Approval to purchase a **Powder Coating system and Oven** would allow PI to offer a service that currently has to be sourced out. Powder coating is a dry finishing process that has become extremely popular. Representing over 15 percent of the total industrial finishing market, powder is used on a wide array of products. More and more companies specify powder coatings for a high-quality, durable finish, allowing for maximized production, improved efficiencies, and simplified environmental compliance. Used as functional (protective) and decorative finishes, powder coatings are available in an almost limitless range of colors and textures, and technological advancements have resulted in excellent performance properties. This service has been requested by multiple State Agencies and PI currently cannot meet their need. Outsourcing the service drives up cost to the State. A powder coating system and oven would allow PI to expand services provided and allow PI to generate more work brought into Silver State Industries. The purchase of the powder coating system would also bring another skill for inmates to learn.

The purchase of a **Hydraulic Roll Bender** would allow PI to start offering a new service to customers. On multiple occasions PI has received requests to make truck racks and also roll cages for customers.

Currently PI can provide this service by cutting angles into either round or square tubes and weld them back together. This is effective but very time consuming. Also, the customers prefer the look of bent tube. When the tube is bent rather than cut and welded, it gives a more uniform look.

Replace the current paint booth with a **Side Down Draft Air Flow Paint Spray Booth**. The current paint booth is old and the air flow is not up to industry standards. With the airflow not up-to-date as newer models, it allows particles to float around in the booth and land on the vehicles being painted. This causes extra work and time needed to remove all the particles from the paint that was laid. A new booth would help cut labor time down by removing more particles from the air and allowing a cleaner paint job to be performed which would allow PI to complete more vehicles in a timely manner. By replacing the current booth with a new model, this would decrease cost of materials and labor and increase profitability.

The Print Shop is requesting the following:

Two Screen Printing Presses will increase the screen printing capacity of the Print Shop and reduce customer wait times. This would allow the Print shop to accept more customer orders; thereby increasing the shop's bottom line and allowing the shop to work and train more offenders.

One Screen Print Conveyer Dryer is necessary for the finishing of screen printing. It goes hand-in-hand with the two screen printing presses. Purchasing the new dryer will also permit the Print Shop to accept more customer orders, allowing the shop to work and train more offenders and increase their contribution to Prison Industries.

The Auto shop is requesting the following:

Replace the Evaporate Cooler and purchase the associated **installation materials** for the Auto shop's paint booth will allow the paint booth to be operational in the hotter months. The current cooler is no longer operational and cannot be repaired. Without a cooler, vehicles won't be able to be painted in the summer. The Auto shop won't be able to finish customer jobs.

The Auto Shop would benefit greatly if allowed to purchase a **Mighty-pull Straightener with Clamp** to assist with body work. Purchasing the new straightener would assist the shop in providing quality work and will result in greater customer satisfaction. It would also help inmate workers learn up-to-date skills needed in this field.

**REPLACEMENT/NEW EQUIPMENT REQUEST
WORK PROGRAM C34217**

Budget Account #: 3728
Budget Account Title: PI Capital Projects

Quote	Desc. Unit	Cat.	Object Code (GL)	Item Requested	This Request	Item being Replaced	State ID #	Year Purchased	Condition / Reason for Replacement / Request For
	WPC 34217	04	7460	Prod. Line Chairs (12 ea)	\$2,400	New			Garment Factory
11	WPC 34217	04	7460	Sewing Tables (12 ea)	\$5,196	New			Garment Factory
				Subtotal CAT 04:	\$7,596				
3	WPC 34217	05	8250	Laser Engraver	\$32,570	Engraver, New Herms	105367	1978	Poor/Outdated, no replacement parts. Furniture Shop
	WPC 34217	05	8250	RF Welding End Sealer	\$25,000	New			Mattress Factory
13	WPC 34217	05	8250	RF Welding Corner Sealer	\$8,000	New			Mattress Factory
7	WPC 34217	05	8250	Beam Cutting Band Saw	\$10,498	New			Metal Shop
				Powder Coating System with oven	\$10,000	New			Metal Shop
8	WPC 34217	05	8250	Hydraulic Bender	\$20,750	New			Metal Shop
9	WPC 34217	05	8250						Metal Shop
10	WPC 34217	05	8250	Paint Spray Booth	\$18,091	Paint Spray Booth		1960?	Poor/Does not meet industry standards. For Metal Shop which also does vehicle painting
12*	WPC 34217	05	8251	Blue Streak Cutters (2 ea)	\$6,180	New			Garment Factory
12	WPC 34217	05	8251	Sewing Machines (12 ea)	\$22,990	New (various machines)			Garment Factory
5	WPC 34217	05	8251	Saw Stop Cabinet Saw	\$4,249	Saw Electric Table	194094	1990	Poor/Outdated, safety issues. Furniture Shop
	WPC 34217	05	8251	Band Saw	\$3,092	Saw Band Rockwell	132089	1982	Poor/ Causes a lot of wood waste. Furniture Shop
6	WPC 34217	05	8251	Jointer	\$2,292	New			Furniture Shop
14	WPC 34217	05	8251	Eastman Material Cutter	\$2,775	New			Mattress Factory
	WPC 34217	05	8251	Screen Printing Presses (2 ea)	\$8,291	New			Print Shop
15	WPC 34217	05	8251	Screen Print Conveyor Dryer	\$3,995	New			Print Shop
16A & B	WPC 34217	05	8251	Mighty-pull Straightener	\$2,190	New (foot pump and clamp)			Auto Shop
1	WPC 34217	05	8320	Goose-neck Flatbed Trailer	\$6,572	New (used)			Ranch
2	WPC 34217	05	8320	Center Pivot Irrigation Line	\$32,145	New (used)			Ranch
17	WPC 34217	05	8320	Milk Pouch Line	\$26,500	New (used)			Ranch
				Subtotal CAT 05:	\$246,180				
4	WPC 34217	26	7771	AutoCAD 2015 Software (2 ea) @ \$4,195	\$8,390	Upgrade to current version			Current version required one for the Ranch and one for the Furniture Shop.
				Subtotal CAT 26:	\$8,390				
				Total Replacement and New Equipment Requested	\$262,166				

Nevada Department of Corrections		10/8/2015		Actuals through:		10/8/2015		Enc through:		10/8/2015		Actual		Actual	
Prison Industries, BIA 3728		FY16 Projections - BIA 3728		PROJECTED		ACT+PROJ		UNDER FY16		FY15		FY14		FY13	
CAT	DESCRIPTION	YTD	YTD	YTD	YTD	12 MOS	ACT+PROJ	BUDGET	BUDGET	Actual	Actual	Actual	Actual	Actual	Actual
00	TOTAL REVENUES	APPR	ACTUAL	ENCLUM	TOTAL	BALANCE	BALANCE	ACT+PROJ	UNDER FY16	FY15	FY14	FY13	FY14	FY13	FY13
04	OPERATING	\$0.00	\$0.00	\$0.00	\$0.00	\$91,936.23	\$91,936.23	(\$91,936.23)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05	EQUIPMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$246,180.00	\$246,180.00	(\$246,180.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	RESERVE	\$611,942.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$611,942.00	\$539,939.83	\$539,939.83	\$467,937.40	\$373,824.93	\$467,937.40	\$373,824.93	\$0.00
28	INFORMATION SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$8,390.00	\$8,390.00	(\$8,390.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL EXPENDITURES	\$611,942.00	\$0.00	\$0.00	\$0.00	\$346,506.23	\$346,506.23	\$265,435.77	\$539,939.83	\$539,939.83	\$467,937.40	\$373,824.93	\$467,937.40	\$373,824.93	\$0.00
	Net surplus (deficit)	\$0.00	\$9,968.52	\$4,984.00	\$14,952.52	\$251,034.53	\$265,987.05	\$265,987.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,433.35
	Notes	Pending WP C34217													
Cat	00 - REVENUE	APPROVED	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD
GL	DESCRIPTION	BUDGET	ACTUAL	ENCLUM	TOTAL	BALANCE	BALANCE	ACT+PROJ	UNDER FY16	FY15	FY14	FY13	FY14	FY13	FY13
45	REVERSIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$539,939.00)	(\$539,939.00)	(\$467,937.00)	(\$373,825.00)	(\$467,937.00)	(\$373,825.00)	\$0.00
47	BEGINNING CASH	\$539,940.00	\$0.00	\$0.00	\$0.00	\$539,940.00	\$539,940.00	\$539,940.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4280	WAGE ASSESSMENT	\$70,282.00	\$9,968.52	\$4,984.00	\$14,952.52	\$55,680.76	\$70,833.28	\$551.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4326	TREASURER'S INTEREST DISTRIB	\$1,720.00	\$0.00	\$0.00	\$0.00	\$1,720.00	\$1,720.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
00	CATEGORY TOTAL	\$611,942.00	\$9,968.52	\$4,984.00	\$14,952.52	\$597,540.76	\$612,493.28	\$551.28	\$539,939.83	\$539,939.83	\$467,937.40	\$400,258.28	\$467,937.40	\$400,258.28	\$0.00
	Notes	Pending WP C34217													
Cat	04 - OPERATING	APPROVED	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD
GL	DESCRIPTION	BUDGET	ACTUAL	ENCLUM	TOTAL	BALANCE	BALANCE	ACT+PROJ	UNDER FY16	FY15	FY14	FY13	FY14	FY13	FY13
7020	OPERATING SUPPLIES-A	\$0.00	\$0.00	\$0.00	\$0.00	\$118.50	\$118.50	\$118.50	(\$118.50)	(\$118.50)	(\$118.50)	(\$118.50)	(\$118.50)	(\$118.50)	\$0.00
7060	CONTRACTS	\$0.00	\$0.00	\$0.00	\$0.00	\$1,800.00	\$1,800.00	\$1,800.00	(\$1,800.00)	(\$1,800.00)	(\$1,800.00)	(\$1,800.00)	(\$1,800.00)	(\$1,800.00)	\$0.00
7230	MINOR BLDG IMPROV/REPAIR SVCS	\$0.00	\$0.00	\$0.00	\$0.00	\$2,979.41	\$2,979.41	\$2,979.41	(\$2,979.41)	(\$2,979.41)	(\$2,979.41)	(\$2,979.41)	(\$2,979.41)	(\$2,979.41)	\$0.00
7340	INSPECTIONS AND CERTIFICATIONS	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00	\$500.00	\$500.00	(\$500.00)	(\$500.00)	(\$500.00)	(\$500.00)	(\$500.00)	(\$500.00)	\$0.00
7460	EQUIPMENT PURCHASES<\$1,000	\$0.00	\$0.00	\$0.00	\$0.00	\$7,596.00	\$7,596.00	\$7,596.00	(\$7,596.00)	(\$7,596.00)	(\$7,596.00)	(\$7,596.00)	(\$7,596.00)	(\$7,596.00)	\$0.00
7878	FENCING	\$0.00	\$0.00	\$0.00	\$0.00	\$21,731.96	\$21,731.96	\$21,731.96	(\$21,731.96)	(\$21,731.96)	(\$21,731.96)	(\$21,731.96)	(\$21,731.96)	(\$21,731.96)	\$0.00
7970	MATERIALS	\$0.00	\$0.00	\$0.00	\$0.00	\$57,210.36	\$57,210.36	\$57,210.36	(\$57,210.36)	(\$57,210.36)	(\$57,210.36)	(\$57,210.36)	(\$57,210.36)	(\$57,210.36)	\$0.00
04	CATEGORY TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$91,936.23	\$91,936.23	\$91,936.23	(\$91,936.23)	(\$91,936.23)	(\$91,936.23)	(\$91,936.23)	(\$91,936.23)	(\$91,936.23)	\$0.00
	Notes	Patterns for Garment Factory Survey cost for fence west side of Ranch Evaporative cooler for Auto Shop Building permit for fence west side of the Ranch Lima tables and chairs for Garment Factory Fencing materials for Ranch Startup fabric for initial run to manufacture t-shirts													
Cat	05 - EQUIPMENT	APPROVED	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD
GL	DESCRIPTION	BUDGET	ACTUAL	ENCLUM	TOTAL	BALANCE	BALANCE	ACT+PROJ	UNDER FY16	FY15	FY14	FY13	FY14	FY13	FY13
8250	NEW MAJOR EQUIPMENT >\$5,000	\$0.00	\$0.00	\$0.00	\$0.00	\$124,909.00	\$124,909.00	\$124,909.00	(\$124,909.00)	(\$124,909.00)	(\$124,909.00)	(\$124,909.00)	(\$124,909.00)	(\$124,909.00)	\$0.00
8251	NEW MAJOR EQUIPMENT <=\$5,000	\$0.00	\$0.00	\$0.00	\$0.00	\$56,054.00	\$56,054.00	\$56,054.00	(\$56,054.00)	(\$56,054.00)	(\$56,054.00)	(\$56,054.00)	(\$56,054.00)	(\$56,054.00)	\$0.00
8320	USED MAJOR EQUIPMENT >\$5,000-A	\$0.00	\$0.00	\$0.00	\$0.00	\$65,217.00	\$65,217.00	\$65,217.00	(\$65,217.00)	(\$65,217.00)	(\$65,217.00)	(\$65,217.00)	(\$65,217.00)	(\$65,217.00)	\$0.00
05	CATEGORY TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$246,180.00	\$246,180.00	\$246,180.00	(\$246,180.00)	(\$246,180.00)	(\$246,180.00)	(\$246,180.00)	(\$246,180.00)	(\$246,180.00)	\$0.00
	Notes	See attached for equipment list.													

Cat GL	RESERVE DESCRIPTION	APPROVED BUDGET		YTD ACTUAL	YTD ENCUMB	YTD TOTAL	PROJECTED BALANCE	ACT+PROJ 12 MOS	(OVER)/ UNDER BUDGET	FY15 Actual	FY14 Actual	FY13 Actual
		\$611,942.00	\$611,942.00									
10	TOTALS	\$611,942.00	\$611,942.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$611,942.00	\$539,939.83	\$467,937.40	\$400,258.00
	Notes	Pending WP C34217 (\$346,507) leaving a remaining balance of \$265,435										
Cat GL	26 - INFORMATION SERVICES											
	DESCRIPTION											
	WORK PROGRAMS/ADJ											
7771	SOFTWARE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	CATEGORY TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,390.00	\$8,390.00	(\$8,390.00)	\$0.00	\$0.00	\$0.00
	Notes	Current AutoCAD 2015 software for the Ranch and one for the Furniture Shop.										

Senate Bill No. 96—Senator Parks (by request)

CHAPTER.....

AN ACT relating to prison industries; revising provisions governing the use of money in the Fund for New Construction of Facilities for Prison Industries; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law creates the Fund for New Construction of Facilities for Prison Industries and requires the money in the Fund to be used: (1) to house new prison industries or to expand existing industries to provide additional employment of offenders; or (2) for any other purpose authorized by the Legislature. (NRS 209.192) This bill expands the authorized uses of money in the Fund and requires the Director of the Department of Corrections to repay the Fund under certain circumstances.

EXPLANATION - Matter in *bolded italics* is new, matter between brackets ~~is material to be omitted~~ is material to be omitted

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 209.192 is hereby amended to read as follows:

209.192 1. There is hereby created in the State Treasury a Fund for New Construction of Facilities for Prison Industries as a capital projects fund. The Director shall deposit in the Fund the deductions made pursuant to paragraph (c) of subsection 1 or paragraph (b) of subsection 2 of NRS 209.463. The money in the Fund must only be expended ~~for~~ :

(a) *To house new industries or expand existing industries in the industrial program to provide additional employment of offenders ~~for~~ ;*

(b) *To relocate, expand, upgrade or modify an existing industry in the industrial program to enhance or improve operations or security or to provide additional employment or training of offenders;*

(c) *To purchase or lease equipment to be used for the training of offenders or in the operations of prison industries;*

(d) *To pay or fund the operations of prison industries, including, without limitation, paying the salaries of staff and wages of offenders if the cash balance in the Fund for Prison Industries is below the average monthly expenses for the operation of prison industries;*

(e) *To advertise and promote the goods produced and services provided by prison industries; or*



~~(f) For any other purpose authorized by the Legislature. The money in the Fund must not be expended for relocating an existing industry in the industrial program unless the existing industry is being expanded to provide additional employment of offenders.~~

2. Before money in the Fund may be expended ~~for construction,~~:

(a) As described in paragraphs (b) to (e), inclusive, of subsection 1, the Director shall submit a proposal for the expenditure to the *Committee on Industrial Programs and the State Board of Examiners*.

(b) For construction, the Director shall submit a proposal for the expenditure to the *State Board of Examiners*.

3. Upon making a determination that the proposed expenditure is appropriate and necessary, the State Board of Examiners shall recommend to the Interim Finance Committee, or the Senate Standing Committee on Finance and the Assembly Standing Committee on Ways and Means when the Legislature is in general session, that the expenditure be approved. Upon approval of the appropriate committee or committees, the money may be so expended.

~~3.~~ 4. If any money in the Fund is used as described in paragraph (d) of subsection 1, the Director shall repay the amount used as soon as sufficient money is available in the Fund for *Prison Industries*.

5. The interest and income earned on the money in the Fund, after deducting any applicable charges, must be credited to the Fund.

6. As used in this section, "Fund" means *Fund for New Construction of Facilities for Prison Industries*.

Sec. 2. This act becomes effective on July 1, 2015.



**STATEWIDE LEASE INFORMATION
THIRD AMENDMENT**

1. Agency: Department of Health and Human Services
Aging and Disability Services Division
3416 Goni Road, Suite D-132
Carson City, Nevada 89706
Jamie Pruneau 775.687.0652 fax 775.687.0574 jpruneau@adsd.nv.gov

Remarks: Leasing Services negotiated this full service lease extension for an additional one year, to coincide with the new expansion space. At no additional cost.

Exceptions/Special notes:

4. Property contact: Kem Braswell
949.852.0900 fax 949.752.5113 kem@optimaasset.com

5. Address of Lease property: 1820 East Sahara Avenue, Suite 205, 208, 208A
Las Vegas, Nevada 89104

a. Square Footage: Rentable Usable 5,765

b. Cost:

cost per month	months in time frame	cost per year	time frame	Approximate cost per square foot
Ste. 205 sq ft 2810				
\$2,742.65	7	\$19,198.55	July 1, 2015 - January 31, 2016	\$0.98
\$2,742.65	12	\$32,911.80	February 1, 2016 - January 31, 2017	\$0.98
\$2,742.65	12	\$32,911.80	February 1, 2017 - January 31, 2018	\$0.98
\$2,742.65	12	\$32,911.80	February 1, 2018 - January 31, 2019	\$0.98
	43	\$85,022.15		
lease extension				
Ste 208A sq ft 1317				
\$698.61	7	\$4,890.27	July 1, 2015 - January 31, 2016	\$0.53
\$698.61	12	\$8,383.32	February 1, 2016 - January 31, 2017	\$0.53
\$698.61	12	\$8,383.32	February 1, 2017 - January 31, 2018	\$0.53
\$698.61	12	\$8,383.32	February 1, 2018 - January 31, 2019	\$0.53
	43	\$21,656.91		
lease extension				
Ste 208 sq ft 1638				
\$1,605.24	7	\$11,236.68	July 1, 2015 - January 31, 2016	\$0.98
\$1,605.24	12	\$19,262.88	February 1, 2016 - January 31, 2017	\$0.98
\$1,605.24	12	\$19,262.88	February 1, 2017 - January 31, 2018	\$0.98
\$1,605.24	12	\$19,262.88	February 1, 2018 - January 31, 2019	\$0.98
	43	\$49,762.44		
lease extension				
c. Total Lease Consideration:		43	\$156,441.50	
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Renewal terms: One identical term		
e. Holdover notice:	# of Days required 90	Holdover terms: 5%/90		
f. Term:	One (1) Year Extension			
g. Pass-thrus & CAMS	None			
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day	<input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day	<input type="checkbox"/> Other (see remarks)
j. Major repairs:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
k. Minor repairs:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
l. Taxes:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
m. Comparable Market Rate:	\$2.05 - \$2.60			
n. Specific termination clause in lease:	Breach/Default lack of funding			
o. Lease will be paid for by Agency Budget Account Number:	3151/3266			

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GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes No Dec Unit N/A

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

Julie Katchen 11-6-15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20051400133</u>	Exp:	<u>6/30/2016</u>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
*If no, please explain in exceptions section			
Is the Legal Entity active and in good standing with the Nevada Secretary of States			
f. Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T29007659</u>		

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 11-6-15
Authorized Signature Date
Public Works Division, Buildings and Grounds Section
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>J. Neenan</i>	<i>11/10/15</i>
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION
THIRD AMENDMENT**

1. Agency: Department of Health and Human Services
Aging and Disability Services Division
3416 Goni Road, Suite D-132
Carson City, Nevada 89706
Jamie Pruneau 775.687.0652 fax 775.687.0574 jpruneau@adsd.nv.gov

Remarks: Leasing Services negotiated this full service lease extension for an additional one year, to coincide with the new expansion space. This lease includes tenant improvements to accommodate additional staff, at no additional cost.

Exceptions/Special notes:

2. Name of Landlord (Lessor): JS Park Sahara, LLC

3. Address of Landlord: c/o The Saunders Property Company
Optima Asset Management
1600 Dove Street, Suite 480
Newport Beach, California 92660

4. Property contact: Kem Braswell
949.852.0900 fax 949.752.5113 kem@optimaasset.com

5. Address of Lease property: 1820 East Sahara Avenue, Suite 207
1860 East Sahara Avenue
Las Vegas, Nevada 89104

a. Square Footage: Rentable
 Usable 15,239

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
<i>current lease</i> \$32,564.46	12	\$390,773.52	February 1, 2015 - January 31, 2016	\$2.14
\$32,564.46	12	\$390,773.52	February 1, 2016 - January 31, 2017	\$2.14
\$32,564.46	12	\$390,773.52	February 1, 2017 - January 31, 2018	\$2.14
<i>lease extension</i> \$32,564.46	12	\$390,773.52	February 1, 2018 - January 31, 2019	\$2.14
c. Total Lease Consideration:		48	\$1,563,094.08	
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Renewal terms: One identical term		
e. Holdover notice:	# of Days required 90	Holdover terms: 5%/90		
f. Term:	One (1) Year Extension			
g. Pass-thrus & CAMS	None			
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day	<input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day	<input type="checkbox"/> Other (see remarks)
j. Major repairs:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
k. Minor repairs:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
l. Taxes:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
m. Comparable Market Rate:	\$2.05 - \$2.60			
n. Specific termination clause in lease:	Breach/Default lack of funding			
o. Lease will be paid for by Agency Budget Account Number:	3151/3266			

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GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unlt _____

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

Julie Katchem 11-6-15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20051400133		
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section			
Is the Legal Entity active and in good standing with the Nevada Secretary of States			
f. Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	T29007659		

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

~~Authorized Signature~~ 11.6.15
Public Works Division Date

//
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>S. Hudson</i>	<i>11/12/15</i>
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION
THIRD AMENDMENT**

1. Agency:	Department of Health and Human Services Aging and Disability Services Division 3416 Goni Road, Suite D-132 Carson City, Nevada 89706 Jamie Pruneau 775.687.0652 fax 775.687.0574 jpruneau@adsd.nv.gov				
Remarks:	Leasing Services negotiated this full service lease extension for an additional one year, to coincide with the new expansion space. At no additional cost.				
Exceptions/Special notes:					
2. Name of Landlord (Lessor):	JS Park Sahara, LLC				
3. Address of Landlord:	c/o The Saunders Property Company Optima Asset Management 1600 Dove Street, Suite 480 Newport Beach, California 92660				
4. Property contact:	Kem Braswell 949.852.0900 fax 949.752.5113 kem@optimaasset.com				
5. Address of Lease property:	1820 East Sahara Avenue, Suite 201 Las Vegas, Nevada 89104				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 1,878				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
current lease	\$1,819.00	12	\$21,828.00	February 1, 2015 - January 31, 2016	\$0.97
	\$1,819.00	12	\$21,828.00	February 1, 2016 - January 31, 2017	\$0.97
	\$1,819.00	12	\$21,828.00	February 1, 2017 - January 31, 2018	\$0.97
lease extension	\$1,819.00	12	\$21,828.00	February 1, 2018 - January 31, 2019	\$0.97
c. Total Lease Consideration:		48	\$87,312.00		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Renewal terms:	One identical term	
e. Holdover notice:	# of Days required 90		Holdover terms:	5%/90	
f. Term:	One (1) Year Extension				
g. Pass-thrus & CAMS	None				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see remarks)				
j. Major repairs:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Minor repairs:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
l. Taxes:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
m. Comparable Market Rate:	\$2.05 - \$2.60				
n. Specific termination clause in lease:	Breach/Default lack of funding				
o. Lease will be paid for by Agency Budget Account Number:	3151/3266				
6. Purpose of the lease:	To house the Division of Aging and Disability Services				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated moving expenses:	\$0.00	Furnishings:	\$0.00	Data/Phones:	\$0.00

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STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes No Dec Unlt N/A

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

Quince Katchum 11-6-15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20051400133</u>	Exp:	<u>6/30/2016</u>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
*If no, please explain in exceptions section			
Is the Legal Entity active and in good standing with the Nevada Secretary of States			
f. Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T29007659</u>		

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 11-6-15
Authorized Signature Date
Public Works Division
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>S. Nielsen</i>	<i>11/9/15</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Aging and Disability Services Division
3416 Goni Road, Building D, Suite 132
Carson City, Nevada 89706
Jamie Pruneau 775.687.0652 fax: 775.687.0574 jpruneau@adsd.nv.gov

Remarks: This new full service lease was negotiated to accommodate additional employees that are essential to the agency, and includes tenant improvements.

Exceptions/Special notes:

2. Name of Landlord (Lessor): JS Park Sahara, LLC

3. Address of Landlord: c/o The Saunders Property Company
Optima Asset Management Services, Inc.
1600 Dove Street, Suite 480
Newport Beach, California 92660

4. Property contact: Kem Braswell
949.852.0900 Fax: 949.752.5113 kem@optimaasset.com

5. Address of Lease property: 1820 East Sahara Avenue, Suite 310
Las Vegas, Nevada 89104

a. Square Footage: Rentable
 Usable 6,453

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$0.00	1	\$0.00	January 1, 2016 - January 31, 2016	\$0.00
\$7,400.00	12	\$88,800.00	February 1, 2016 - January 31, 2017	\$1.15
3% \$7,625.00	12	\$91,500.00	February 1, 2017 - January 31, 2018	\$1.18
2% \$7,800.00	12	\$93,600.00	February 1, 2018 - January 31, 2019	\$1.21

Increase %

c. Total Lease Consideration: 37 \$273,900.00

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

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

f. Term: Three (3) Years, One (1) Month

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$2.05 - \$2.60 Las Vegas / Henderson Area

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

m. Lease will be paid for by Agency Budget Account Number: 3151, 3266

6. Purpose of the lease: To house the Aging and Disability Services Division

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$9,000.00 Furnishings: \$102,000.00 Data/Phones: \$20,400.00

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NOV 06 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit _____

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

Julie Katchum 11-6-15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20051400133</u>	Exp:	<u>6/30/2016</u>	34
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T29007659</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 11-6-15
Authorized Signature Date
Public Works Division
//
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>A. Nielsen</i>	<i>11/10/15</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Aging and Disability Services Division, Nevada Early Intervention Services
3416 Goni Road, Building D, Suite 132
Carson City, Nevada 89706
Julie Kotchever 775.687.0583 fax 775.687.0110 email jdkotchevar@adsd.nv.gov

Remarks: This full service lease renewal was negotiated at a lower rate, includes extensive tenant improvements, and created a savings of \$376,699.81 over the 7 year term.

Exceptions/Special notes: additional heating will be provided to the rooms that serve the high risk babies and will install a separate split HVAC system for the IT room.

2. Name of Landlord (Lessor): WBCMT 2007-C33 Charleston Boulevard, LLC

3. Address of Landlord: c/o Cushman & Wakefield Commerce
3773 Howard Hughes Parkway, Suite 100S
Las Vegas, Nevada 89169

4. Property contact: Stacy Blattner
Phone 702.796.7900 fax 702.796.7920 email sblattner@comre.com

5. Address of Lease property: 3811 West Charleston Boulevard, Suite 209 and
1161 South Valley View, Las Vegas, Nevada 89102

a. Square Footage: Rentable
 Usable 27,309

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
\$54,618.00	12	\$655,416.00	January 1, 2016 - December 31, 2016	\$2.00
3% \$56,256.54	12	\$675,078.48	January 1, 2017 - December 31, 2017	\$2.06
3% \$57,944.24	12	\$695,330.83	January 1, 2018 - December 31, 2018	\$2.12
3% \$59,682.56	12	\$716,190.76	January 1, 2019 - December 31, 2019	\$2.19
3% \$61,473.04	12	\$737,676.48	January 1, 2020 - December 31, 2020	\$2.25
3% \$63,317.23	12	\$759,806.78	January 1, 2021 - December 31, 2021	\$2.32
3% \$65,216.75	12	\$782,600.98	January 1, 2022 - December 31, 2022	\$2.39

Increase %

c. Total Lease Consideration: 84 \$5,022,100.31

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

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

f. Term: Seven (7) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$2.05 - \$2.60 Las Vegas/Henderson Area

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

m. Lease will be paid for by Agency Budget Account Number: 3208

6. Purpose of the lease: To house the Early Intervention Services

7. This lease constitutes:

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

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

RECEIVED

NOV 04 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.
Yes No Dec Unit _____

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

Quinn Ketchum 10-29-15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20121011166</u>	Exp:	<u>1/31/2016</u>	134
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Office?				
g. State of Nevada Vendor number:	<u>T32001981</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 11-3-15
Authorized Signature Date
Public Works Division
||
For Board of Examiners YES NO

State Of Nevada, Public Works Division, Leasing Services

COST/BENEFIT ANALYSIS - Same location

Department Name: *Early Intervention Services*

Contact Name: *Julie Kotchevar*

Staff Count: *134*

Phone #: *(775) 687-0583*

Description: *Lease extension*

ONLY ENTER DATA IN WHITE CELLS

	Existing Lease:	CURRENT			
		Yrs	Sq. Ft.	Per month	Cost per Sq. Ft.
	Current Location Address (s): 1161 S Valley View & 3811 W Charleston, Las Vegas	7	27,309	64,271.43	2.35
	Ancillary costs not included in rent				
	TOTAL MONTHLY COST at renewal		27,309	64,271.43	2.35
	TOTAL CURRENT ANNUAL COST			771,257.16	Weighted Avg SF Cost
A	TOTAL LEASE COST at renewal - extended for comparison	7	27,309	5,398,800.12	2.35

	Lease Renewal:	PROPOSED			
		Yrs	Sq. Ft.	Rent over Term	Weighted Avg SF Cost
	Existing Space that will be continued: 1161 S Valley View & 3811 W Charleston, Las Vegas	7	27,309	5,022,100.31	
	TOTAL EXISTING SPACE TO BE CONTINUED	7	27,309	5,022,100.31	2.19
B1	TOTAL PROPOSED LEASE TERM COST	7	27,309	5,022,100.31	2.19

MOVING EXPENSES / TENANT IMPROVEMENT (TI) COSTS		FTE'S	134
		Months Remaining	Moving Expenses
		at	One Time Total
	Duplicate rent - Include total for all buildings	0	\$ -
	Entire Office Move (moving service) - One Time		
	New / Used Furniture Purchase - One Time		
	Existing Furniture Disassemble/Reassemble - One Time		\$ -
	Telephone/Voice/Data/Power Drops - One Time		
	Other	Cost per FTE:	\$ -
	Other	Cost per FTE:	\$ -
	Other	Cost per FTE:	\$ -
	Other	Cost per FTE:	\$ -
B2	TOTAL MOVING EXPENSES & TI COSTS		\$ -
B	TOTAL PROPOSED LEASE TERM COST PLUS MOVING EXPENSES AND TI (One Time Cost) (B1 + B2)		\$ 5,022,100.31

CONCLUSION:	
C	TOTAL PROPOSED LEASE TERM COST vs CURRENT LEASE TERM COST (B - A)
	(376,699.81)
	RESULTS OF PROPOSAL SAVINGS -7.50%
	SPACE GAIN - SQUARE FEET 0 0.00%
	Difference -Weighted Average Per Square Foot (0.16)
	Weighted average cost per square foot - renewal lease \$ 2.19
	Weighted Average cost/sq ft per FTE over term \$ 0.02

Comments:

For Budget Division Use Only	
Reviewed by: <i>J. Pruneau</i>	<i>11/16/15</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services, Aging and Disability Services Division
3416 Goni Road, Bldg D, Suite 132
Carson City, Nevada 89706
Jamie Pruneau: Phone (775) 687-0532 Fax (775) 684-4211 jpruneau@adsd.nv.gov

Remarks: This full service lease, including the majority of Tenant's required furnishings & existing cat-5 telephone and data lines is negotiated to move the Aging and Disability Services Division from their current location to a larger, more centralized location to serve their clients.

Exceptions/Special notes: Includes 5-day janitorial

2. Name of Landlord (Lessor): FNT Corporation

3. Address of Landlord: 3651 Hemlock Way
Reno, Nevada 89509

4. Property contact: Matthew Turville, Director
Phone: (775) 348-7231 Email: mattturv@mac.com

5. Address of Lease property: 9670 Gateway Drive, Suites 100 and 200
Reno, Nevada 89511

a. Square Footage: Rentable 12,622
 Usable

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$19,403.98	12	\$232,847.76	January 1, 2016 - December 31, 2016	\$1.54
0%	\$19,403.98	12	\$232,847.76	January 1, 2017 - December 31, 2017	\$1.54
4%	\$20,263.65	12	\$243,163.80	January 1, 2018 - December 31, 2018	\$1.61
	\$0.00	1	\$0.00	January 1, 2019 - January 31, 2019	\$0.00
0%	\$20,263.65	11	\$222,900.15	February 1, 2019 - December 31, 2019	\$1.61
4%	\$21,123.32	12	\$253,479.84	January 1, 2020 - December 31, 2020	\$1.67

c. Total Lease Consideration: 60 \$1,185,239.31

d. Option to renew: Yes No 90 Renewal terms: Two identical terms

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

f. Term: Five (5) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

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

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

m. Lease will be paid for by Agency Budget Account Number: 3266/3151

6. Purpose of the lease: To house the Aging and Disability Services Division in Reno.

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$12,000.00 Furnishings: \$234,000.00 Data/Phones: \$80,000.00

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NOV 03 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes No Dec Unit E 241

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

Jane Bruner 11/2/15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19971186546</u>	Exp:	<u>5/31/2016</u>	53
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
f. Office?				
g. State of Nevada Vendor number:	<u>TBD</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Authorized Signature _____ Date _____
Public Works Division

ht For Board of Examiners YES NO

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit _____

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

Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19971186546</u>	Exp:	<u>5/31/2016</u>	53	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section					
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
Is the Legal Entity active and in good standing with the Nevada Secretary of States		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
f. Office?					
g. State of Nevada Vendor number:	<u>TBD</u>				

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO



Authorized Signature Date 11.2.15

Public Works Division

ht For Board of Examiners YES NO

State Of Nevada, Public Works Division, Leasing Services

COST/BENEFIT ANALYSIS - Relocation

Department Name:	<i>Aging and Disability Services Division</i>	Contact Name:	<i>Jamie Pruneau</i>
Staff Count:	<i>53</i>	Phone #:	<i>775-687-0532</i>
Description:	<i>Relocation for ADSD and expanding FTEs</i>	Lease Date:	<i>1/1/16</i>

ONLY ENTER DATA IN WHITE CELLS

Existing Lease:	CURRENT			
	Yrs	Sq. Ft.	Per month	Cost per Sq. Ft.
Current Location Address (s):				
445 Apple Street, Suites 102, 105, 107, 201, Reno	5	7,056	7,620.48	1.08
Suite 211		494	568.10	1.15
Suite 210		840	856.80	1.02
Ancillary costs not included in rent				
TOTAL MONTHLY COST at renewal		8,390	9,045.38	1.08
TOTAL CURRENT ANNUAL COST			108,544.56	Weighted Avg SF Cost
A TOTAL LEASE COST at renewal - extended for comparison	5	8,390	542,722.80	1.08

Lease Relocation:	Proposed Lease Dates	Relocation address	PROPOSED			Weighted Avg SF Cost
			Yrs	Sq. Ft.	Rent over Term	
	1/1/16-12/31/20	9670 Gateway Dr. Suites 100 and 200, Reno	5	12,622	1,185,239.31	
			5	12,622	1,185,239.31	1.57
B1	TOTAL PROPOSED LEASE TERM COST		5	12,622	1,185,239.31	1.57

MOVING EXPENSES / TENANT IMPROVEMENT (TI) COSTS			FTE'S	53
	Months Remaining	at	Mo. Rent Amt	Moving Expenses One Time Total
Duplicate rent - Include total for all buildings	0		\$ -	\$ -
Entire Office Move (moving service) - One Time				\$ 12,000.00
New / Used Furniture Purchase - One Time				\$ 234,000.00
Existing Furniture Disassemble/Reassemble - One Time				\$ -
Telephone/Voice/Data/Power Drops - One Time				\$ 80,000.00
Other		Cost per FTE:		\$ -
Other		Cost per FTE:		\$ -
Other		Cost per FTE:		\$ -
Other		Cost per FTE:		\$ -
B2	TOTAL MOVING EXPENSES & TI COSTS			\$ 328,000.00
B	TOTAL PROPOSED LEASE TERM COST PLUS MOVING EXPENSES AND TI (One Time Cost) (B1 + B2)			\$ 1,185,239.31

CONCLUSION:			
C	TOTAL PROPOSED LEASE TERM COST vs CURRENT LEASE TERM COST (B - A)		642,516.51
	RESULTS OF PROPOSAL	INCREASED COST	54.21%
	SPACE GAIN - SQUARE FEET	4,232	33.53%
	Difference -Weighted Average Per Square Foot		0.49
	Weighted average cost per square foot - renewal lease	\$ 1.57	
	Weighted Average cost/sq ft per FTE over term	\$ 0.03	
Comments:			

For Budget Division Use Only	
Reviewed by:	11/5/15 →
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Public Defenders Office
511 East Robinson Street
Carson City, Nevada 89701
Karin Kreizenbeck 775.684.1080 x 230 fax: 775.687.4993 kkreizenbeck@govmail.state.nv.us

Remarks: This is a renewal of a current lease.

Exceptions/Special notes:

2. Name of Landlord (Lessor): M & M Bigue Investments, LLC

3. Address of Landlord: 312 Helen Drive
Milbrea, California 94030

4. Property contact: c/o John Uhart Commercial Real Estate Property
301 West Washington Street #1
Carson City, Nevada 89703
775.884.1896 fax: 775.884.4896 jfuhart@ccim.net

5. Address of Lease property: 511 East Robinson Street
Carson City, Nevada 89701

a. Square Footage: Rentable
 Usable 3,218

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$4,242.61	12	\$50,911.32	January 1, 2016 - December 31, 2016	\$1.32
0% \$4,242.61	12	\$50,911.32	January 1, 2017 - December 31, 2017	\$1.32
3% \$4,369.88	12	\$52,438.56	January 1, 2018 - December 31, 2018	\$1.36

Increase %

c. Total Lease Consideration: 36 \$154,261.20

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

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

f. Term: Three (3) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.68 - \$2.03

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

m. Lease will be paid for by Agency Budget Account Number: 1499

6. Purpose of the lease: To house the Public Defenders Office

7. This lease constitutes:

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

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

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OCT 29 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.
Yes _____ No _____ Dec Unit _____

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

Category 04 7110

[Signature] 10/18/15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20111288529</u>	Exp:	<u>4/30/2016</u>	14
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T29028384</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 10-29-15
Authorized Signature Date
Public Works Division
[Signature] For Board of Examiners YES NO

State Of Nevada, Public Works Division, Leasing Services

COST/BENEFIT ANALYSIS - Same location

Department Name: *Public Defender's Office*
 Staff Count: *14*
 Description: *Carson City*

Contact Name: *Karin Kreizenbeck*
 Phone #: *684.1080*

ONLY ENTER DATA IN WHITE CELLS

Existing Lease:	CURRENT				
	Current Location Address (s):	Yrs	Sq. Ft.	Per month	Cost per Sq. Ft.
511 E Robinson St	3	3,218	4,119.04	1.28	
<i>Ancillary costs not included in rent</i>					
TOTAL MONTHLY COST at renewal		3,218	4,119.04	1.28	
TOTAL CURRENT ANNUAL COST			49,428.48	1.28	Weighted Avg SF Cost
TOTAL LEASE COST at renewal - extended for comparison	3	3,218	148,285.44	1.28	

Lease Renewal:	PROPOSED				
	Existing Space that will be continued:	Yrs	Sq. Ft.	Rent over Term	Weighted Avg SF Cost
511 E Robinson St	3	3,218	154,261.20	1.33	
TOTAL EXISTING SPACE TO BE CONTINUED	3	3,218	154,261.20	1.33	
Additional space added at this renewal		Sq. Ft.	Rent over Term	Weighted Avg SF Cost	#DIV/0!
TOTAL NEW SPACE		0	0.00		
TOTAL PROPOSED LEASE TERM COST	3	3,218	154,261.20	1.33	

MOVING EXPENSES / TENANT IMPROVEMENT (TI) COSTS		FTE'S	14	
	Months Remaining	at	Mo. Rent Amt	Moving Expenses One Time Total
Duplicate rent - Include total for all buildings	0		\$ -	\$ -
Entire Office Move (moving service) - One Time				
New / Used Furniture Purchase - One Time				
Existing Furniture Disassemble/Reassemble - One Time				\$ -
Telephone/Voice/Data/Power Drops - One Time				
Other		Cost per FTE:		\$ -
Other		Cost per FTE:		\$ -
Other		Cost per FTE:		\$ -
Other		Cost per FTE:		\$ -
TOTAL MOVING EXPENSES & TI COSTS				\$ -
TOTAL PROPOSED LEASE TERM COST PLUS MOVING EXPENSES AND TI (One Time Cost) (B1 + B2)				\$ 154,281.20

CONCLUSION:			
TOTAL PROPOSED LEASE TERM COST vs CURRENT LEASE TERM COST (B - A)		5,975.76	
RESULTS OF PROPOSAL	INCREASED COST		3.87%
SPACE GAIN SQUARE FEET	0	0.00%	
Difference -Weighted Average Per Square Foot		0.05	
Weighted average cost per square foot - renewal lease	\$ 1.33		
Weighted Average cost/sq ft per FTE over term	\$ 0.10		

Comments:

For Budget Division Use Only	
Reviewed by: <i>S. Nielsen</i>	<i>11/13/15</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Welfare and Supportive Services
 1470 College Parkway
 Carson City, Nevada 89706
 Elizabeth Watson 775.684.0514 fax: 775.684.0656 ewatson@dwss.nv.gov

Remarks: This is a renewal of an existing lease, for warehouse/storage space of Tenant's files which is across the parking lot from the main Division office.

Exceptions/Special notes: Minimum Janitorial Standards, are being used due to warehouse environment.

2. Name of Landlord (Lessor): S. and A. Freshman Family Properties, LLC
 dba. Northgate Plaza

3. Address of Landlord: c/o Standard Management Company
 6151 West Century Blvd, #300
 Los Angeles, California 90045

4. Property contact: Robert Fleischer
 310.410.2300 x 325 fax: 310.410.2919 rfleischer@standardmanagement.com

5. Address of Lease property: 2593 North Carson Street
 Carson City, Nevada 89706

a. Square Footage: Rentable
 Usable 3,412 Storage Space

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$3,104.92	12	\$37,259.04	January 1, 2016 - December 31, 2016	\$0.91
0% \$3,104.92	12	\$37,259.04	January 1, 2017 - December 31, 2017	\$0.91
3% \$3,198.75	12	\$38,385.00	January 1, 2018 - December 31, 2018	\$0.94

Increase %

c. Total Lease Consideration: 36 \$112,903.08

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

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

f. Term: Three (3) Years

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

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: Not Available for storage

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

m. Lease will be paid for by Agency Budget Account Number: 3233

6. Purpose of the lease: To house the storage for Division of Welfare and Supportive Services

7. This lease constitutes:

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

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

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NOV 16 2015

GOVERNOR'S FINANCE OFFICE
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes No Dec Unit N/A - this is an extension of an existing lease. Rent is already being paid in FY 16.

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

[Signature] 11/4/15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19991099231</u>	Exp:	<u>12/31/2015</u>	0
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Office?				
g. State of Nevada Vendor number:	<u>T27027378</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 11.9.15
Authorized Signature Date
Public Works Division

For Board of Examiners YES NO

State Of Nevada, Public Works Division, Leasing Services

COST/BENEFIT ANALYSIS - Same location

Department Name: DWSS Contact Name: Elizabeth Watson
 Staff Count: 0 Phone #:
 Description: storage

ONLY ENTER DATA IN WHITE CELLS

Existing Lease:	CURRENT			
	Yrs	Sq. Ft.	Per month	Cost per Sq. Ft.
Current Location Address (s): 2593 N Carson St, Carson City	3	3,412	3,104.92	0.91
Ancillary costs not included in rent				
TOTAL MONTHLY COST at renewal		3,412	3,104.92	0.91
TOTAL CURRENT ANNUAL COST			37,259.04	Weighted Avg SF Cost
TOTAL LEASE COST at renewal - extended for comparison	3	3,412	111,777.12	0.91

Lease Renewal:	PROPOSED			
Existing Space that will be continued:	Yrs	Sq. Ft.	Rent over Term	Weighted Avg SF Cost
Same	3	3,412	112,903.08	0.92
TOTAL EXISTING SPACE TO BE CONTINUED	3	3,412	112,903.08	0.92
TOTAL NEW SPACE		0	0.00	
TOTAL PROPOSED LEASE TERM COST	3	3,412	112,903.08	0.92

MOVING EXPENSES / TENANT IMPROVEMENT (TI) COSTS		FTE'S	0
	Months Remaining	at	Mo. Rent Amt
Duplicate rent - include total for all buildings	0		\$ -
Entire Office Move (moving service) - One Time			\$ -
New / Used Furniture Purchase - One Time			\$ -
Existing Furniture Disassemble/Reassemble - One Time			\$ -
Telephone/Voice/Data/Power Drops - One Time			\$ -
Other	Cost per FTE:		\$ -
Other	Cost per FTE:		\$ -
Other	Cost per FTE:		\$ -
Other	Cost per FTE:		\$ -
TOTAL MOVING EXPENSES & TI COSTS			\$ -
TOTAL PROPOSED LEASE TERM COST PLUS MOVING EXPENSES AND TI (One Time Cost) (B1 + B2)			\$ 112,903.08

CONCLUSION:	
TOTAL PROPOSED LEASE TERM COST vs CURRENT LEASE TERM COST (B - A)	1,125.96
RESULTS OF PROPOSAL	INCREASED COST
SPACE GAIN - SQUARE FEET	0 0.00%
Difference -Weighted Average Per Square Foot	0.01
Weighted average cost per square foot - renewal lease	\$ 0.92
Weighted Average cost/sq ft per FTE over term	

Comments:

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

STATEWIDE LEASE INFORMATION

1. Agency: Office of the Secretary of State
101 North Carson Street, Suite 3
Carson City, Nevada 89701-4786
Contact: Wayne Thorley: Telephone (775) 684-5720 Fax: (775) 684-5725 wthorley@sos.nv.gov

Remarks: This full service lease was negotiated as a seven (7) year extension of the currently expired lease in holdover status for the Office of the Secretary of State.

Exceptions/Special notes: Tenant improvements as described in the attached document.

2. Name of Landlord (Lessor): James W. and Betty Knasiak Trust

3. Address of Landlord: P.O. Box 107, Genoa, NV 89411
c/o NBF, 969 Mica Drive, Carson City, NV 89705

4. Property contact: James W. Knasiak
Telephone: (775) 721-2870; Fax: (866) 400-6730
Email: JWK@nbfact.com

5. Address of Lease property: 202 North Carson St
Carson City, Nevada 89701-4201

a. Square Footage: Rentable
 Usable 10,123 square feet office space and 1,720 square feet of storage space

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Cost per square foot
10,123 Square of usable office space				
Increase %				
		\$13,159.90	12	\$1,096.66
5%		\$13,868.51	12	\$1,147.38
5%		\$14,577.12	12	\$1,198.10
4%		\$15,184.50	12	\$1,250.00
3%		\$15,690.65	12	\$1,296.72
3%		\$16,196.80	12	\$1,343.44
3%		\$16,702.95	12	\$1,390.16
				\$1,264,565.16
1,720 square feet of usable storage space				
Increase %				
		\$1,032.00	12	\$0.60
0%		\$1,032.00	12	\$0.60
0%		\$1,032.00	12	\$0.60
0%		\$1,032.00	12	\$0.60
0%		\$1,032.00	12	\$0.60
0%		\$1,032.00	12	\$0.60
0%		\$1,032.00	12	\$0.60
				\$86,688.00

c. Total Lease Consideration: 84 \$1,351,253.16

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

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

f. Term: Seven (7) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.68 - \$2.03

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

m. Lease will be paid for by Agency Budget Account Number: 1050

6. Purpose of the lease: To house the Office of the Secretary of State

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OCT 29 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

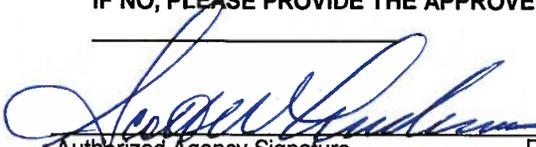
7. This lease constitutes:
- An extension of an existing lease
 - An addition to current facilities (requires a remark)
 - A relocation (requires a remark)
 - A new location (requires a remark)
 - Remodeling only
 - Other

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

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit _____

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

 10/29/15
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20101204229</u>	Exp:	<u>3/31/2016</u>	60
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC	<input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>	
c. Is the Contractor Exempt from obtaining a Business License:		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T81035008</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

 10-29-15
 Authorized Signature Date
 Public Works Division

ht For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by:	OK
Reviewed by:	W/10/15
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Nevada Department of Veteran Services
5460 Reno Corporate Drive, Suite 131
Reno, Nevada 89511
Amy Garland 775.825.9750 fax 775.688.1656 garlanda@veterans.nv.gov

Remarks: This full service lease, including tenant improvements, was negotiated to accommodate new staff. The current space is not sufficient to support the existing, additional, contract & volunteer staff.

Exceptions/Special notes: Tenant to pay Lessor \$15,921.02 for tenant improvements of new IT closet with cooling system and new storage closet.

2. Name of Landlord (Lessor): Sierra Quail, LLC

3. Address of Landlord: 6490 South McCarran Boulevard, Building E
Reno, Nevada 89509

4. Property contact: The Ribeiro Companies
6490 South McCarran Boulevard, Building E
Reno, Nevada 89509
Ed Yuill 775.825.7979 fax 775.284.0466 ed.yuill@ribeirocorp.com

5. Address of Lease property: 6880 South McCarran Boulevard, Suite 12
Reno, Nevada 89509

a. Square Footage: Rentable
 Usable 2,237

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$3,713.00	12	\$44,556.00	January 1, 2016 - December 31, 2016	\$1.66
0%	\$3,713.00	12	\$44,556.00	January 1, 2017 - December 31, 2017	\$1.66
3%	\$3,825.00	12	\$45,900.00	January 1, 2018 - December 31, 2018	\$1.71
0%	\$3,825.00	12	\$45,900.00	January 1, 2019 - December 31, 2019	\$1.71
3%	\$3,940.00	12	\$47,280.00	January 1, 2020 - December 31, 2020	\$1.76

c. Total Lease Consideration: 60 \$228,192.00

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

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

f. Term: Five (5) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

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

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

m. Lease will be paid for by Agency Budget Account Number: 2560 / 2561

6. Purpose of the lease: To house the Department of Veteran Services

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$16,000.00 Furnishings: \$0.00 Data/Phones: \$9,000.00

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes No Dec Unit 15000

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

[Signature]
Authorized Agency Signature
11/4/15
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19981023263</u>	Exp:	<u>4/30/2016</u>	12
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>T27035736</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature]
Authorized Signature
Public Works Division
11-5-15
Date

//
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>W</i>	11/07/15
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Motor Vehicles
555 Wright Way
Carson City, Nevada 89711
Randy Hobby 775.684.4804 fax: 775.684.4692 rhobby@dmv.nv.gov

Remarks: This full service lease renewal replaces an existing gross modified lease. Lessor increased base rent after eleven years of no increases.

Exceptions/Special notes: Lessor to resurface & stripe client and staff parking around the perimeter of the building, and re-stripe fenced drivers training course by end of year 2016, and seal & stripe drivers training course by end of year 2020.

2. Name of Landlord (Lessor): Buckingham Holdings, LLC

3. Address of Landlord: PO Box 10
Paradise Valley, Nevada 89426

4. Property contact: Kendall Swenson
775.623.3388 kendall@swensoncpa.com

5. Address of Lease property: 3505 Construction Way
Winnemucca, Nevada 89445

a. Square Footage: Rentable
 Usable 3,166 77,636 square feet fenced training course

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$4,463.66	24	\$107,127.84	January 1, 2016 - December 31, 2017	\$1.41
3% \$4,597.57	24	\$110,341.68	January 1, 2018 - December 31, 2019	\$1.45
3% \$4,735.50	24	\$113,652.00	January 1, 2020 - December 31, 2021	\$1.50
3% \$4,877.57	24	\$117,061.68	January 1, 2022 - December 31, 2023	\$1.54
		\$448,183.20		

Office Space Increase %

Fenced training course Increase %

		\$1,099.84	January 1, 2016 - December 31, 2017	\$0.01	
3%	\$1,132.84	24	\$27,188.16	January 1, 2018 - December 31, 2019	\$0.01
3%	\$1,166.83	24	\$28,003.92	January 1, 2020 - December 31, 2021	\$0.02
3%	\$1,201.83	24	\$28,843.92	January 1, 2022 - December 31, 2023	\$0.02
		\$110,432.16			

c. Total Lease Consideration: 96 **\$558,615.36**

d. Option to renew: Yes No 90 Renewal terms: Two Five (5) Year Options

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

f. Term: Eight (8) Years

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

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: Not Available

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

m. Lease will be paid for by Agency Budget Account Number: 4735

6. Purpose of the lease: To house the Department of Motor Vehicles

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

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

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GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit _____

N/A

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

Amy McKinney 11/5/10
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20121057943</u>	Exp:	<u>1/31/2016</u>	6
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
f. Office?				
g. State of Nevada Vendor number:	<u>T32001614</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Authorized Signature _____ Date _____
 Public Works Division

[Signature] II For Board of Examiners YES NO

State Of Nevada, Public Works Division, Leasing Services

COST/BENEFIT ANALYSIS - Same location

Department Name: *DMV*
 Staff Count: *6*
 Description:

Contact Name: *Randy Hobby*
 Phone #: *775-684-4804*

ONLY ENTER DATA IN WHITE CELLS

Existing Lease:	CURRENT			
	Yrs	Sq. Ft.	Per month	Cost per Sq. Ft.
Current Location Address (s):				
3505 Construction Way, Winnemucca	8	3,166	2,629.33	0.83
Testing area for training lot		77,636		0.00
Ancillary costs not included in rent			1,772.56	0.58
TOTAL MONTHLY COST at renewal		80,802	4,401.89	1.39
TOTAL CURRENT ANNUAL COST			52,822.68	Weighted Avg SF Cost
TOTAL LEASE COST at renewal - extended for comparison	8	80,802	422,581.44	

Lease Renewal:	PROPOSED			
	Yrs	Sq. Ft.	Rent over Term	Weighted Avg SF Cost
Existing Space that will be continued:				
3505 Construction Way, Winnemucca	8	3,166	448,183.20	1.47
Testing area for training lot	8	77,636	110,432.16	0.01
TOTAL PROPOSED LEASE TERM COST	8	80,802	558,615.38	1.48

MOVING EXPENSES / TENANT IMPROVEMENT (TI) COSTS		FTE'S	6
	Months Remaining	at	Moving Expenses One Time Total
Duplicate rent - Include total for all buildings	0		\$ -
Entire Office Move (moving service) - One Time			
New / Used Furniture Purchase - One Time			
Existing Furniture Disassemble/Reassemble - One Time			\$ -
Telephone/Voice/Data/Power Drops - One Time			
Other	Cost per FTE:		\$ -
Other	Cost per FTE:		\$ -
Other	Cost per FTE:		\$ -
Other	Cost per FTE:		\$ -
TOTAL MOVING EXPENSES & TI COSTS			\$ -
TOTAL PROPOSED LEASE TERM COST PLUS MOVING EXPENSES AND TI (One Time Cost) (B1 + B2)			\$ 558,615.38

CONCLUSION:			
TOTAL PROPOSED LEASE TERM COST vs CURRENT LEASE TERM COST (B - A)		136,033.92	
RESULTS OF PROPOSAL	INCREASED COST		24.35%
Difference -Weighted Average Per Square Foot		1.48	
Weighted average cost per square foot - renewal lease		\$ 1.48	
Weighted Average cost/sq ft per FTE over term		0.2466667	

Comments:

For Budget Division Use Only	
Reviewed by: <i>SP</i>	<i>11-13-15</i>
Reviewed by: <i>JW</i>	<i>11-13-15</i>
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Public Safety
Nevada Highway Patrol ✓
Division of Parole & Probation ✓
Investigations Division ✓
555 Wright Way
Carson City, Nevada 89711
Jennifer Bauer 775.684.4698 fax: 775.684.4809 jbauer@dps.state.nv.us

Remarks: This full service lease renewal replaces an existing gross modified lease. Lessor increased base rent after eleven years of no increases.

Exceptions/Special notes: Lessor to resurface & stripe front parking lot of the building by end of year 2016.

2. Name of Landlord (Lessor): Buckingham Holdings, LLC ✓

3. Address of Landlord: PO Box 10
Paradise Valley, Nevada 89426

4. Property contact: Kendall Swenson
775.623.3388 kendall@swensoncpa.com

5. Address of Lease property: 3505 Construction Way ✓
Winnemucca, Nevada 89445

a. Square Footage: Rentable
 Usable 5,390

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$6,954.41 ✓	24	\$166,905.84	January 1, 2016 - December 31, 2017	\$1.29
\$7,163.04	24	\$171,912.96	January 1, 2018 - December 31, 2019	\$1.33
\$7,377.93	24	\$177,070.32	January 1, 2020 - December 31, 2021	\$1.37
\$7,599.27	24	\$182,382.48	January 1, 2022 - December 31, 2023 ✓	\$1.41

Increase % 3%
3%
3%

c. Total Lease Consideration: ✓ 96 \$698,271.60

d. Option to renew: Yes No 90 Renewal terms: Two Five (5) Year Options ✓

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

f. Term: Eight (8) Years ✓

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: Not Available

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

m. Lease will be paid for by Agency Budget Account Number: 4713, 3743, 3740 ✓

6. Purpose of the lease: To house the Department of Public Safety, NHP, P&P, NDI ✓

7. This lease constitutes:

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

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

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NOV 10 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

State Of Nevada, Public Works Division, Leasing Services

COST/BENEFIT ANALYSIS - Same location

Department Name:	DPS	Contact Name:	Jennifer Bauer
Staff Count:	31	Phone #:	775-684-4698
Description:	Winnemucca		

ONLY ENTER DATA IN WHITE CELLS

Existing Lease:	CURRENT			
	Yrs	Sq. Ft.	Per month	Cost per Sq. Ft.
Current Location Address (s):				
3505 Construction Way, Winnemucca	8	5,390	3,980.34	0.74
Ancillary costs not included in rent			2,372.91	0.44
TOTAL MONTHLY COST at renewal		5,390	6,353.25	1.18
TOTAL CURRENT ANNUAL COST			76,239.00	Weighted Avg SF Cost
TOTAL LEASE COST at renewal - extended for comparison	8	5,390	609,912.00	1.18

Lease Renewal:	PROPOSED			
	Yrs	Sq. Ft.	Rent over Term	Weighted Avg SF Cost
Existing Space that will be continued:				
3505 Construction Way, Winnemucca	8	5,390	698,271.60	1.35
TOTAL PROPOSED LEASE TERM COST	8	5,390	698,271.60	1.35

MOVING EXPENSES / TENANT IMPROVEMENT (TI) COSTS		FTE'S	31
	Months Remaining	at	Mo. Rent Amt
Duplicate rent - Include total for all buildings	0		\$ -
Entire Office Move (moving service) - One Time			
New / Used Furniture Purchase - One Time			
Existing Furniture Disassemble/Reassemble - One Time			\$ -
Telephone/Voice/Data/Power Drops - One Time			
Other		Cost per FTE:	\$ -
Other		Cost per FTE:	\$ -
Other		Cost per FTE:	\$ -
Other		Cost per FTE:	\$ -
TOTAL MOVING EXPENSES & TI COSTS			\$ -
TOTAL PROPOSED LEASE TERM COST PLUS MOVING EXPENSES AND TI (One Time Cost) (B1 + B2)			\$ 698,271.60

CONCLUSION:			
TOTAL PROPOSED LEASE TERM COST vs CURRENT LEASE TERM COST (B - A)		88,359.60	
RESULTS OF PROPOSAL	INCREASED COST		12.65%
Difference -Weighted Average Per Square Foot		0.17	14.44%
Weighted average cost per square foot - renewal lease		\$ 1.35	
Weighted Average cost/sq ft per FTE over term		0.0435484	

Comments:

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	11/4/15
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION
FIRST AMENDMENT**

1. Agency: Department of Business and Industry, Nevada Real Estate Division
1830 College Parkway #100
Carson City Nevada 89706
Contact: Michael Jory 775.687.6435 Mjory@red.state.nv.us

Remarks: This lease amendment was entered into to remove the language specifically regarding onsite security as none will be provided by the Lessor.

Exceptions/Special notes:

2. Name of Landlord (Lessor): East College Parkway, L.P.

3. Address of Landlord: 2520 Camino Diablo
Walnut Creek, Ca 94597

4. Property contact: PTLA Corporation (General Partner of the East College Parkway, L.P.)
2520 Camino Diablo
Walnut Creek, Ca 94597
Phillip Brandmeier 925-937-7400 X112 Cell: 925-389-2575 Phil.brandmeier@legacyppta.com

5. Address of Lease property: 1818 East College Parkway #110
Carson City, Nevada 89706

a. Square Footage: Rentable
 Usable 3,084

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$4,594.50	12	\$55,134.00	September 1, 2015 - August 31, 2016	\$1.49
0%	\$4,594.50	12	\$55,134.00	September 1, 2016 - August 31, 2017	\$1.49
3%	\$4,732.34	12	\$56,788.08	September 1, 2017 - August 31, 2018	\$1.53
0%	\$4,732.34	12	\$56,788.08	September 1, 2018 - August 31, 2019	\$1.53
3%	\$4,874.31	12	\$58,491.72	September 1, 2019 - August 31, 2020	\$1.58

c. Total Lease Consideration: 60 \$282,335.88

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

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

f. Term: 5 (five) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: 1.35-1.80

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

m. Lease will be paid for by Agency Budget Account Number: 3823/3820

6. Purpose of the lease: To house the Department of Business and Industry, Nevada Real Estate Division

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

a. Estimated Moving Expens \$1,000 Furnishings: \$0.00 Data/Phones: \$4,500

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OCT 29 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

For Budget Division Use Only	
Reviewed by: <i>DM</i>	11-20-15
Reviewed by: <i>SO</i>	
Reviewed by:	

STATEWIDE LEASE AMENDMENT INFORMATION

1. Agency: Department of Business and Industry, Office of the Labor Commissioner
1818 College Parkway #102
Carson City Nevada 89706
Contact: Shannon Chambers 775-687-2450 Shannonchambers@business.nv.gov

Remarks: This lease amendment was entered into to remove the language specifically regarding onsite security as none will be provided by the Lessor.

Exceptions/Special notes:

2. Name of Landlord (Lessor): East College Parkway, L.P.

3. Address of Landlord: 2520 Camino Diablo
Walnut Creek, Ca 94597

4. Property contact: PTLA Corporation (General Partner of the East College Parkway, L.P.)
2520 Camino Diablo
Walnut Creek, Ca 94597
Phillip Brandmeier 925-937-7400 X112 Cell: 925-389-2575 Phil.brandmeier@legacyptla.com

5. Address of Lease property: 1818 East College Parkway #102
Carson City, Nevada 89706

a. Square Footage: Rentable
 Usable 2,453

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$3,655.63	12	\$43,867.56	September 1, 2015 - August 31, 2016	\$1.49
0% \$3,655.63	12	\$43,867.56	September 1, 2016 - August 31, 2017	\$1.49
3% \$3,765.30	12	\$45,183.60	September 1, 2017 - August 31, 2018	\$1.53
0% \$3,765.30	12	\$45,183.60	September 1, 2018 - August 31, 2019	\$1.53
3% \$3,878.26	12	\$46,539.12	September 1, 2019 - August 31, 2020	\$1.58

Increase %

c. Total Lease Consideration: 60 \$224,641.44

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

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

f. Term: Five (5) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: 1.30-1.80

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

m. Lease will be paid for by Agency Budget Account Number: 3900

6. Purpose of the lease: To house the Department of Business Industry Office of the Labor Commissioner

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$1,000.00 Furnishings: \$0.00 Data/Phones: \$4,500.00

RECEIVED

OCT 26 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

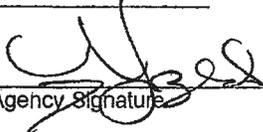
#14

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit _____

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


7-9-15

 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20061251587	Exp:	8/31/2015	6
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
f. Office?				
g. State of Nevada Vendor number:	T29026992			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

 Authorized Signature Date
 Public Works Division

✓ For Board of Examiners YES NO
 kl

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.
Yes _____ No _____ Dec Unit _____

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

Authorized Agency Signature Date

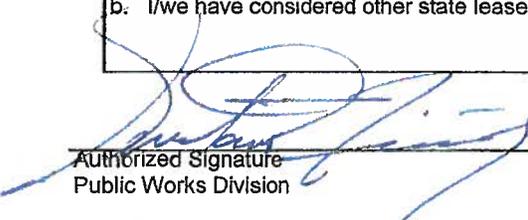
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20061251587</u>	Exp:	<u>8/31/2015</u>	6
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T29026992</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO



Authorized Signature Date 7-9-15
Public Works Division

For Board of Examiners YES NO

kl 

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17154**

Agency Name: GOVERNOR'S FINANCE OFFICE - BUDGET DIVISION Agency Code: 015 Appropriation Unit: 1340-10 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: MGT OF AMERICA, INC. DBA PUBLIC RESOURCE MANAGEMENT GROUP Contractor Name: MGT OF AMERICA, INC. DBA PUBLIC RESOURCE MANAGEMENT GROUP Address: 3800 ESPLANADE WAY SUITE 210 City/State/Zip: TALLAHASSEE, FL 32311 Contact/Phone: null850/386-3191 Vendor No.: T81201791A NV Business ID: NV20031499791
--	--

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

X General Funds	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 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**

Contract term: **4 years and 31 days**

4. Type of contract: **Contract**

Contract description: **SWCAP Prof Service**

5. Purpose of contract:

This is a new contract that continues ongoing services to the State of Nevada for the preparation of the Statewide Cost Allocation Plan and the Attorney General Cost Allocation Plan for FY 2017, FY 2018, FY 2019 and FY 2020.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$160,000.00**

Payment for services will be made at the rate of \$40,000.00 per fiscal year

Other basis for payment: Upon submittal to the State of a draft SWCAP central service cost allocation plan and Section II billed services document, and Office of the Attorney General cost allocation plans - \$30,000 (75%); upon submittal to the State and CAS of a final cost allocation plan, Office of the Attorney General cost allocation plans, and document on the Section II Billed Services - \$6,000 (15%); and receipt by the State of an executed Cost Allocation Agreement from CAS - \$4,000 (10%)

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 353.331

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

Time constraint and lack of specialization in this discipline

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 experience with the State of Nevada, professional services as defined in NAC 333.150(2)(b)(5).

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 prior years, including Fiscal Years 2008 through 2014. Quality of services was satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	10/09/2015 07:38:47 AM
Division Approval	csweeney	10/09/2015 07:38:49 AM
Department Approval	csweeney	10/09/2015 07:38:53 AM
Contract Manager Approval	csweeney	10/29/2015 14:53:52 PM
Budget Analyst Approval	kperondi	10/29/2015 16:00:52 PM
BOE Agenda Approval	sbrown	11/19/2015 12:45:36 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12993** Amendment Number: **2**
 Agency Name: **GOVERNOR'S FINANCE OFFICE - BUDGET DIVISION** Legal Entity Name: **The JFA Institute**
 Agency Code: **015** Contractor Name: **The JFA Institute**
 Appropriation Unit: **1340-10** Address: **720 Kearney Street**
 Is budget authority available?: **Yes** City/State/Zip: **Denver, CO 80220**
 If "No" please explain: **Not Applicable** Contact/Phone: **Wendy Naro-Ware 303-399-3218**
 Vendor No.: **T27021400**
 NV Business ID: **NV20121464306**

To what State Fiscal Year(s) will the contract be charged? **2012-2018**

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

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

Agency Reference #: **RFP #1952**

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **02/14/2012**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **02/14/2016**
 Termination Date:
 Contract term: **6 years and 2 days**

4. Type of contract: **Contract**
 Contract description: **Prison Populations**

5. Purpose of contract:
This is the second amendment to the original contract, which provides projections for prison populations, parole and probation, residential confinement and caseloads for the Parole Board at specific intervals to coordinate with various phases of the state's budget process. This amendment extends the termination date from February 14, 2016 to February 14, 2018 and increases the maximum amount from \$177,820.02 to \$266,730.03 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$88,910.01	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$88,910.01	\$88,910.01	\$88,910.01	Yes - Action
4. Amount of current amendment (#2):	\$88,910.01	\$88,910.01	\$88,910.01	Yes - Action
5. New maximum contract amount:	\$266,730.03			

II. JUSTIFICATION

7. What conditions require that this work be done?
 Pursuant to NRS 176.0129 the State of Nevada is required to contract for services to review sentences imposed in the state and the practices of the State Board of Parole Commissioners to provide specified population projections in specified time frames that correspond to the State's budget processes.

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

NRS 176.0129 stipulates that this work be performed by an independent contractor.

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?

RFP # 1952 - contractor was the highest scored in technical merits and cost factors combined.

d. Last bid date: 11/17/2011 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:

Department of Administration, Budget and Planning since 2003. Service has been satisfactory.

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

16. Not Applicable

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmurph3	09/23/2015 16:02:33 PM
Division Approval	cmurph3	09/23/2015 16:02:37 PM
Department Approval	cmurph3	10/06/2015 13:39:42 PM
Contract Manager Approval	cmurph3	10/20/2015 09:37:30 AM
Budget Analyst Approval	sbrown	10/28/2015 15:41:49 PM
BOE Agenda Approval	sbrown	10/28/2015 15:41:54 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17171**

Agency Name:	TREASURER - TREASURER'S OFFICE	Legal Entity Name:	Atlanta Capital Management Company, LLC
Agency Code:	050	Contractor Name:	Atlanta Capital Management Company, LLC
Appropriation Unit:	All Budget Accounts - Category 04	Address:	1075 Peachtree Street Suite 2100
Is budget authority available?:	Yes	City/State/Zip:	Atlanta , GA 30309
If "No" please explain:	Not Applicable	Contact/Phone:	James Womack 4048769411
		Vendor No.:	
		NV Business ID:	NV20151622893

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Paid from investment earnings in NVEST

Agency Reference #: BA 6075

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **Yes**

If "Yes", please explain

The contract was submitted to the Budget Division after the agency deadline for the November Board of Examiners meeting. Since the contract will be on the December 8, 2015 Board of Examiners agenda, it will be retroactive to the effective date of November 10, 2015.

3. Termination Date: **11/30/2019**

Contract term: **4 years and 21 days**

4. Type of contract: **Contract**

Contract description: **NVEST Money Manager**

5. Purpose of contract:

This is a new contract to provide investment managers responsible for the investment portfolios for local governments approved to participate in the State Treasurer's Local Government Pooled Long Term Investment Account (NVEST) Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: An annual fee per managed portfolio: 14.0 basis points on the first \$10 million, 12.0 basis points on the next \$15 million, 11.5 basis points on the next \$25 million, 9 basis points on the next \$50 million and 8.5 basis points on assets over \$100 million

II. JUSTIFICATION

7. What conditions require that this work be done?

An investment manager who is experienced in the investment of collateralized mortgage obligations, corporate notes, asset-backed securities and mortgage backed securities is required to invest designated longer term local government funds. The Local Government Pooled Long Term Investment Account NVEST was established by NRS 355.156 and is administered by the State Treasurer.

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

The Treasurer's office does not have the expertise and analytic reporting tools to effectively transact the above securities.

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?

Superior investment services chosen in preference to others

d. Last bid date: Anticipated re-bid date: 11/01/2019

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:

Contractor currently performs investment management for NVEST members

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	shanshew	10/29/2015 11:15:03 AM
Division Approval	thagan	10/29/2015 13:38:16 PM
Department Approval	thagan	10/29/2015 13:38:19 PM
Contract Manager Approval	shanshew	10/29/2015 13:44:18 PM
Budget Analyst Approval	lfree1	11/13/2015 12:06:28 PM
BOE Agenda Approval	lfree1	11/13/2015 12:06:33 PM
BOE Final Approval	Pending	

Dan Schwartz
State Treasurer



STATE OF NEVADA
OFFICE OF THE STATE TREASURER

MEMORANDUM

DATE: October 28, 2015

TO: Laura Freed, Budget Analyst IV
Governor's Finance Office, Budget Division

FROM: Susan Hanshew, Management Analyst IV

CC: Tara Hagan, Chief Deputy Treasurer

SUBJECT: **Atlanta Capital Management Company, LLC**
Retroactive Memorandum to December 1, 2015

This memorandum is to request that the above-mentioned contract be retroactive to December 1, 2015. The reason for this request is due to our office submitting the Contract to the Budget Office shortly after the agency deadline for the November Board of Examiner's (BOE) meeting. The Contract will be on the agenda for the December 8, 2015 BOE meeting which makes it retroactive.

Thank you for your consideration of this request.

:srh

CARSON CITY OFFICE
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(775) 684-5623 Fax

STATE TREASURER PROGRAMS
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Unclaimed Property
College Savings Plans of Nevada
Nevada College Kick Start Program

LAS VEGAS OFFICE
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(702) 486-3246 Fax

Website: NevadaTreasurer.gov

E-mail: StateTreasurer@NevadaTreasurer.gov

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17163**

Agency Name: **TREASURER - TREASURER'S OFFICE**
 Agency Code: **050**
 Appropriation Unit: **All Budget Accounts - Category 04**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **CHICAGO EQUITY PARTNERS LLC**
 Contractor Name: **CHICAGO EQUITY PARTNERS LLC**
 Address: **180 N LA SALLE ST STE 3800**
 City/State/Zip: **CHICAGO, IL 60601-2804**
 Contact/Phone: null312/629-8200
 Vendor No.: T27031450
 NV Business ID: NV20121610892

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Paid from investment earnings in NVEST

Agency Reference #: BA 6075

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **Yes**

If "Yes", please explain

This contract was submitted to the Budget Division after the agency deadline for the November Board of Examiners meeting. Since the contract will be on the December 8, 2015 Board of Examiners agenda, it will be retroactive to the effective date of November 10, 2015.

3. Termination Date: **11/30/2019**Contract term: **4 years and 21 days**4. Type of contract: **Contract**Contract description: **NVEST Money Manager**

5. Purpose of contract:

This is a new contract to provide investment managers responsible for the investment portfolios for local governments approved to participate in the State Treasurer's Local Government Pooled Long Term Investment Account (NVEST) Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: An annual fee per managed portfolio not to exceed: First \$25 million in assets = 20 basis points; next \$75 million = 15 basis points; and thereafter = 10 basis points

II. JUSTIFICATION

7. What conditions require that this work be done?

An investment manager who is experienced in the investment of collateralized mortgage obligations, corporate notes, asset-backed securities, and mortgage backed securities is required to invest designated longer term local government funds. The Local Government Pooled Long Term investment Account NVEST was established by NRS 355.165 and is administered by the State Treasurer.

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

The Treasurer's office does not have the expertise and analytic reporting tools to effectively transact the above securities.

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?
Superior investment services at an attractive cost to NVEST members.

d. Last bid date: Anticipated re-bid date: 11/01/2019

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

Contractor performs similar investment management for the State Treasurer for the Higher Education Tuition Trust Fund and the General Portfolio.

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

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

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

Not Applicable

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

Other **Foreign Limited Liability Company**

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	shanshew	10/29/2015 11:40:48 AM
Division Approval	thagan	10/29/2015 13:37:56 PM
Department Approval	thagan	10/29/2015 13:37:59 PM
Contract Manager Approval	shanshew	10/29/2015 13:39:37 PM
Budget Analyst Approval	lfree1	11/13/2015 14:19:51 PM
BOE Agenda Approval	lfree1	11/13/2015 14:19:56 PM
BOE Final Approval	Pending	

Dan Schwartz
State Treasurer

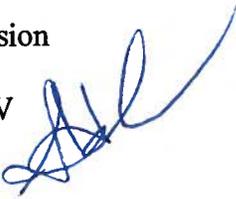


STATE OF NEVADA
OFFICE OF THE STATE TREASURER

MEMORANDUM

DATE: October 28, 2015

TO: Laura Freed, Budget Analyst IV
Governor's Finance Office, Budget Division

FROM: Susan Hanshew, Management Analyst IV 

CC: Tara Hagan, Chief Deputy Treasurer

SUBJECT: **Chicago Equity Partners, LLC**
Retroactive Memorandum to December 1, 2015

This memorandum is to request that the above-mentioned contract be retroactive to December 1, 2015. The reason for this request is due to our office submitting the Contract to the Budget Office shortly after the agency deadline for the November Board of Examiner's (BOE) meeting. The Contract will be on the agenda for the December 8, 2015 BOE meeting which makes it retroactive.

Thank you for your consideration of this request.

:srh

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OCT 29 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

CARSON CITY OFFICE
101 N. Carson Street, Suite 4
Carson City, Nevada 89701-4786
(775) 684-5600 Telephone
(775) 684-5623 Fax

STATE TREASURER PROGRAMS
Governor Guinn Millennium Scholarship Program
Nevada Prepaid Tuition Program
Unclaimed Property
College Savings Plans of Nevada
Nevada College Kick Start Program

LAS VEGAS OFFICE
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Las Vegas, Nevada 89101-1074
(702) 486-2025 Telephone
(702) 486-3246 Fax

Website: NevadaTreasurer.gov

E-mail: StateTreasurer@NevadaTreasurer.gov

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17164**

Agency Name:	TREASURER - TREASURER'S OFFICE	Legal Entity Name:	GOVERNMENT PORTFOLIO ADVISORS
Agency Code:	050	Contractor Name:	GOVERNMENT PORTFOLIO ADVISORS
Appropriation Unit:	All Budget Accounts - Category 04	Address:	LLC 2188 SW PARK PL STE 100
Is budget authority available?:	Yes	City/State/Zip:	PORTLAND, OR 97205-1100
If "No" please explain:	Not Applicable	Contact/Phone:	null541-410-7474
		Vendor No.:	T29034779
		NV Business ID:	NV20141165471
To what State Fiscal Year(s) will the contract be charged?	2016-2020		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Paid from investment earnings in NVEST
Agency Reference #:	BA 6075		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **Yes**

If "Yes", please explain

This contract was submitted to the Budget Division after the agency deadline for the November Board of Examiners meeting. Since the contract will be on the December 8, 2015 Board of Examiners agenda, it will be retroactive to the effective date of November 10, 2015.

3. Termination Date: **11/30/2019**

Contract term: **4 years and 21 days**

4. Type of contract: **Contract**

Contract description: **NVEST Money Manager**

5. Purpose of contract:

This is a new contract to provide investment managers responsible for the investment portfolios for local governments approved to participate in the State Treasurer's Local Government Pooled Long Term Investment Account (NVEST) Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: An annual fee per managed portfolio: 7.0 Basis Points on the first \$5 - \$50 Million; 5.0 Basis Points over \$50 Million

II. JUSTIFICATION

7. What conditions require that this work be done?

An investment manager who is experienced in the investment of collateralized mortgage obligations, corporate notes, asset-backed securities and mortgage backed securities is required to invest designated longer term local government funds. The Local Government Pooled Long Term investment Account NVEST was established by NRS 355.165 and is administered by the State Treasurer.

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

The Treasurer's office does not have the expertise and analytic reporting tools to effectively transact the above securities.

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?
Superior investment services at an attractive cost to NVEST members.

d. Last bid date: Anticipated re-bid date: 11/01/2019

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

Contractor current performs investment management for NVEST members.

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

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

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

Not Applicable

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

Other **Foreign Limited Liability Company**

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	shanshew	10/29/2015 11:14:33 AM
Division Approval	thagan	10/29/2015 13:38:33 PM
Department Approval	thagan	10/29/2015 13:38:35 PM
Contract Manager Approval	shanshew	10/29/2015 13:43:46 PM
Budget Analyst Approval	lfree1	11/13/2015 13:43:34 PM
BOE Agenda Approval	lfree1	11/13/2015 13:44:08 PM
BOE Final Approval	Pending	

Dan Schwartz
State Treasurer



STATE OF NEVADA
OFFICE OF THE STATE TREASURER

MEMORANDUM

DATE: October 28, 2015

TO: Laura Freed, Budget Analyst IV
Governor's Finance Office, Budget Division

FROM: Susan Hanshew, Management Analyst IV 

CC: Tara Hagan, Chief Deputy Treasurer

SUBJECT: **Government Portfolio Advisors, LLC**
Retroactive Memorandum to December 1, 2015

This memorandum is to request that the above-mentioned contract be retroactive to December 1, 2015. The reason for this request is due to our office submitting the Contract to the Budget Office shortly after the agency deadline for the November Board of Examiner's (BOE) meeting. The Contract will be on the agenda for the December 8, 2015 BOE meeting which makes it retroactive.

Thank you for your consideration of this request.

:srh

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GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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555 E. Washington Avenue, Suite 4600
Las Vegas, Nevada 89101-1074
(702) 486-2025 Telephone
(702) 486-3246 Fax

Website: NevadaTreasurer.gov

E-mail: StateTreasurer@NevadaTreasurer.gov

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 11355	Amendment Number: 3
Agency Name: BUILDINGS AND GROUNDS DIVISION	Legal Entity Name: EXPRESS MESSENGER SYSTEMS, INC. DBA ONTRAC
Agency Code: 082	Contractor Name: EXPRESS MESSENGER SYSTEMS, INC. DBA ONTRAC
Appropriation Unit: 1346-10	Address: 750 VISTA BLVD STE 402
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89434
If "No" please explain: Not Applicable	Contact/Phone: null775/355-9055
	Vendor No.: T29016485B
	NV Business ID: NV0011467792

To what State Fiscal Year(s) will the contract be charged? **2011-2017**

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.

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

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **09/01/2010**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **12/31/2015**

Termination Date:

Contract term: **6 years and 123 days**

4. Type of contract: **Contract**

Contract description: **Overnight delivery**

5. Purpose of contract:

This is the third amendment to the original contract, which provides overnight interdepartmental mail services, pick-up, and delivery between the Carson City Mail Center and the Las Vegas Mail Center every work day. This amendment extends the termination date from December 31, 2015 to December 31, 2016 and increases the maximum amount from \$339,192 to \$402,792 to ensure continuation of this essential service while a new Request for Proposal is processed.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$254,392.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$21,200.00	\$21,200.00	\$21,200.00	Yes - Info
b. Amendment 2:	\$63,600.00	\$63,600.00	\$84,800.00	Yes - Action
4. Amount of current amendment (#3):	\$63,600.00	\$63,600.00	\$63,600.00	Yes - Action
5. New maximum contract amount:	\$402,792.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The need for State mail to be delivered in a timely manner.

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?

The evaluation committee for RFP #1068 rated Express Messenger Systems, Inc dba OnTrac the highest overall. Proposals were received by this contractor and Silver State Couriers.

d. Last bid date: 06/01/2010 Anticipated re-bid date: 06/01/2016

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:

2006-2010, Buildings & Grounds, service satisfactory

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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	csweeney	09/30/2015 13:05:49 PM
Division Approval	csweeney	09/30/2015 13:05:55 PM
Department Approval	csweeney	09/30/2015 13:05:59 PM
Contract Manager Approval	csweeney	09/30/2015 13:21:33 PM
Budget Analyst Approval	kperondi	10/12/2015 10:07:24 AM
BOE Agenda Approval	sbrown	10/16/2015 11:50:14 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16871** Amendment Number: **1**
 Legal Entity Name: **LUMOS & ASSOCIATES**
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **LUMOS & ASSOCIATES**
 Agency Code: **082** Address: **9222 Prototype Dr.**
 Appropriation Unit: **1351-10** City/State/Zip: **RENO, NV 89521**
 Is budget authority available?: **Yes** Contact/Phone: **null775/827-6111**
 If "No" please explain: **Not Applicable** Vendor No.: **T80912843**
 NV Business ID: **NV19791006982**
 To what State Fiscal Year(s) will the contract be charged? **2015-2019**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency funded CIP - Bonds

Agency Reference #: 109551

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **06/19/2015**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**
 Contract term: **4 years and 12 days**

4. Type of contract: **Contract**
 Contract description: **Misc Serv Agr**

5. Purpose of contract:
This is the first amendment to the original contract, which provides an Emergency Action Plan (EAP) for the Hobart Reservoir Dam Marlette Water System: CIP Project No. 15-A039; SPWD Contract No. 109551. This amendment increases the maximum amount from \$43,740 to \$62,985 to provide additional professional services relating to the development of a new model for measuring inflow into into Hobart Reservoir and a new inundation map to extend downstream beyond habitual structures.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$43,740.00	\$0.00	\$43,740.00	Yes - Info
4. Amount of current amendment (#1):	\$19,245.00	\$19,245.00	\$19,245.00	Yes - Action

II. JUSTIFICATION

7. What conditions require that this work be done?
2015 Agency CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/26/2015 12:16:07 PM
Division Approval	dgrimm	10/26/2015 12:16:10 PM
Department Approval	dgrimm	10/26/2015 12:16:14 PM
Contract Manager Approval	dgrimm	10/27/2015 09:18:21 AM
Budget Analyst Approval	jrodrig9	11/05/2015 16:41:45 PM
BOE Agenda Approval	jburry	11/17/2015 15:49:01 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13851** Amendment Number: **2**
 Agency Name: **STATE PUBLIC WORKS DIVISION** Legal Entity Name: **SIERRA CONTROL SYSTEMS, INC.**
 Agency Code: **082** Contractor Name: **SIERRA CONTROL SYSTEMS, INC.**
 Appropriation Unit: **1366-04** Address: **940 MALLORY WAY STE 1**
 Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89701**
 If "No" please explain: Not Applicable Contact/Phone: null775/883-0443
 Vendor No.: PUR0002695
 NV Business ID: NV19721005584

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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.

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

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **11/13/2012**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2016**
 Contract term: **3 years and 321 days**

4. Type of contract: **Contract**
 Contract description: **Communications**

5. Purpose of contract:
This is the second amendment to the original contract, which continues preventive maintenance services for the Marlette Lake Supervising Controls an Data Access System. This amendment increases the contract maximum amount from \$110,144 to \$150,144 due to needed ongoing repairs and upgrades to the Marlette Lake radio system.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$93,844.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$16,300.00	\$16,300.00	\$16,300.00	Yes - Info
4. Amount of current amendment (#2):	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Action

II. JUSTIFICATION

7. What conditions require that this work be done?
 The Marlette Water System requires monitoring and operation of water flow, water pressure, and water level in the tanks and transmission of that information through computer systems via Radio Transmitter Units.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 Sierra Control Systems is the authorized dealer for this system. Sole Source.

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 #: 120901

Approval Date: 09/06/2012

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

Sole Source.

d. Last bid date: 10/01/2012 Anticipated re-bid date: 10/01/2016

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:

2008-2012, Buildings and Grounds, Service Satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	09/25/2015 10:13:34 AM
Division Approval	csweeney	09/25/2015 10:13:37 AM
Department Approval	csweeney	09/25/2015 10:13:40 AM
Contract Manager Approval	ssands	09/25/2015 10:14:21 AM
Budget Analyst Approval	jrodrig9	11/02/2015 10:07:06 AM
BOE Agenda Approval	jburry	11/17/2015 15:47:11 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17217**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ROUNDS ENGINEERING, LTD
Agency Code: 082	Contractor Name: ROUNDS ENGINEERING, LTD
Appropriation Unit: 1535-14	Address: DBA, CR ENGINEERING 5434 LONGLEY LN
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-1879
If "No" please explain: Not Applicable	Contact/Phone: null775/826-1919
	Vendor No.: T29024113
	NV Business ID: NV20041355601

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109831

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 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 install gas fired furnaces in four of the circular dormitories and in the administration building at the Nevada Youth Training Center located in Elko. CIP Project No. 15-M39; SPWD Contract No. 109831.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/28/2015 14:46:57 PM
Division Approval	dgrimm	10/28/2015 14:46:59 PM
Department Approval	dgrimm	10/28/2015 14:47:02 PM
Contract Manager Approval	dgrimm	11/02/2015 16:12:35 PM
Budget Analyst Approval	jrodrig9	11/03/2015 18:04:46 PM
BOE Agenda Approval	jburry	11/17/2015 16:15:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17219**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	ROUNDS ENGINEERING, LTD
Agency Code:	082	Contractor Name:	ROUNDS ENGINEERING, LTD
Appropriation Unit:	1535-15	Address:	DBA, CR ENGINEERING 5434 LONGLEY LN
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511-1879
If "No" please explain:	Not Applicable		
		Contact/Phone:	null775/826-1919
		Vendor No.:	T29024113
		NV Business ID:	NV20041355601

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109832

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **3 years and 211 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 for the central plant equipment replacement within the education building and multi-purpose building at the Nevada Youth Training Center in Elko. CIP Project No. 13-M40; SPWD Contract No. 109832.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$136,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	dgrimm	10/28/2015 16:00:38 PM
Division Approval	dgrimm	10/28/2015 16:00:41 PM
Department Approval	dgrimm	10/28/2015 16:00:44 PM
Contract Manager Approval	dgrimm	11/02/2015 16:11:13 PM
Budget Analyst Approval	jrodrig9	11/03/2015 18:53:19 PM
BOE Agenda Approval	jburry	11/17/2015 15:53:01 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17222**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AINSWORTH ASSOCIATES
Agency Code: 082	Contractor Name: AINSWORTH ASSOCIATES
Appropriation Unit: 1565-74	Address: 1420 HOLCOMB AVE. SUITE 201
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-8003
If "No" please explain: Not Applicable	Contact/Phone: null916/737-6014
	Vendor No.: T27012245A
	NV Business ID: NV19751005286

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109827

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 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 for the replacement of 12 existing condensing and evaporator units for the existing refrigerator boxes and five existing condensing and evaporator units for the existing freezer boxes in the central warehouse at the Lovelock Correctional Center: CIP Project No. 15-M10, SPWD Contract No. 109827.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/29/2015 16:01:44 PM
Division Approval	dgrimm	10/29/2015 16:01:46 PM
Department Approval	dgrimm	10/29/2015 16:01:49 PM
Contract Manager Approval	dgrimm	11/02/2015 16:09:45 PM
Budget Analyst Approval	jrodrig9	11/03/2015 19:29:21 PM
BOE Agenda Approval	jburry	11/17/2015 15:52:00 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17221**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AINSWORTH ASSOCIATES MECHANICAL ENGINEERS
Agency Code: 082	Contractor Name: AINSWORTH ASSOCIATES MECHANICAL ENGINEERS
Appropriation Unit: 1565-73	Address: 1420 HOLCOMB AVENUE SUITE 201
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95820-2177
If "No" please explain: Not Applicable	Contact/Phone: null916/737-6014
	Vendor No.: T27012245
	NV Business ID: NV19751005286

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109826

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 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 for the replacement of the existing domestic hot water heat exchangers in buildings #1-5 and housing units #3 and #4 at the Lovelock Correctional Center: CIP Project No. 15-M06; SPWD Contract No. 109826.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/29/2015 15:38:03 PM
Division Approval	dgrimm	11/02/2015 14:47:53 PM
Department Approval	dgrimm	11/02/2015 16:10:24 PM
Contract Manager Approval	dgrimm	11/02/2015 16:10:30 PM
Budget Analyst Approval	jrodrig9	11/03/2015 19:05:58 PM
BOE Agenda Approval	jburry	11/17/2015 15:50:32 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 CONTRACT

1. Contract Number: **17267**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: KITTRELL GARLOCK & ASSOCIATES
Agency Code: 082	Contractor Name: KITTRELL GARLOCK & ASSOCIATES
Appropriation Unit: 1565-67	Address: DBA, KGA ARCHITECTURE 9075 W DIABLO DR. 3rd Floor
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89148-7604
If "No" please explain: Not Applicable	Contact/Phone: null702/367-6900
	Vendor No.: T80931708
	NV Business ID: NV19771007004

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109857

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to remodel the administration building (courtroom area and part of the visitation area) to accommodate executions at the Ely State Prison, CIP Project No. 15-C03; SPWD Contract No. 109857.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$93,700.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	11/05/2015 16:09:00 PM
Division Approval	dgrimm	11/05/2015 16:09:04 PM
Department Approval	dgrimm	11/05/2015 16:09:07 PM
Contract Manager Approval	dgrimm	11/05/2015 16:16:41 PM
Budget Analyst Approval	jrodrig9	11/06/2015 18:40:38 PM
BOE Agenda Approval	jburry	11/17/2015 16:16:45 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17220**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PETTY & ASSOCIATES, INC.
Agency Code: 082	Contractor Name: PETTY & ASSOCIATES, INC.
Appropriation Unit: 1565-77	Address: 1375 GREG ST 106
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: null775/359-5777
	Vendor No.: T80580350
	NV Business ID: NV19841014622

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109807

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional mechanical and electrical engineering services for the replacement of the existing heating boilers and the water heater in each of the five housing units at the Stewart Conservation Camp in Carson City. CIP Project No. 15-M09; SPWD Contract No. 109807.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,800.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/29/2015 14:23:30 PM
Division Approval	dgrimm	10/29/2015 14:23:33 PM
Department Approval	dgrimm	10/29/2015 14:23:35 PM
Contract Manager Approval	dgrimm	11/02/2015 16:15:20 PM
Budget Analyst Approval	jrodrig9	11/03/2015 18:21:27 PM
BOE Agenda Approval	jburry	11/17/2015 16:16:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17216**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ROUNDS ENGINEERING, LTD
Agency Code: 082	Contractor Name: ROUNDS ENGINEERING, LTD
Appropriation Unit: 1565-74	Address: DBA, CR ENGINEERING 5434 LONGLEY LN
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-1879
If "No" please explain: Not Applicable	Contact/Phone: null775/826-1919
	Vendor No.: T29024113
	NV Business ID: NV20041355601

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	97.00 %
Highway Funds	0.00 %	X Other funding	3.00 % Transfer from Capital Projects Fund

Agency Reference #: 109830

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 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 for the HVAC Systems Renovation for housing unit 7, Gymnasium and Law Library at the Northern Nevada Correctional Center in Carson City. CIP Project No. 15-M12; SPWD Contract No. 109830.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$190,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/28/2015 14:13:41 PM
Division Approval	dgrimm	10/28/2015 14:13:45 PM
Department Approval	dgrimm	10/28/2015 14:13:49 PM
Contract Manager Approval	dgrimm	11/02/2015 16:11:47 PM
Budget Analyst Approval	jrodrig9	11/03/2015 18:42:01 PM
BOE Agenda Approval	jburry	11/17/2015 15:52:20 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17243**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: VAN WOERT BIGOTTI ARCHITECTS
Agency Code: 082	Contractor Name: VAN WOERT BIGOTTI ARCHITECTS
Appropriation Unit: 1567-17	Address: 1400 S. VIRGINIA STREET SUITE C
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-2836
If "No" please explain: Not Applicable	Contact/Phone: null775/328-1010
	Vendor No.: T60080600
	NV Business ID: NV19781005709

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	67.00 %	X Bonds	29.00 %
Highway Funds	0.00 %	X Other funding	4.00 % Transfer from Veterans Home

Agency Reference #: 109840

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 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 associated with the production of design and bidding documents for the fixtures, furniture and equipment package for the Northern Nevada Veterans Home: CIP Project No. 15-C77; SPWD Contract No. 109840.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$112,875.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	11/03/2015 15:03:06 PM
Division Approval	dgrimm	11/03/2015 15:03:08 PM
Department Approval	dgrimm	11/03/2015 15:03:11 PM
Contract Manager Approval	dgrimm	11/03/2015 15:59:16 PM
Budget Analyst Approval	jrodrig9	11/05/2015 15:22:28 PM
BOE Agenda Approval	jburry	11/17/2015 16:13:47 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17230**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: POGGEMEYER DESIGN GROUP, INC.
Agency Code: 082	Contractor Name: POGGEMEYER DESIGN GROUP, INC.
Appropriation Unit: 1577-22	Address: 6960 SMOKE RANCH RD. SUITE 110
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89128-3204
If "No" please explain: Not Applicable	Contact/Phone: null702/256-4335
	Vendor No.: T29028422A
	NV Business ID: NV19811011150

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	94.00 %	X Bonds	6.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 109842

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide for the design and construction of electrical power and security lighting for an organizational parking area and for the design only for the paving of the parking lot area, at the Floyd Edsall Training Center in North Las Vegas: CIP Project No. 15-C06; SPWD Contract No. 109842.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$278,106.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	dgrimm	11/03/2015 13:39:35 PM
Division Approval	dgrimm	11/03/2015 13:39:38 PM
Department Approval	dgrimm	11/03/2015 16:00:27 PM
Contract Manager Approval	dgrimm	11/03/2015 16:00:30 PM
Budget Analyst Approval	jrodrig9	11/05/2015 12:12:03 PM
BOE Agenda Approval	jburry	11/17/2015 16:14:10 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17232**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AINSWORTH ASSOCIATES
Agency Code: 082	Contractor Name: AINSWORTH ASSOCIATES
Appropriation Unit: 1585-31	Address: 1420 HOLCOMB AVE. SUITE 201
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-8003
If "No" please explain: Not Applicable	Contact/Phone: null916/737-6014
	Vendor No.: T27012245A
	NV Business ID: NV19751005286

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	92.00 %
Highway Funds	0.00 %	X Other funding	8.00 % Re-allocated Bond Authority transferred from Treasurer.

Agency Reference #: 109829

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional advanced planning architectural/engineering services for the replacement of the existing hot water and steam boilers, domestic hot water heaters and the associated pumping and piping systems at the Northern Nevada Correctional Center in Carson City: CIP Project No. 15-P01; SPWD Contract No. 109829.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$360,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	11/03/2015 11:50:07 AM
Division Approval	dgrimm	11/03/2015 11:50:10 AM
Department Approval	dgrimm	11/03/2015 12:04:40 PM
Contract Manager Approval	dgrimm	11/03/2015 16:00:56 PM
Budget Analyst Approval	jrodrig9	11/05/2015 10:21:34 AM
BOE Agenda Approval	jburry	11/17/2015 16:14:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17229**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AINSWORTH ASSOCIATES
Agency Code: 082	Contractor Name: AINSWORTH ASSOCIATES
Appropriation Unit: 1590-68	Address: 1420 HOLCOMB AVE SUITE 201
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-8003
If "No" please explain: Not Applicable	Contact/Phone: null916/737-6014
	Vendor No.: T27012245A
	NV Business ID: NV19751005286

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109828

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 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 for the replacement of approximately 47 fan coil units in building #6 and 40 fan coil units in building #107 at the Stewart Facility in Carson City: CIP Project No. 15-M26; SPWD Contract No. 109828.

6. NEW CONTRACT

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

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	11/02/2015 15:41:35 PM
Division Approval	dgrimm	11/02/2015 15:41:37 PM
Department Approval	dgrimm	11/02/2015 15:41:43 PM
Contract Manager Approval	dgrimm	11/02/2015 16:09:06 PM
Budget Analyst Approval	jrodrig9	11/03/2015 19:16:05 PM
BOE Agenda Approval	jburry	11/17/2015 15:51:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17241**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: FRAME ARCHITECTURE INC
Agency Code: 082	Contractor Name: FRAME ARCHITECTURE INC
Appropriation Unit: 1590-71	Address: STE B8
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-4879
If "No" please explain: Not Applicable	Contact/Phone: null775/827-9977
	Vendor No.: T29014981
	NV Business ID: NV20031302154

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109839

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 211 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new Construction Manager at Risk (CMAR) contract to provide professional architectural/engineering services for the building upgrades at the Flamingo Department of Motor Vehicles in Las Vegas: CIP Project No. 15-M29; SPWD Contract No. 109839.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$110,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	11/03/2015 14:13:25 PM
Division Approval	dgrimm	11/03/2015 14:13:28 PM
Department Approval	dgrimm	11/03/2015 14:13:30 PM
Contract Manager Approval	dgrimm	11/03/2015 15:59:32 PM
Budget Analyst Approval	jrodrig9	11/05/2015 11:30:24 AM
BOE Agenda Approval	jburry	11/17/2015 16:14:28 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16575** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **PENTA BUILDING GROUP, LLC**

Agency Code: **082** Contractor Name: **PENTA BUILDING GROUP, LLC**

Appropriation Unit: **1590-46** Address: **181 E WARM SPRING RD**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89119-4101**

If "No" please explain: **Not Applicable** Contact/Phone: **null702/614-1678**

Vendor No.: **T29025775**

NV Business ID: **NV20081225302**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

<input checked="" type="checkbox"/>	General Funds	56.00 %	Fees	0.00 %	
	Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	32.00 %	
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	12.00 %	6% Re-allocated Bond Authority transfer from Treasurer, 6% transfer from Las Vegas Mental Health

Agency Reference #: 109176

2. Contract start date:
a. Effective upon final approval? **No** or b. other effective date **05/12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2019**
Termination Date:
Contract term: **4 years and 50 days**

4. Type of contract: **Contract**
Contract description: **Owner-CMAR AGR**

5. Purpose of contract:
This is the first amendment to the original contract which provides professional Owner Construction Manager at Risk (CMAR) services for the renovation package of Building #3, Southern Nevada Adult Mental Health Services (SNAMHS); CIP Project No. 13-C08(C) and 15-C01: SPWD Contract No. 109176. This amendment increases the maximum amount of the CMAR contract from \$4,162,842 to \$5,574,448 for additional electrical, HVAC and security renovations to SNAMHS Building #3.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,162,842.00	\$0.00	\$0.00	Yes - Action
4. Amount of current amendment (#1):	\$1,411,606.30	\$1,411,606.30	\$1,411,606.30	Yes - Action

II. JUSTIFICATION

7. What conditions require that this work be done?
2013 CIP and 2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Services are provided by 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 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	11/03/2015 15:53:11 PM
Division Approval	dgrimm	11/03/2015 15:53:13 PM
Department Approval	dgrimm	11/03/2015 15:58:34 PM
Contract Manager Approval	dgrimm	11/03/2015 15:58:39 PM
Budget Analyst Approval	jrodrig9	11/05/2015 10:05:21 AM
BOE Agenda Approval	jburry	11/17/2015 16:15:29 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17179**

Agency Name: **DTCA - DIVISION OF TOURISM**
Agency Code: **101**
Appropriation Unit: **1522-43**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **AVIAREPS FRANCE**
Contractor Name: **AVIAREPS FRANCE**
Address: **122 AVENUE DES CHAMPS-ELYSEES**
City/State/Zip: **PARIS, FRANCE, 75008**
Contact/Phone: **GILLES GOSSELIN 33 1 53 4379**
Vendor No.: **F00000102**
NV Business ID: **NV20151275428**

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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.

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 **01/01/2016**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **1 year and 180 days**

4. Type of contract: **Contract**

Contract description: **Rep Office - France**

5. Purpose of contract:

This is a new contract for ongoing international representation to promote Nevada tourism in France. Services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, media planning and buying, developing foreign brochures, and quarterly progress reports.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$225,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism must develop a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The state does not have employees located in France to perform the necessary work as identified in the contract. In-country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in- country industry contacts. Being in-country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3193, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/27/2015 Anticipated re-bid date: 06/30/2019

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:

Department of Tourism and Cultural Affairs - Nevada Division of Tourism, February 2012 to present, quality of 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:

Other **Foreign Limited-Liability Company**

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	amathies	10/19/2015 15:54:15 PM
Division Approval	amathies	10/19/2015 15:54:16 PM
Department Approval	amathies	10/19/2015 15:54:18 PM
Contract Manager Approval	amathies	10/19/2015 15:54:20 PM
Budget Analyst Approval	bberry	11/06/2015 10:30:56 AM
BOE Agenda Approval	lfree1	11/10/2015 11:38:59 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17182**

Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: CANUCKIWI, LTD
Agency Code: 101	Contractor Name: CANUCKIWI, LTD
Appropriation Unit: 1522-43	Address: STE 3, 41 CLYDE RD, BROWNS BAY AUCKLAND
Is budget authority available?: Yes	City/State/Zip: NEW ZEALAND, 0630
If "No" please explain: Not Applicable	Contact/Phone: COREY MARSHALL 64-21-555463
	Vendor No.: F00000336
	NV Business ID: NV20151564947
To what State Fiscal Year(s) will the contract be charged?	2016-2017

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.

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

Agency Reference #: **RFP #3195 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date **12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **1 year and 180 days**

4. Type of contract: **Contract**

Contract description: **Rep Off - Austalia**

5. Purpose of contract:

This is a new contract for ongoing international representation to promote Nevada tourism in Australia. Services will include market briefing, media relations, development and maintenance of a foreign website, media planning and buying, developing foreign brochures and quarterly progress reports.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$255,750.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism must develop a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The state does not have employees located in Australia to perform the necessary work as identified in the contract. In-country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in-country industry contacts. Being in-country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3195, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/01/2015 Anticipated re-bid date: 06/30/2019

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	amathies	10/19/2015 15:59:12 PM
Division Approval	amathies	10/19/2015 15:59:14 PM
Department Approval	amathies	10/19/2015 15:59:16 PM
Contract Manager Approval	amathies	10/19/2015 15:59:17 PM
Budget Analyst Approval	bberry	11/06/2015 11:30:14 AM
BOE Agenda Approval	lfree1	11/10/2015 11:25:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17208**

Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: WOLF PROPAGANDA, LTDA
Agency Code: 101	Contractor Name: WOLF PROPAGANDA, LTDA
Appropriation Unit: 1522-43	Address: RUA BRAULIO GOMES N25-11 ANDAR SAO PAULO
Is budget authority available?: Yes	City/State/Zip: BRAZIL, 01047-020
If "No" please explain: Not Applicable	Contact/Phone: JASON IRVIN SCHULKE 55113159061
	Vendor No.: F00000337
	NV Business ID: NV20151627427

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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.

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

Agency Reference #: **RFP #3194 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date **12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **1 year and 180 days**

4. Type of contract: **Contract**

Contract description: **Rep Office - Brazil**

5. Purpose of contract:

This is a new contract for ongoing international representation to promote Nevada tourism in Brazil. Services will include market briefing, media relations, development and maintenance of a foreign website, media planning and buying, developing foreign brochures, and quarterly progress reports.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$187,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Tourism must develop a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The state does not have employees located in Brazil to perform the necessary work as identified in the contract. In-country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in-country industry contacts. Being in-country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at reduced cost.

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3194, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/28/2015 Anticipated re-bid date: 06/30/2019

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 **FOREIGN LIMITED-LIABILITY COPRPORATION**

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	amathies	10/27/2015 10:04:48 AM
Division Approval	amathies	10/27/2015 10:04:50 AM
Department Approval	amathies	10/27/2015 10:04:53 AM
Contract Manager Approval	amathies	11/02/2015 10:42:22 AM
Budget Analyst Approval	bberry	11/06/2015 10:08:38 AM
BOE Agenda Approval	lfree1	11/06/2015 15:48:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17190**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: Nor-Cal Battery Co
Agency Code: 180	Contractor Name: Nor-Cal Battery Co
Appropriation Unit: 1388-08	Address: 3432 D Cherokee Road
Is budget authority available?: Yes	City/State/Zip: Stockton, CA 95205
If "No" please explain: Not Applicable	Contact/Phone: Randall McRoberts 209-948-1411
	Vendor No.:
	NV Business ID: NV20151633606
To what State Fiscal Year(s) will the contract be charged?	2016-2020

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

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

Agency Reference #: **RFP #3204**

2. Contract start date:

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

Anticipated BOE meeting date **11/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **4 years and 243 days**

4. Type of contract: **Contract**

Contract description: **Battery Replacement**

5. Purpose of contract:

This is a new contract to provide replacement of existing battery systems, racks and ancillary equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$857,599.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Battery plants that power public safety communication equipment are at end-of-life and require replacement.

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

State agencies and employees do not have the staffing or expertise to perform these services

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3204 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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	csweeney	10/22/2015 13:37:57 PM
Division Approval	csweeney	10/22/2015 13:38:00 PM
Department Approval	csweeney	10/22/2015 13:38:04 PM
Contract Manager Approval	csweeney	10/22/2015 13:38:06 PM
Budget Analyst Approval	sewart	10/28/2015 10:14:46 AM
BOE Agenda Approval	jburry	11/17/2015 15:48:15 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17137**

Agency Name:	DEPARTMENT OF VETERANS SERVICES	Legal Entity Name:	OMNICARE NEVADA, LLC dba RESOURCE PHARMACY
Agency Code:	240	Contractor Name:	OMNICARE NEVADA, LLC dba RESOURCE PHARMACY
Appropriation Unit:	2561-04	Address:	1525 E SUNSET ROAD, SUITE 16
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89119
If "No" please explain:	Not Applicable	Contact/Phone:	GARY GOODMAN 702-715-2465
		Vendor No.:	T81030736
		NV Business ID:	NV20041059914

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

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 %
X Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % PRIVATE FUNDS

Agency Reference #: CETS # 13155

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2014**

Anticipated BOE meeting date 12/2015

Retroactive? **Yes**

If "Yes", please explain

NDVS, based on the information available at the time, acted under the understanding that the previous Contract (13155) with Omnicare Pharmacy had been approved for a 2-year extension. The CETS database reflected a contract end date of 05/08/2016, further renewing the understanding that the memo submitted to the vendor would suffice to initiate the 2 year-option to renew stated in the original contract.

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

Contract term: **2 years and 53 days**

4. Type of contract: **Contract**

Contract description: **Pharmacy Services**

5. Purpose of contract:

This is a new contract that continues ongoing pharmaceutical services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada State Veterans Home is responsible to provide 24-hour pharmaceutical services, which includes prescription coverage for NSVH residents.

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

The State does not have the capability to provide this service.

9. Were quotes or proposals solicited? **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?

Contractor was the highest scored in technical merits and cost factors combined.

d. Last bid date: 12/01/2011 Anticipated re-bid date: 12/31/2015

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:

Current contractor for the Nevada State Veterans Home.

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	agarland	11/19/2015 16:17:38 PM
Division Approval	agarland	11/19/2015 16:17:42 PM
Department Approval	agarland	11/19/2015 16:17:46 PM
Contract Manager Approval	mnobles	11/20/2015 08:14:54 AM
Budget Analyst Approval	dreynd2	11/25/2015 10:32:18 AM
BOE Agenda Approval	nhovden	11/25/2015 10:32:44 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



Nevada State Veterans Home
100 Veterans Memorial Drive
Boulder City, Nevada 89005
(702) 332-6784 • Fax (702) 332-6762

Department of Veterans Services
6900 N. Pecos Road, Room 1C237
North Las Vegas, Nevada 89086
(702) 224-6025 • Fax (702) 224-6927

Northern Nevada
Veterans Memorial Cemetery
P.O. Box 1919
Fernley, Nevada 89408
(775) 575-4441 • Fax (775) 575-5713

STATE OF NEVADA
NEVADA DEPARTMENT OF VETERANS SERVICES
6880 S. McCarran Blvd, Bldg A Suite 2
Reno, Nevada 89509
(775) 688-1653 • Fax (775) 688-1656

Southern Nevada
Veterans Memorial Cemetery
1900 Veterans Memorial Drive
Boulder City, Nevada 89005
(702) 486-5920 • Fax (702) 486-5923

MEMORANDUM

TO: Debi Reynolds, Budget Division

FROM: Joseph Theile, Management Analyst II

DATE: November 18, 2015

SUBJECT: Request for Retroactive Approval – Omnicare Pharmacy Contract

The Department, based on the information available at the time, acted under the understanding that the previous Contract (13155) with Omnicare Pharmacy had been approved for a 2-year extension. The CETS database reflected a contract end date of 05/08/2016, further renewing the understanding that the memo submitted to the vendor would suffice to initiate the 2 year “option to renew” stated in the original contract.

These crucial pharmaceutical services have continued under this assumption; therefore, the Department requests a retroactive approval to remain in compliance while it works with the Purchasing Division to complete a new RFP for services.

To prevent this from occurring in the future, NDVS will monitor the entries in CETS and be proactive in securing a new contract, new RFP, or amendment prior to the end of a current 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: **17166**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: EDUCATIONAL RESEARCH & TRAINING CORP
Agency Code: 300	Contractor Name: EDUCATIONAL RESEARCH & TRAINING CORP
Appropriation Unit: 2712-16	Address: 1504 13TH AVE
Is budget authority available?: Yes	City/State/Zip: GREELEY, CO 80631-4736
If "No" please explain: Not Applicable	Contact/Phone: Richard Rangel 970/356-9472
	Vendor No.: T27021215
	NV Business ID: NV20111766500

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	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 **01/01/2016**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Technical Assistance**

5. Purpose of contract:

This is a new contract which provides a web-based tutorial system, a service delivery plan for Nevada, a comprehensive needs assessment, and an evaluation of the Migrant Education Program students. The contractor will ensure the service delivery plan, the needs assessment, and the evaluation all compliment each other and will maintain a web-based certificate of eligibility system that meets federal requirements and provides an interface between the U.S. Department of Education's M-SIX data system and the Nevada Department of Education.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$282,000.00**

Payment for services will be made at the rate of \$80.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The U.S. Department of Education Migrant Education requires each state that receives Migrant Education funds to conduct a comprehensive needs assessment, develop a service delivery plan, conduct program evaluations, and use the national certificate of eligibility form. Since Nevada is a member of a migrant consortium, the state receives additional migrant education funds, but part of those funds must be used to develop the product of the consortium.

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

Educational Research and Training Corporation performs the coordination of activities for the consortium. This firm is the only organization with access to the multiple data base required to perform the activities identified in the contract. Although Nevada is a member of the consortium, no employee of the State has the ability to access these databases.

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 #: 150904

Approval Date: 09/30/2015

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

This is the only firm with access to the multiple data base required to perform the activities.

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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:

Educational Research and Training Corporation had a contract with the Nevada Department of Education (NDE) that expired on September 30, 2015. NDE has indicated that the Educational Research and Training Corporation met all requirements and deadlines of the contract.

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	mburto1	11/06/2015 16:05:50 PM
Division Approval	mburto1	11/06/2015 16:05:53 PM
Department Approval	mburto1	11/06/2015 16:05:56 PM
Contract Manager Approval	mburto1	11/06/2015 16:05:59 PM
DoIT Approval	csweeney	11/09/2015 07:21:12 AM
Budget Analyst Approval	kperondi	11/10/2015 12:31:35 PM
BOE Agenda Approval	sbrown	11/19/2015 12:34:47 PM
BOE Final Approval	Pending	

State of Nevada
 Department of Administration
 Purchasing Division
 515 E. Musser Street, Suite 300
 Carson City, NV 89701



Brian Sandoval
 Governor
 James R. Wells, CPA
 Director
 Lisa Sherych
 Interim Administrator

Purchasing Use Only:	
Approval#:	150904

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency:	Nevada Department of Education	
		<i>Contact Name and Title</i>	<i>Phone Number</i>
		<i>Email Address</i>	
		Kulwadee Axtell	(775) 687-9256
		Jonathan Gibson	(775) 687-9257
			kaxtell@doe.nv.gov
			jgibson@doe.nv.gov

Vendor Information:		
1b	Identify Vendor:	Educational Research & Training Corporation
	Contact Name:	Richard Rangel, Director
	Address:	1504 13 th Avenue Greeley, Colorado 80631
	Telephone Number:	(970) 356-9472
	Email Address:	rrangel@comcast.net

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	
	Professional Service Exemption:	X

Contract Information:			
1d	Is this a new Contract?	Yes	X
	Amendment:	#	No
	CETS:	#	

1e	Term: January 2016-December 2019			
	One (1) Time Purchase:			
	Contract:	Start Date:	January 1, 2016	End Date: December 31, 2019

Funding:		
1f	State Appropriated:	
	Federal Funds:	X
	Grant Funds:	X
	Other (Explain):	\$45,000 a year (Federal Grants) for 4 years and \$34,000 a year (MiraCORE CIG) for 3 years

1g	Total Estimated Value of this Service Contract, Amendment or Purchase: \$282,000
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2	<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p>The work to be performed will include the following: 1) Maintain and expand a web-based system that provides lessons and tutorials for Migrant students; 2) Conduct a full evaluation of the state migrant program; 3) Provide and maintain a web-based system (MAPS): to approve certificates of eligibility electronically, to identify priority for service students, to assist in evaluation of the program, and to connect with the MSIX national migrant reporting system; 4) assess the quality and accuracy of migrant student recruitment and provide guidance regarding improvements.</p>
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3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p>In order to receive Migrant Consortium Incentive funding from the U.S. Department of Education, Office of Migrant Education the Nevada Department of Education had to join a consortium. Nevada chose to become part of the MiraCORE (<u>M</u>igrant <u>r</u>eadin<u>a</u>chievement: <u>C</u>omprehensive <u>O</u>nline <u>R</u>eadin<u>g</u> Education) Consortium Incentive Grant (CIG). The consortium has developed online tutorials and electronic learning plans to be used for migrant education. In addition the consortium has developed other training and data collection systems and products. There are 12 states in the consortium. Currently, the lead state is Utah. Educational Research and Training Corporation (ERTC) has been the outside organization that has worked with the consortium since its inception in 1995 to develop materials for the states. The membership fee for this consortium is \$34,000 per year. Nevada has been a member of this consortium since 1998. As a member state participating in the Steering Committee, the committee function is to provide feedback and guidance for the Consortium activities, products, and program services. The proposed cost from ERTC of providing the evaluation, the MAPS electronic eligibility and data system, MSIX interconnection, and the assessment of recruitment for the state for 2015-2016 is \$45,000. The reason for this minimal price is that ERTC is fully familiar with these data systems and can thus obtain needed information and facilitate changes efficiently and cost effectively.</p>
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4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p>ERTC is the only organization in the United States that offers the service of coordinating the MiraCORE Consortium Grant. The evaluation could be performed by other entities but ERTC has the database that already contains much of the data related to Nevada migrant students. The Nevada MAPS program, developed by ERTC, is certified with the national MSIX system for Nevada, any other system would need to re-certify with MSIX which is costly and time consuming. Furthermore, the MAPS system includes components that no other systems contain. The cost of having another organization access the ERTC data or recreate the data already available would be prohibitive. The data required by federal government captured by this service is extensive and unique to Migrant Education Programs.</p>
---	--

5	<p>Were alternative services or commodities evaluated? Check One. Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/></p> <p>a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i></p> <p>b. <i>If not, why were alternatives not evaluated?</i></p> <p>The MiraCORE consortium is coordinated by ERTC. There is no competition for this service.</p>
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6	<p>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.</p> <p>Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/></p>
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a. *If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:*

Term Start and End Dates		Value	Short Description	Type of Procurement (RFP, RFO, Waiver)
10/1/13	12/30/15	\$158,000	\$45,000 for Migrant Program Evaluation, COE & Data Collection, MSIX Transfer, and & 34,000 for Migrant Literacy Net for SY 2013-14 and 2014-15	Waiver
09/13/11	09/12/13	\$135,500	\$78,000 for Web-based online tutorials, \$19,500 Comprehensive Needs Assessment and evaluation, and \$38,000 for COE & Data Collection	Waiver
		\$		
		\$		
		\$		

7 **What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
 The NDE would lose about \$133,333 per year of the Federal Funding for the Consortium Incentive Grant if Nevada is not able to pay the consortium fee. The NDE could also potentially lose migrant education funds totaling over \$233,735 each year of the evaluation, COE and data collection, and MSIX transfer do not comply with federal requirements. To date, the NDE does not yet have a data collection system to capture these unique data required by federal government.

8 **What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?**
 The annual consortium fee for the coordination of the MiraCORE Consortium has been negotiated between ERTC and the 12 member states. The migrant education directors of all 11 states have agreed that these costs are fair and reasonable. Nevada is a member of the steering committee for the consortium and has assisted in the development of the fees charged to member states.

9 **Will this purchase obligate the State to this vendor for future purchases? Check One.** Yes: X No:

a. *If yes, please provide details regarding future obligations or needs.*
 NDE intends to maintain or continue our relationship with this vendor as long as funding remain available

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Kubrade Artell
 Agency Representative Initiating Request

Kulwadee Axtell

Print Name of Agency Representative Initiating Request

9/24/2015

Date

[Handwritten Signature]

Signature of Agency Head Authorizing Request

Janie Lowe

Print Name of Agency Head Authorizing Request

9-24-15

Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

ENTERANSE IT SERVICES

Name of agency or entity who provided information or review:

[Handwritten Signature]

CHIEF IT MGR, PLANNER + PM

Representative Providing Review

CATHERINE D. KRUSE

Print Name of Representative Providing Review

9/28/15

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

[Handwritten Signature]
Administrator, Purchasing Division or Designee

9/30/15

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: 13742	Amendment Number: 3
Agency Name: DEPARTMENT OF EDUCATION	Legal Entity Name: LEITNER, DAVID DBA
Agency Code: 300	Contractor Name: LEITNER, DAVID DBA
Appropriation Unit: 2712-04	Address: PACIFIC RESEARCH ASSOCIATES 5201 SW WESTGATE DR STE 228
Is budget authority available?: Yes	City/State/Zip: PORTLAND, OR 97221-2427
If "No" please explain: Not Applicable	Contact/Phone: null503/297-5300
	Vendor No.: T27019822
	NV Business ID: NV20101560126

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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.

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 final approval? **No** or b. other effective date **09/11/2012**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **11/30/2015**
Contract term: **4 years and 81 days**

4. Type of contract: **Contract**
Contract description: **Reports & Evaluation**

5. Purpose of contract:
This is the third amendment to the original contract to collect the required data for the Federal Comprehensive State Performance Report for applicable Title I and Title III programs as well as evaluate the 21st Century Community Learning Center programs. This amendment extends the termination date from November 30, 2015 to November 30, 2016 and increases the amount of the contract from \$139,740 to \$189,040 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$91,440.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$48,300.00	\$48,300.00	\$48,300.00	Yes - Info
4. Amount of current amendment (#3):	\$49,300.00	\$49,300.00	\$49,300.00	Yes - Action
5. New maximum contract amount:	\$189,040.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The United States Department of Education (USDOE) requires certain data be provided as part of the Comprehensive School Performance Report, as well as an annual evaluation of 21st Century programs.

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

Due to small staff size assigned to work with Elementary and Secondary Education, the consultants who handle the programs included on this contract, also handle a minimum of three other programs as well. Due to the workload assigned to Nevada Department of Education staff, there is not enough time to complete these assignments, and no other state agency has the required background knowledge and/or expertise.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pacific Research Associates was the only vendor to submit a proposal.

d. Last bid date: 06/12/2012 Anticipated re-bid date: 11/30/2016

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:

Nevada Department of Education. The quality of service provided was satisfactory.

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

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

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
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	mburto1	10/06/2015 16:11:32 PM
Division Approval	mburto1	10/06/2015 16:11:35 PM
Department Approval	mmarti19	10/06/2015 16:49:10 PM
Contract Manager Approval	mburto1	10/06/2015 16:58:30 PM
Budget Analyst Approval	kperondi	10/12/2015 10:29:42 AM
BOE Agenda Approval	jburry	11/17/2015 15:20:42 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17242**

Agency Name:	STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name:	Next Generation Assessment LLC - DBA ACT Aspire, LLC
Agency Code:	315	Contractor Name:	Next Generation Assessment LLC - DBA ACT Aspire, LLC
Appropriation Unit:	2711-04	Address:	City Center Square 1100 5th Street, Suite 270
Is budget authority available?:	No	City/State/Zip:	Coralville, IA 52241-2915
If "No" please explain: This contract is contingent upon approval of WP# C34196.		Contact/Phone:	Darice Keating 319-248.1414
		Vendor No.:	T27036005
		NV Business ID:	NV20141049038

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2019**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **ACT Aspire Testing**

5. Purpose of contract:

This is a new contract to provide comprehensive assessments for grades third through tenth in state sponsored charter schools that will track student's proficiency and academic growth over multiple years.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,656,272.00**

Other basis for payment: School Year 2015-2016 \$20 per processed document with estimated cost increases per document for future years.

II. JUSTIFICATION

7. What conditions require that this work be done?

ACT's Aspire is complete testing system that will allow the SPCSA sponsored charter schools to track their students' academic growth and proficiency to national norms toward college and career readiness.

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 requisite testing systems to enable the State Public Charter School Authority sponsored Charter Schools to track their students' academic growth and proficiency to national norms toward college and career readiness.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 #: 151005

Approval Date: 10/29/2015

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

This is the only known vendor that aligns with the State required testing for higher grade levels.

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:

This company was previously contracted with this agency to provide the same services which were satisfactory.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	11/03/2015 14:40:31 PM
Division Approval	jhoba2	11/03/2015 14:40:35 PM
Department Approval	jhoba2	11/03/2015 14:40:39 PM
Contract Manager Approval	jhoba2	11/05/2015 09:10:26 AM
Budget Analyst Approval	tgreenam	11/09/2015 09:01:18 AM
BOE Agenda Approval	sbrown	11/13/2015 12:14:18 PM
BOE Final Approval	Pending	

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

James R. Wells, CPA
Director

Greg Smith
Administrator

Purchasing Use Only:	
Approval#:	151005

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency:	State Public Charter School Authority (SPCSA)	
	Contact Name and Title	Phone Number	Email Address
	Katie Higday, Management Analyst	775-687-9165	khigday@spcsa.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Next Generation Assessment LLC – DBA ACT Aspire, LLC
	Contact Name:	Darice Keating
	Address:	City Center Square, 1100 5 th Street, Suite 270, Coralville, IA 52241
	Telephone Number:	319-248-1414
Email Address:	Darice.keating@actaspire.org	

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	Sole Source
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	01/01/2016	End Date:

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
Other (Explain):	Sponsorship Fees	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:	
	\$1,656,272.00 total for 4 year term	

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Testing system for longitudinal data from 3rd grade through 10th grade. State assessment requirements use the standard ACT beginning with the 11th grade level. The testing includes: testing materials, reports and supporting materials, test administration support materials and appropriate support services. In the 2014-2015 school year the ACT Aspire test was given to 8th & 10th graders only, going forward, the State Public Charter School Authority board has approved testing for all students in grade levels 3rd – 10th. Projected enrollment for State Public Charter School Authority sponsored charter schools and vendor pricing is as follows: School Year 2015-2016: 14,718 enrollment at \$20 per test School Year 2016-2017: 16,760 enrollment at \$22 per test School Year 2017-2018: 18,802 enrollment at \$24 estimated per test School Year 2018-2019: 20,844 enrollment at \$26 estimated per test</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The ACT Aspire testing system is mandated by more than 35 states to improve college and work readiness of their students. The ACT test for 11th and 12th graders is mandated by the Nevada Department of Education. The ACT Aspire testing system is nationally recognized to define college and career readiness as the acquisition of the knowledge and skills a student needs to enroll and succeed in credit-bearing first-year courses at a postsecondary institution without the need for remediation. This testing system is nationally recognized for its college readiness benchmarks which admission systems at postsecondary institutions frequently use to evaluate postsecondary institution applicants. ACT Aspire assesses student readiness in English, math, reading, science, and writing. Results are used to connect student growth from grades 3 and beyond, in the context of college and career readiness. Formats incorporate multiple question types including constructed response, selected response, and technology-enhanced items to better assess student knowledge and provide more meaningful insights for student progress and achievement. The testing of 3rd through 10th graders will coordinate with future testing results on the ACT which begins at the 11th grade level.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>ACT Aspire replaces the prior PLAN and EXPLORE testing systems which have been discontinued by ACT Inc. ACT Aspire is the requested vendor as a sole source provider because of the unique alignment with the State required ACT testing for higher grade levels.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>	<i>The Department of Education has mandated the ACT test statewide to determine college and career readiness of 11th and 12th grade students. ACT provided a more long-term testing program by coordinating with testing for 3rd thru 10th grade students (ACT Aspire) to provide a more comprehensive system to track and evaluate student achievement over a period of time. The longer-term testing program of ACT Aspire is better suited to State Public Charter School Authority goals and Performance Framework standards for its sponsored Charter Schools. The State Public Charter School Authority is mandated to provide achievement assessment data, and this testing program has</i>			

been chosen. This is the only known vendor that aligns with the State required testing for higher grade levels.

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers must accompany this request.			Yes:	<input checked="" type="checkbox"/>	No:		
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>		<i>Type of Procurement (RFP, RFQ, Waiver)</i>		
	12/09/14	08/30/15	\$90,000.00	ACT Aspire testing		140904		
			\$					
			\$					

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>The ACT Aspire testing for grades 3-10 provide the charter schools with the opportunity to measure and evaluate the academic performance of their students using nationally recognized standards and benchmarks. It also measures the percentage of students meeting or exceeding standards and benchmarks, providing meaningful and compelling information about the academic readiness and growth of the students. The State Public Charter School Authority sponsored schools will not be able to provide meaningful and compelling information regarding the academic readiness and student achievement of the students.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>The State of Nevada has standardized the requirements for testing by ACT beginning at the 11th grade level. By using the ACT Aspire the assessments align throughout all stages of the student's school career.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One.			Yes:	<input checked="" type="checkbox"/>	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>						
	<i>Until such a time when another vendor may provide testing in alignment with the State identified assessments for higher grade levels the State Public Charter School Authority plans to continue services with the current vendor.</i>						

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

[Signature]
Agency Representative Initiating Request

Katie Higday
Print Name of Agency Representative Initiating Request 10/29/15
Date

Jessica Hoban for Patrick Gavin
Signature of Agency Head Authorizing Request

Patrick Gavin
Print Name of Agency Head Authorizing Request 10/29/15
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review _____
Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed: *[Signature]*
Administrator, Purchasing Division or Designee 10-29-2015
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: **13430** Amendment Number: **2**
 Agency Name: **AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **CATAMARAN**
 Agency Code: **402** Contractor Name: **CATAMARAN**
 Appropriation Unit: **3156-16** Address: **800 KING FARM BLVD FL 4**
 Is budget authority available?: **Yes** City/State/Zip: **ROCKVILLE, MD 20850-5979**
 If "No" please explain: **Not Applicable** Contact/Phone: **DORIS.KRASS@OPTUM.COM 301/548-2940**
 Vendor No.: **T81103742**
 NV Business ID: **NV19961141292**

To what State Fiscal Year(s) will the contract be charged? **2013-2016**

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 % Tobacco Funds

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **07/01/2012**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2016**
 Termination Date:
 Contract term: **4 years**

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

5. Purpose of contract:
This is the second amendment to the original contract, which provides services for Nevada two-part State Pharmaceutical Assistance Program. This amendment increases the maximum amount from \$5,100,000 to \$6,988,612 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,100,000.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
4. Amount of current amendment (#2):	\$1,888,612.00	\$1,888,612.00	\$1,888,612.00	Yes - Action

II. JUSTIFICATION

7. What conditions require that this work be done?
 The Division of Aging and Disability Services Division is responsible for the administration of a program to provide subsidies for the cost of prescription drugs, pharmaceutical services to seniors and individuals with disabilities under NRS 439.635 and 439.690.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 State employees are not authorized to perform the needed services and there is no state agency with infrastructure to operate a statewide pharmacy benefit plan.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 12/14/2011 Anticipated re-bid date: 12/14/2013

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

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

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

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

14. The contractor is 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	dbowma1	11/04/2015 11:02:36 AM
Division Approval	dbowma1	11/04/2015 11:02:41 AM
Department Approval	ecreceli	11/05/2015 15:03:22 PM
Contract Manager Approval	jpruneau	11/05/2015 15:26:42 PM
Budget Analyst Approval	knielsen	11/09/2015 14:18:28 PM
BOE Agenda Approval	nhovden	11/10/2015 09:03:39 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17184**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Lincoln County
Agency Code: 403	Contractor Name: Lincoln County
Appropriation Unit: 3243-00	Address: PO Box 539
Is budget authority available?: Yes	City/State/Zip: Pioche, NV 89043
If "No" please explain: Not Applicable	Contact/Phone: Elaine Zimmerman 775-962-8058
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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.

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 **07/01/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.

3. Termination Date: **06/30/2017**

Contract term: **2 years**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new interlocal revenue agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$237,587.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support, and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The county match program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the county match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one ore more public agency to contract with another public agency to perform governmental functions.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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 contractor has been engaged under contract with DHCFP for several years and 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	aree2	10/20/2015 11:21:39 AM
Division Approval	trooker	10/21/2015 10:06:35 AM
Department Approval	ecreceli	10/28/2015 11:56:58 AM
Contract Manager Approval	aree2	11/03/2015 11:52:04 AM
Budget Analyst Approval	dreynol2	11/06/2015 09:59:01 AM
BOE Agenda Approval	nhovden	11/06/2015 16:23:40 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

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

Richard Whitley
Director

Marta Jensen
Acting Administrator

MEMORANDUM

Date: October 20, 2015
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Lincoln County Match

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2015. The contract requires a retroactive start date to allow the State to collect revenue from Lincoln County for the non-federal share of medical care of indigent persons. This contract was delayed due to negotiations between the Counties and the State.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17185**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Lyon County Human Services
Agency Code:	403	Contractor Name:	Lyon County Human Services
Appropriation Unit:	3243-00	Address:	PO Box 1141
Is budget authority available?:	Yes	City/State/Zip:	Silver Springs, NV 89429
If "No" please explain:	Not Applicable	Contact/Phone:	null775-577-5009
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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.

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 **07/01/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.

3. Termination Date: **06/30/2017**

Contract term: **2 years**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new interlocal revenue agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,606,512.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support, and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The county match program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the county match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one ore more public agency to contract with another public agency to perform governmental functions.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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 contractor has been engaged under contract with DHC FP for several years and 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	aree2	10/20/2015 11:32:32 AM
Division Approval	trooker	10/21/2015 10:04:44 AM
Department Approval	ecreceli	10/28/2015 11:55:49 AM
Contract Manager Approval	aree2	11/03/2015 11:52:46 AM
Budget Analyst Approval	dreynol2	11/06/2015 09:53:06 AM
BOE Agenda Approval	nhovden	11/06/2015 16:41:42 PM
BOE Final Approval	Pending	



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

Richard Whitley
Director

Marta Jensen
Acting Administrator

MEMORANDUM

Date: October 20, 2015
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Lyon County Match

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2015. The contract requires a retroactive start date to allow the State to collect revenue from Lyon County for the non-federal share of medical care of indigent persons. This contract was delayed due to negotiations between the Counties and the State.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17186**Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY**Agency Code: **403**Appropriation Unit: **3243-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Nye County Health and Human Services

Contractor Name: **Nye County Health and Human Services**Address: **250 N Hwy 160 STE 4**City/State/Zip: **Pahrump, NV 89060**

Contact/Phone: null775-751-7095

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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.

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 **07/01/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.3. Termination Date: **06/30/2017**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **County Match**

5. Purpose of contract:

This is a new interlocal revenue agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,014,134.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support, and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The county match program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the county match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

NRS 277.180 authorizes one ore more public agency to contract with another public agency to perform governmental functions.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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 contractor has been engaged under contract with DHC FP for several years and 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	aree2	10/20/2015 11:49:19 AM
Division Approval	trooker	10/21/2015 10:07:51 AM
Department Approval	ecreceli	10/28/2015 11:56:32 AM
Contract Manager Approval	aree2	11/03/2015 11:51:19 AM
Budget Analyst Approval	dreynol2	11/06/2015 09:45:35 AM
BOE Agenda Approval	nhovden	11/06/2015 16:22:29 PM
BOE Final Approval	Pending	



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

Richard Whitley
Director

Marta Jensen
Acting Administrator

MEMORANDUM

Date: October 20, 2015
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Nye County Match

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2015. The contract requires a retroactive start date to allow the State to collect revenue from Nye County for the non-federal share of medical care of indigent persons. This contract was delayed due to negotiations between the Counties and the State.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 15082	Amendment Number: 1
Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: A'viands, LLC.
Agency Code: 406	Contractor Name: A'viands, LLC.
Appropriation Unit: 3162-16	Address: 1751 County Rd B West, Ste 300
Is budget authority available?: Yes	City/State/Zip: ROSEVILLE, MN 55113
If "No" please explain: Not Applicable	Contact/Phone: Ron Villani 651-203-3247
	Vendor No.: T32002580
	NV Business ID: NV2012157227
To what State Fiscal Year(s) will the contract be charged?	2014-2018

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

<input checked="" type="checkbox"/>	General Funds	37.00 %	Fees	0.00 %
<input type="checkbox"/>	Federal Funds	0.00 %	Bonds	0.00 %
<input type="checkbox"/>	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	63.00 % Transfer from LCC and NNCAS

Agency Reference #: C14226 (RFP3074)

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **01/01/2014**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2015**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Food services**

5. Purpose of contract:

This is the first amendment to the original contract, which provides food management services to Northern Nevada Adult Mental Health Services (NNAMHS), Lake's Crossing Center and Northern Nevada Child and Adolescent Services, all located on the NNAMHS campus in Sparks. This amendment extends the termination date from December 31, 2015 to December 31, 2017, increases the maximum amount from \$2,500,000 to \$5,000,000 due to the continued need for these services and amends specific language.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,500,000.00	\$0.00	\$0.00	Yes - Action
4. Amount of current amendment (#1):	\$2,500,000.00	\$2,500,000.00	\$2,500,000.00	Yes - Action
5. New maximum contract amount:	\$5,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide nutritionally adequate and attractive meals adapted to meet the needs and preferences of individuals in residence at NNAMHS, LCC and NNCAS.

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

The Agency has neither the staff nor budget to perform these duties.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3074, and in accordance with NRS 333, the selected vendor was the highest scoring bidder, as determined by an independently appointed evaluation committee, and represented the best value to the state.

d. Last bid date: 08/01/2009 Anticipated re-bid date: 08/01/2017

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:

From 1/1/14 to present - 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	alaw1	11/04/2015 14:56:42 PM
Division Approval	alaw1	11/04/2015 14:56:44 PM
Department Approval	ecreceli	11/05/2015 15:31:38 PM
Contract Manager Approval	rmorse	11/06/2015 12:09:48 PM
Budget Analyst Approval	nhovden	11/10/2015 17:26:21 PM
BOE Agenda Approval	nhovden	11/10/2015 17:26:26 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17165**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: BOARD OF REGENTS-UNIVERSITY OF NEVADA SCHOOL OF MEDICINE
Agency Code: 406	Contractor Name: BOARD OF REGENTS-UNIVERSITY OF NEVADA SCHOOL OF MEDICINE
Appropriation Unit: 3648-08	Address: 1664 N. Virginia Street MAIL STOP 0332
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89557-0332
If "No" please explain: Not Applicable	Contact/Phone: null775/784-6001
	Vendor No.: D35000816
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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

Agency Reference #: **C 15095**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **12/2015**

Retroactive? **Yes**

If "Yes", please explain

These agreements were delayed due to the many negotiations between UNSOM & RCHS, NNAMHS & SNAMHS combining all bureaus and services on one contract. It was finally agreed that each bureau would negotiate their own contract with their separate services.

3. Termination Date: **06/30/2017**

Contract term: **2 years**

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

Contract description: **Child Psych Tele-med**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing psychiatric telemedicine services from University of Nevada School of Medicine (UNSOM) Child and Adolescent Fellows. UNSOM faculty and fellows will be in compliance with the Joint Commission standards for medical staff providing telemedicine services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$102,840.32**

Payment for services will be made at the rate of \$51,420.16 per SFY

II. JUSTIFICATION

7. What conditions require that this work be done?

Psychiatric telemedicine services will provide much needed services reaching into rural communities throughout the State of Nevada.

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

This Inter-local contract is being performed by state employees from another state agency.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This state agency was chosen because the University of Reno, School of Medicine meets all the requirements to perform these services.

No indirect rate was charged pertaining to this agreement.

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:

Frequently - 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	alaw1	10/13/2015 09:18:58 AM
Division Approval	alaw1	10/13/2015 09:19:00 AM
Department Approval	ecreceli	10/22/2015 10:33:14 AM
Contract Manager Approval	rmorse	10/26/2015 08:46:19 AM
Budget Analyst Approval	nhovden	11/02/2015 17:10:35 PM
BOE Agenda Approval	nhovden	11/02/2015 17:11:03 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

STATE OF NEVADA

CODY L. PHINNEY, MPH
Administrator

RICHARD WHITLEY, MS
Director



TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300
Carson City, NV 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4211

October 13, 2015

MEMORANDUM

TO: Katrina Nielsen
Budget Analyst
Budget Division

THROUGH: Mark Winebarger *WW*
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Kathryn Baughman,
Agency Director
RCHS

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – (CETS #17165)

This memorandum requests that the following Interlocal Contract (C15095) be approved for a retroactive start date effective July 1, 2015. These agreements were delayed due to the many negotiations between UNSOM & RCHS, NNAMHS & SNAMHS combining all bureaus and services on one contract. It was finally agreed that each bureau would negotiate their own contract with their separate services. The negotiations included Dr. Leon Ravin, Medical Program Coordinator for NV Mental Health who oversees all bureaus.

RCHS will implement the following to prevent future retroactive requests:

- Since the decision has been made to keep the contracts separate from other bureaus that RCHS start negotiations with UNSOM 3 months before the end of the fiscal year to allow enough time to negotiate all the details from both parties.

If you have any questions, please contact Greg Kitchingman at (775) 688-2068 or gkitchingman@health.nv.gov

Thank you for your consideration in this matter.

CC: Rick Morse, Management Analyst II
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15298** Amendment Number: **2**
 Agency Name: **DHHS - WELFARE AND SUPPORT SERVICES** Legal Entity Name: **CHANGE AND INNOVATION AGENCY**
 Agency Code: **407** Contractor Name: **CHANGE AND INNOVATION AGENCY**
 Appropriation Unit: **3233-26** Address: **LLC**
 Is budget authority available?: **Yes** City/State/Zip: **8908 N GLENWOOD AVE KANSAS CITY, MO 64157-7889**
 If "No" please explain: **Not Applicable** Contact/Phone: **null573/230-7470**
 Vendor No.: **T32002127**
 NV Business ID: **NV20121733603**
 To what State Fiscal Year(s) will the contract be charged? **2014-2018**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	30.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	70.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP#3038**

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **03/11/2014**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2018**
 Contract term: **4 years and 112 days**

4. Type of contract: **Contract**
 Contract description: **Lobby Management**

5. Purpose of contract:
This is the second amendment to the original contract, which provides a lobby management system in eight additional district offices (anticipated to be Las Vegas - Lewis, Cambridge and Decatur; Elko/Ely, Pahrump, Community Assistance Center, Yerington, and Winnemucca), and the training facilities located in the north and the south. This amendment increases the maximum amount from \$765,400 to \$1,302,500 as stated in the revised Attachment AA - Negotiated Cost Summary.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$760,000.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$5,400.00	\$5,400.00	\$5,400.00	No
4. Amount of current amendment (#2):	\$537,100.00	\$537,100.00	\$537,100.00	Yes - Action

II. JUSTIFICATION

7. What conditions require that this work be done?
The implementation of a lobby management system is essential for streamlining service process, increasing client satisfaction, and enhancing the productivity of DWSS District Office employees.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
State employees do not have the resources or expertise to provide this service.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3038, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/26/2013 Anticipated re-bid date: 06/01/2017

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor is currently under contract with DWSS. Quality of 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	tdufresn	10/15/2015 12:59:23 PM
Division Approval	tdufresn	10/29/2015 08:35:20 AM
Department Approval	ecreceli	11/02/2015 10:45:39 AM
Contract Manager Approval	sjon23	11/02/2015 15:48:47 PM
DoIT Approval	csweeney	11/04/2015 07:36:06 AM
Budget Analyst Approval	nhovden	11/05/2015 14:56:16 PM
BOE Agenda Approval	nhovden	11/05/2015 14:56:24 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 15347	Amendment Number: 3
Agency Name: DHHS - WELFARE AND SUPPORT SERVICES	Legal Entity Name: MAXIMUS HUMAN SERVICES
Agency Code: 407	Contractor Name: MAXIMUS HUMAN SERVICES
Appropriation Unit: 3238-26	Address: 1891 Metro Center Drive
Is budget authority available?: Yes	City/State/Zip: RESTON, VA 20190
If "No" please explain: Not Applicable	Contact/Phone: null703/251-8500
	Vendor No.: T32002765
	NV Business ID: NV20091030881

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

Agency Reference #: **RFP #2055**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/08/2014**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 84 days**

4. Type of contract: **Contract**

Contract description: **Feasibility Study**

5. Purpose of contract:

This is the third amendment to the original contract, which provides a feasibility study for the modernization and/or replacement of the Child Support Enforcement Program (CSEP) computer system application that processes CSEP claims related to Nevada's citizens entitled to child support. This amendment increases the maximum amount from \$1,812,295 to \$2,041,739, revises the incorporated documents language by incorporating Attachment GG: Statement of Work - Feasibility Study Completion, and revises Attachment AA - Deliverable Payment Schedule.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,000,000.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$812,295.00	\$812,295.00	\$812,295.00	Yes - Action
4. Amount of current amendment (#3):	\$229,444.00	\$229,444.00	\$229,444.00	Yes - Action

II. JUSTIFICATION

7. What conditions require that this work be done?

Division of Welfare and Supportive Services (DWSS) requires automated computer systems to process CSEP claims related to Nevada's citizens entitled to child support. These systems are in need of modernization to better satisfy Federal and State processing mandates, upgrading of aging software architectures, and offsetting and avoiding expensive future maintenance costs.

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 time or resources.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #2055, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/04/2013 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory service.

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	ewatson	10/23/2015 13:35:39 PM
Division Approval	tdufresn	10/29/2015 14:03:15 PM
Department Approval	ecreceli	11/02/2015 10:36:51 AM
Contract Manager Approval	sjon23	11/02/2015 15:49:02 PM
DoIT Approval	csweeney	11/04/2015 07:36:52 AM
Budget Analyst Approval	nhovden	11/05/2015 15:15:10 PM
BOE Agenda Approval	nhovden	11/05/2015 15:15:15 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17159**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
Agency Code: 550	Contractor Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
Appropriation Unit: 4545-22	Address: 42 LONGWATER DR
Is budget authority available?: No	City/State/Zip: NORWELL, MA 02061
If "No" please explain: This contract is not to exceed \$180,000 over four years. The average annual spending for these services is \$27,027. Authorized amount in category 22 is \$35,610 for FY16 and FY17. If expenditures exceed authorization a Work Program will transfer authorization from category 14 to category 22. Both categories are currently funded from the Federal EPA Cooperative Agreement.	Contact/Phone: Garry Gray 775/331-9400
	Vendor No.: T27000924
	NV Business ID: NV20021375471

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

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

Agency Reference #: **RFP #3200 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date **12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract to provide services for collecting, removing, and disposing of unwanted pesticides from industrial and homeowner users. Services will be provided in accordance with local, state and federal hazardous waste disposal requirements.

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?

NRS 586.270 allows the department to collect a fee for the disposal of pesticides.

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

Department employees are not properly equipped or trained to perform this work. Also, it would not be cost effective. No other state agencies provides this service.

9. Were quotes or proposals solicited?

Yes

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3200, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/03/2015 Anticipated re-bid date: 07/01/2019

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:

Nevada Department of Transportation - 08/14/09-08/14/12
Nevada Army National Guard - 03/04/08-Present
Nevada Department of Agriculture - 07/03/07-Present

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	mwhitney	10/09/2015 14:14:23 PM
Division Approval	mwhitney	10/09/2015 14:14:27 PM
Department Approval	mwhitney	10/09/2015 14:14:31 PM
Contract Manager Approval	mwhitney	11/06/2015 12:57:46 PM
Budget Analyst Approval	hfield	11/09/2015 10:19:24 AM
BOE Agenda Approval	sewart	11/09/2015 14:26:56 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17168**

Agency Name: COLORADO RIVER COMMISSION	Legal Entity Name: ELECTRIC RESOURCES STRATEGIES, INC.
Agency Code: 690	Contractor Name: ELECTRIC RESOURCES STRATEGIES, INC.
Appropriation Unit: 4490-04	Address: 2502 CEMETERY LN
Is budget authority available?: Yes	City/State/Zip: COUNCIL, ID 83612
If "No" please explain: Not Applicable	Contact/Phone: Charles Reinhold 208/253-6916
	Vendor No.: T27009512
	NV Business ID: NV20151489972

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Power Administrative/Revenue Charges

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**

Contract term: **2 years and 211 days**

4. Type of contract: **Contract**

Contract description: **Charlie Reinhold**

5. Purpose of contract:

This is a new contract to provide engineering review and oversight of the United States Bureau of Reclamation (USBR) and Western Area Power Administration's (WAPA) hydropower generation projects on behalf of the commission as a contractor. This review includes an analysis of the engineering justifications presented by USBR and WAPA related to the required ten year plans, operational forecasts, federal regulations and commission rights and obligations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

Payment for services will be made at the rate of \$150.00 per Hour

Other basis for payment: Travel time to be at \$75/hour.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Commission's statutory mandate under NRS 538.161 requires the agency to represent and act for the State in relation to electric power resources. The Commission, on behalf of the State, receives federal hydropower from a number of facilities on the Colorado River. The power contracts under which the agency receives hydropower provide for participation in the development of plans, programs, budgets and other items related to the generation and delivery of that power. The Commission requires assistance related to the engineering and technical review and evaluation of these items.

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

The agency lacks the required engineering expertise needed for the technical review of Federal work plans and operational programs of the hydropower facilities.

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?

Specific expertise in federal hydropower contracts, operations, planning and engineering and past experience with the agency.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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:

Engaged by the Commission to do similar work in the past.

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	dbeatty	10/13/2015 11:16:33 AM
Division Approval	dbeatty	10/13/2015 11:16:36 AM
Department Approval	dbeatty	10/13/2015 11:16:40 AM
Contract Manager Approval	jsalo	10/15/2015 14:29:59 PM
Budget Analyst Approval	sewart	11/04/2015 13:14:34 PM
BOE Agenda Approval	sewart	11/04/2015 13:14:43 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 15176	Amendment Number: 3	
	Legal Entity Name: Environmental Incentives, LLC	
Agency Name: DCNR - CONSERVATION & NATURAL RESOURCES	Contractor Name: Environmental Incentives, LLC	
Agency Code: 700	Address: 3351 Lake Tahoe Boulevard, Suite 2	
Appropriation Unit: 4156-13	City/State/Zip: South Lake Tahoe, CA 96150	
Is budget authority available?: Yes	Contact/Phone: Jeremy Sokulsky 530-541-2980	
If "No" please explain: Not Applicable	Vendor No.: T27025311	
	NV Business ID: NV20101203250	

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

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

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

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **12/03/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2015**

Contract term: **4 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Conservation Credit**

5. Purpose of contract:

This is the third amendment to the original contract, which creates the Greater Sage-Grouse Conservation Credit System for the State of Nevada. This amendment extends the termination date from December 31, 2015 to December 31, 2017 and increases the maximum amount from \$615,750 to \$999,029 to continue build out and implementation of the Conservation Credit System.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$449,861.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$165,889.00	\$165,889.00	\$165,889.00	Yes - Action
4. Amount of current amendment (#3):	\$383,279.00	\$383,279.00	\$383,279.00	Yes - Action
5. New maximum contract amount:	\$999,029.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Legislatively approved 2013 session for creation of the Greater Sage-Grouse Conservation Credit System for the State of Nevada.

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

The State does not have the expertise or knowledge to perform this project.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3092, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/07/2013 Anticipated re-bid date: 06/01/2017

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:

October 2011- ongoing
Nevada Division of Environmental Protection
Quality of 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 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	kwilliam	11/02/2015 16:08:20 PM
Division Approval	kwilliam	11/02/2015 16:08:22 PM
Department Approval	kwilliam	11/02/2015 16:08:25 PM
Contract Manager Approval	kwilliam	11/02/2015 16:09:48 PM
Budget Analyst Approval	sbarkdul	11/06/2015 12:51:39 PM
BOE Agenda Approval	sewart	11/06/2015 13:14:58 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17118	Amendment Number: 1
Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: BASIN ENGINEERING
Agency Code: 702	Contractor Name: BASIN ENGINEERING
Appropriation Unit: 1511-91	Address: 1070 E AULTMAN ST
Is budget authority available?: Yes	City/State/Zip: ELY, NV 89301-2507
If "No" please explain: Not Applicable	Contact/Phone: null775/289-9800
	Vendor No.: T29030781
	NV Business ID: NV20101133074

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	75.00 %	X Bonds	25.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 16-20

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **10/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Basin Eng. Statewide**

5. Purpose of contract:

This is the first amendment to the original contract, which provides civil engineering and surveying services statewide. This amendment increases the maximum amount from \$49,999 to \$149,999 due to an increase in volume of work at Comins Lake boat launch.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,999.00	\$0.00	\$49,999.00	Yes - Info
4. Amount of current amendment (#1):	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action

II. JUSTIFICATION

7. What conditions require that this work be done?

Civil engineering services are needed for construction projects for new and aging department facilities.

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

Requires specialized knowledge and surveying equipment. Proximity to the project are not cost effective.

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

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	dwendell	11/04/2015 09:58:51 AM
Division Approval	dwendell	11/04/2015 09:58:54 AM
Department Approval	kdailey	11/04/2015 10:35:55 AM
Contract Manager Approval	kdailey	11/04/2015 10:36:16 AM
Budget Analyst Approval	sbarkdul	11/04/2015 13:00:11 PM
BOE Agenda Approval	sewart	11/06/2015 12:56:05 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17231**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4462 - All Categories**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Probis, LTD.**
Contractor Name: **Probis, LTD.**
Address: **Neon Agency
1250 Bell Street
Reno, NV 89509**
City/State/Zip: **Reno, NV 89509**
Contact/Phone: **null775-737-9512**
Vendor No.: **T27035381**
NV Business ID: **NV20111493555**

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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.

<input checked="" type="checkbox"/>	General Funds	23.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	77.00 % Sportsmans Revenue

Agency Reference #: 16-26

2. Contract start date:

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

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **1 year and 211 days**

4. Type of contract: **Contract**

Contract description: **Probis Video**

5. Purpose of contract:

This is a new contract to provide video production to complete a series of videos for general wildlife education, urban wildlife education and other species purposes.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$95,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Legislature approved several decision units in multiple budget accounts requiring outreach for urban wildlife conflict.

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

The agency does not have an employee with professional video production skills.

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?

The vendor chosen has previous work experience that is similar to the work we are looking for.

d. Last bid date: 10/21/2015 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	dwendell	11/02/2015 16:59:21 PM
Division Approval	dwendell	11/02/2015 16:59:23 PM
Department Approval	eobrien	11/03/2015 08:39:05 AM
Contract Manager Approval	dwendell	11/03/2015 08:41:52 AM
Budget Analyst Approval	sbarkdul	11/09/2015 10:01:59 AM
BOE Agenda Approval	sewart	11/09/2015 10:16:34 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: **17144**

Agency Name:	DETR - REHABILITATION DIVISION	Legal Entity Name:	BOARD OF REGENTS-UNLV
Agency Code:	901	Contractor Name:	BOARD OF REGENTS-UNLV
Appropriation Unit:	3265-09	Address:	UNLV OFFICE OF CONTROLLER 4505 MARYLAND PKWY MS 1005
Is budget authority available?:	No	City/State/Zip:	LAS VEGAS, NV 89154-1005
If "No" please explain: Final approval of this contract is pending approval of an Interim Finance Committee work program SFY16 #C34120 & SFY17 #C34231.		Contact/Phone:	null702/895-1142

Vendor No.: D35000813
NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 2032-19-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **3 years and 180 days**4. Type of contract: **Interlocal Agreement**Contract description: **UNLV-CareerConnect**

5. Purpose of contract:

This is a new interlocal agreement to provide vocational rehabilitation services to students with disabilities and help them acquire the academic preparation and job skills necessary to successfully obtain employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,092,382.00**

Other basis for payment: University of Nevada Las Vegas agrees to provide the services set forth at a cost not to exceed the amount indicated per State Fiscal Year (SFY): SFY16- \$159,604; SFY17- \$302,818; SFY18- \$313,202 and SFY19- \$316,758. University of Nevada Las Vegas will submit a list of certified expenditures, no later than the 20th of the month following when the expenditures were incurred, as outlined in paragraph (6). The Division will draw Section 110 Federal Funds based on the certified expenditures as outlined in Attachment B ¿ Program Fiscal Process. Only expenditures made after the effective date of this contract will be considered for reimbursement. Earned federal funds must be spent in the State Fiscal Year they were earned; funds cannot be carried into the next fiscal year. Total amount will not exceed \$1,092,382 for the term of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

Cooperation and coordination of services between the Vocational Rehabilitation and students with disabilities is a high priority focus by the Rehabilitation Services Administration, US Department of Education to better serve high school students with disabilities.

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

The Division does not have the staff or the funding to perform these services.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Intrastate Interlocal agreement - In accordance with NRS 277.180, the Agency has contracted with the UNLV - School Dental Medicine to provide reasonable dental work for Rehab clients.

Cooperative Agency budget, University of Nevada Las Vegas, Disability Resource Center has an indirect cost of 4.10%

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 vendor has been performing satisfactory service for the Division since 2003.

- 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	khawkin1	10/07/2015 16:05:55 PM
Division Approval	mmason	10/20/2015 14:09:16 PM
Department Approval	mcost1	10/28/2015 10:39:02 AM
Contract Manager Approval	kwynands	10/29/2015 08:52:13 AM
Budget Analyst Approval	tgreenam	11/03/2015 08:02:32 AM
BOE Agenda Approval	sbrown	11/13/2015 12:20:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17188**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	McDonald Carano and Wilson, LLP
Agency Code:	BDC	Contractor Name:	McDonald Carano and Wilson, LLP
Appropriation Unit:	B026 - All Categories	Address:	100 W. Liberty, 12th Floor P.O. Box 2670
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89501
If "No" please explain:	Not Applicable	Contact/Phone:	Susan JohnsonNV 775-788-2000
		Vendor No.:	T81073509
		NV Business ID:	NV1996100027

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

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

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

Agency Reference #: 2015-02

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2017**Contract term: **2 years**4. Type of contract: **Provider Agreement**Contract description: **Legislative Advice**

5. Purpose of contract:

This is new contract to obtain legislative advice, counsel, representation, and assistance.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$63,000.00**

Other basis for payment: \$2,500 per month for January through December 2016; \$3,000 per month for January through June 2017; \$2,500 per month for July through December 2017.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires legislative advice, counsel, assistance, reporting, representation, and lobbying services for the legislative interim and the 2017 legislative session.

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

No employee with necessary time, knowledge, or skills.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Best combination of experience, expertise, and price to meet the Board's present needs.

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:

LLP

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	55443282	10/28/2015 14:13:07 PM
Division Approval	55443282	10/28/2015 14:13:10 PM
Department Approval	55443282	10/28/2015 14:13:13 PM
Contract Manager Approval	55443282	10/28/2015 14:13:16 PM
Budget Analyst Approval	lfree1	11/06/2015 16:35:09 PM
BOE Agenda Approval	lfree1	11/19/2015 11:07:09 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17255**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Enterprise Leasing Company - West LLC
Agency Code: MSA	Contractor Name: Enterprise Leasing Company - West LLC
Appropriation Unit: 9999 - All Categories	Address: 6855 Bermuda Rd
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 63105
If "No" please explain: Not Applicable	Contact/Phone: Marissa L. Birch 702-597-4560
	Vendor No.:
	NV Business ID: NV20091258029

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

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

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

Agency Reference #: RFP 18500 - MT

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/18/2017**

Contract term: **1 year and 290 days**

4. Type of contract: **MSA**

Contract description: **Vehicle Rental**

5. Purpose of contract:

This is a new Participating Addendum to the NASPO ValuePoint contract to provide nationwide vehicle rental services for travelers from State of Nevada agencies and the state's political subdivisions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,000.00**

Other basis for payment: Varies per vehicle type

II. JUSTIFICATION

7. What conditions require that this work be done?

Passenger vehicles may be required for employees traveling out of state, or when the State of Nevada Fleet Services does not have sufficient vehicles available for in-State travel.

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

The State of Nevada Fleet Services has a limited number of vehicles available for employee travel. For out-of-State travel there are no State facilities or vehicles available.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Services and cost were determined by the NASPO (Western States Contracting Alliance -WSCA) evaluation committee.

d. Last bid date: 07/06/2009 Anticipated re-bid date: 01/02/2017

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:

Current vendor since April 2010 - satisfactory

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	11/03/2015 17:07:22 PM
Division Approval	ldeloach	11/03/2015 17:07:25 PM
Department Approval	ldeloach	11/03/2015 17:07:32 PM
Contract Manager Approval	mtroesch	11/03/2015 17:18:08 PM
Budget Analyst Approval	amccalla	11/09/2015 14:29:56 PM
BOE Agenda Approval	lfree1	11/12/2015 09:05:37 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17139**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SIGN LANGUAGE COMMUNICATION
Agency Code: MSA	Contractor Name: SIGN LANGUAGE COMMUNICATION
Appropriation Unit: 9999 - All Categories	Address: SERVICES INC
Is budget authority available?: Yes	2251 N RAMPART BLVD STE 326
If "No" please explain: Not Applicable	LAS VEGAS, NV 89128-7640
	Contact/Phone: Kerry Ruiz 702/396-7730
	Vendor No.: T81105128
	NV Business ID: NV19981297718

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: **RFQ 3128 MT**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/11/2015**

Anticipated BOE meeting date **11/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2019**

Contract term: **3 years and 201 days**

4. Type of contract: **MSA**

Contract description: **Sign Language Interp**

5. Purpose of contract:

This is a new contract to provide in-person sign language translation and interpretive services for deaf and hard-of-hearing persons.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Payment for services will be made at the rate of \$80.00 per hour, 2-hr minimum

II. JUSTIFICATION

7. What conditions require that this work be done?

People who are deaf or hard of hearing often request interpreters as an accommodation under the Americans with Disabilities Act (ADA) in order to access services and/or to attend public meetings.

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

No class specification or staff position currently exists in State government 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?

Pursuant to RFQ #3128 and in accordance with NRS 333, the selected vendor meets all the qualifications of this solicitation as determined by an independently appointed evaluation committee.

d. Last bid date: 09/12/2014 Anticipated re-bid date: 10/15/2018

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	ldeloach	10/05/2015 13:01:02 PM
Division Approval	ldeloach	10/05/2015 13:01:04 PM
Department Approval	ldeloach	10/05/2015 13:01:07 PM
Contract Manager Approval	mtroesch	10/05/2015 13:17:15 PM
Budget Analyst Approval	amccalla	10/08/2015 09:02:19 AM
BOE Agenda Approval	jburry	10/20/2015 17:04:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17206**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: The Hertz Corporation
Agency Code: MSA	Contractor Name: The Hertz Corporation
Appropriation Unit: 9999 - All Categories	Address: 225 Brae Boulevard
Is budget authority available?: Yes	City/State/Zip: Park Ridge, NJ 07656
If "No" please explain: Not Applicable	Contact/Phone: Scott Crawley 804-475-2771
	Vendor No.: T40945800
	NV Business ID: NV19671000536

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

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

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

Agency Reference #: **RFP 1800 - MT**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date **12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/18/2017**

Contract term: **1 year and 290 days**

4. Type of contract: **MSA**

Contract description: **Vehicle Rental**

5. Purpose of contract:

This is a new Participating Addendum to the NASPO ValuePoint contract to provide nationwide vehicle rental services for travelers from State of Nevada agencies and its political subdivisions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: **Varies per vehicle type**

II. JUSTIFICATION

7. What conditions require that this work be done?

Passenger vehicles may be required for employees traveling out of state, or when the State of Nevada Fleet Services does not have sufficient vehicles available for in-State travel.

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

The State of Nevada Fleet Services has a limited number of vehicles available for employee travel. For out-of-State travel there are no State facilities or vehicles available.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Decisions regarding services and cost were determined by the NASPO (Western States Contracting Alliance -WSCA) evaluation committee.

d. Last bid date: 07/06/2009 Anticipated re-bid date: 01/02/2017

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 Hertz Corporation is a current vendor for these services since April 13, 2010.

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	ktarter	11/03/2015 16:52:07 PM
Division Approval	ktarter	11/03/2015 16:52:10 PM
Department Approval	ktarter	11/03/2015 16:52:13 PM
Contract Manager Approval	mtroesch	11/03/2015 17:16:56 PM
Budget Analyst Approval	amccalla	11/09/2015 14:31:44 PM
BOE Agenda Approval	lfree1	11/12/2015 09:01:26 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17101**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CASHMAN EQUIPMENT
Agency Code: 082	Contractor Name: CASHMAN EQUIPMENT
Appropriation Unit: 1349-12	Address: 3300 SAINT ROSE PKWY
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89052-3985
If "No" please explain: Not Applicable	Contact/Phone: null702/633-4606
	Vendor No.: PUR0000249
	NV Business ID: NV19601000406

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

General Funds	0.00 %	X	Fees	100.00 % Building and Grounds rental 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 **10/28/2015**

Anticipated BOE meeting date 11/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **3 years and 338 days**

4. Type of contract: **Contract**

Contract description: **Equipment Maint**

5. Purpose of contract:

This is a new contract that provides ongoing maintenance, inspection, and repair services for the automatic transfer switches, generators and fire pumps for state owned facilities throughout Southern Nevada at the request and approval of Buildings and Grounds.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,120.00**

Other basis for payment: see Attachment CC for rates; extra services is \$20,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

Generators in state buildings need to remain in good working order for the safety of employees and the public.

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

Repair of generators requires expertise that is beyond maintenance and manpower of Buildings and Grounds.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

only company to respond to bid request

d. Last bid date: 08/01/2015 Anticipated re-bid date: 08/01/2019

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:

Buildings and Grounds from 1999 to date 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	csweeney	10/26/2015 11:47:19 AM
Division Approval	csweeney	10/26/2015 11:47:24 AM
Department Approval	csweeney	10/26/2015 11:47:27 AM
Contract Manager Approval	ssands	10/26/2015 11:50:51 AM
Budget Analyst Approval	jrodrig9	10/28/2015 17:04:18 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17153**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JCRNO, INC.
Agency Code: 082	Contractor Name: JCRNO, INC.
Appropriation Unit: 1349-12	Address: 155 GLENDALE AVE #1
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: ZACK DUNNAM 775-323-1600
	Vendor No.: T27037053
	NV Business ID: NV20151308003

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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.

General Funds	0.00 %	X	Fees	100.00 % BUILDINGS AND GROUNDS RENTAL 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 **10/01/2015**

Anticipated BOE meeting date null/null

Retroactive? **Yes**

If "Yes", please explain

The delay in processing the new contract was due to contract expiring while waiting for next BOE meeting.

3. Termination Date: **09/30/2016**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **JANITORIAL SERVICES**

5. Purpose of contract:

This is a new contract that provides ongoing janitorial services for the Stewart Facility, building number 107 located at 5500 Snyder, Carson City, NV.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,508.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings must be kept clean and sanitary.

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?

Is currently cleaning the facility and this contract is extending the contract for a year so an RFP can be completed.

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:

BUILDINGS AND GROUNDS 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: 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	csweeney	10/21/2015 11:41:53 AM
Division Approval	csweeney	10/21/2015 11:41:55 AM
Department Approval	csweeney	10/21/2015 11:41:58 AM
Contract Manager Approval	ssands	10/21/2015 11:44:55 AM
Budget Analyst Approval	jrodrig9	10/28/2015 16:44:42 PM



**DEPARTMENT OF ADMINISTRATION
ADMINISTRATIVE SERVICES DIVISION**

**209 E. Musser Street, Room 304
Carson City, Nevada 89701-4204
(775) 684-0273
Fax (775) 684-0275**

MEMORANDUM

October 5, 2015

TO: Susan Brown
Budget Analyst

FROM: Sue Sands, Program Officer, ASD

RE: Retro Memo for Stewart Bldg. #107, JCRNO, INC.

This is a request for a retroactive start date of October 1, 2015 for new contract for JCRNO, INC.

The delay in processing the new contract was due to contract expiring while waiting for next BOE meeting.

RECEIVED

OCT 21 2015

**GOVERNOR'S FINANCE OFFICE
BUDGET 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: **17196**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: KITTRELL GARLOCK & ASSOCIATES
Agency Code: 082	Contractor Name: KITTRELL GARLOCK & ASSOCIATES
Appropriation Unit: 1535-22	Address: DBA, KGA ARCHITECTURE 9075 W DIABLO DR FL 3
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89148-7604
If "No" please explain: Not Applicable	Contact/Phone: null702/367-6900
	Vendor No.: T80931708
	NV Business ID: NV19771007004

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	92.00 %
Highway Funds	0.00 %	X Other funding	8.00 % Transfer from Treasure - Re-allocated Bond Authority

Agency Reference #: 109757

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/28/2015**
Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
Contract term: **3 years and 246 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 for the renovation of Building 3, Phase II, Southern Nevada Adult Mental Health Services. Services provided for the security control room, security fence, stair enclosure and construction administration services for phase II of the projects: CIP Project No. 15-C01; SPWD Contract No. 109757.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$23,500.00**
Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/23/2015 13:14:11 PM
Division Approval	dgrimm	10/23/2015 13:14:13 PM
Department Approval	dgrimm	10/23/2015 13:14:16 PM
Contract Manager Approval	dgrimm	10/23/2015 15:02:06 PM
Budget Analyst Approval	jrodrig9	10/28/2015 18:24:11 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17209**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PETTY & ASSOCIATES, INC.
Agency Code: 082	Contractor Name: PETTY & ASSOCIATES, INC.
Appropriation Unit: 1535-19	Address: 1375 GREG ST 106
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: null775/359-5777
	Vendor No.: T80580350
	NV Business ID: NV19841014622

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109812

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 245 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional mechanical engineering services for the ductwork replacement at Lake's Crossing: CIP Project No. 15-M20, SPWD Contract No. 109812.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,800.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/27/2015 15:40:15 PM
Division Approval	dgrimm	10/27/2015 15:40:18 PM
Department Approval	dgrimm	10/27/2015 15:40:21 PM
Contract Manager Approval	dgrimm	10/27/2015 16:19:13 PM
Budget Analyst Approval	jrodrig9	10/29/2015 17:31:24 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17210**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PETTY & ASSOCIATES, Inc.
Agency Code: 082	Contractor Name: PETTY & ASSOCIATES, Inc.
Appropriation Unit: 1565-76	Address: 1375 GREG ST 106
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: null775/359-5777
	Vendor No.: T80580350
	NV Business ID: NV19841014622

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109811

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 245 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional mechanical and electrical engineering services for the replacement of the existing refrigeration system in two (each) existing refrigerators and freezers located at the the Northern Nevada Correctional Center central warehouse: CIP Project No. 15-M13, SPWD Contract No. 109811.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,400.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/27/2015 16:04:19 PM
Division Approval	dgrimm	10/27/2015 16:04:22 PM
Department Approval	dgrimm	10/27/2015 16:04:26 PM
Contract Manager Approval	dgrimm	10/27/2015 16:19:30 PM
Budget Analyst Approval	jrodrig9	10/29/2015 17:21:53 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17211**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ROUNDS ENGINEERING, LTD
Agency Code: 082	Contractor Name: ROUNDS ENGINEERING, LTD
Appropriation Unit: 1577-25	Address: DBA, CR ENGINEERING 5434 LONGLEY LN
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-1879
If "No" please explain: Not Applicable	Contact/Phone: null775/826-1919
	Vendor No.: T29024113
	NV Business ID: NV20041355601

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	10.00 %
Highway Funds	0.00 %	X Other funding	90.00 % Transfer in Federal grant review

Agency Reference #: 109834

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 245 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 replace domestic water heaters, faucets and associated systems at the Stead Regional Training Institute, buildings 8203 - 8209: CIP Project No. 15-M99, SPWD Contract No. 109834.

6. NEW CONTRACT

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

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/28/2015 08:53:15 AM
Division Approval	dgrimm	10/28/2015 08:53:18 AM
Department Approval	dgrimm	10/28/2015 08:53:21 AM
Contract Manager Approval	dgrimm	10/28/2015 11:52:28 AM
Budget Analyst Approval	jrodrig9	10/29/2015 18:43:07 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17197**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CIVILWORKS, INC.
Agency Code: 082	Contractor Name: CIVILWORKS, INC.
Appropriation Unit: 1585-38	Address: 4945 W PATRICK LN
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-2858
If "No" please explain: Not Applicable	Contact/Phone: null702/534-1816
	Vendor No.: T29033909
	NV Business ID: NV19981075781
To what State Fiscal Year(s) will the contract be charged?	2016-2019
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
X Highway Funds 100.00 %	Other funding 0.00 %
Agency Reference #: 109781	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/28/2015**
Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
Contract term: **3 years and 246 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 for the Henderson Department of Motor Vehicles Americans with Disabilities Act Accessible Route Improvements - parking lot improvements: CIP Project No. 15-S05h1(2), SPWD Contract No. 109781.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,880.00**
Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/23/2015 14:32:51 PM
Division Approval	dgrimm	10/23/2015 14:32:54 PM
Department Approval	dgrimm	10/23/2015 14:33:07 PM
Contract Manager Approval	dgrimm	10/23/2015 15:01:46 PM
Budget Analyst Approval	jrodrig9	10/28/2015 18:41:01 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17194**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CROOK, RAY
Agency Code: 082	Contractor Name: CROOK, RAY
Appropriation Unit: 1585-40	Address: RPC ROOF CONSULTING SERVICES 14370 MOUNT SNOW DR
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-9185
If "No" please explain: Not Applicable	Contact/Phone: null775/853-7202
	Vendor No.: T29013770
	NV Business ID: NV20101198067

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	79.00 %
Highway Funds	0.00 %	X Other funding	21.00 %

Transfer from Treasurer - Re-allocated Bond Authority

Agency Reference #: 109759

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/28/2015**
Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
Contract term: **3 years and 246 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 for the roof replacement at Building N. 1, Lovelock Correctional Center: CIP Project No. 15-S01-2, SPWD Contract No. 109759.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$28,350.00**
Other basis for payment: Monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):
Not Applicable

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

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

[Empty text box]

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

[Empty text box]

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	dgrimm	10/22/2015 15:38:14 PM
Division Approval	dgrimm	10/22/2015 15:38:16 PM
Department Approval	dgrimm	10/22/2015 16:25:26 PM
Contract Manager Approval	dgrimm	10/22/2015 16:26:15 PM
Budget Analyst Approval	jrodrig9	10/28/2015 19:03:18 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17213**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PGAL, LLC
Agency Code: 082	Contractor Name: PGAL, LLC
Appropriation Unit: 1585-28	Address: 3379 OQUENDO RD.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-3197
If "No" please explain: Not Applicable	Contact/Phone: null702/435-4448
	Vendor No.: T29003284
	NV Business ID: NV20021118384
To what State Fiscal Year(s) will the contract be charged?	2016-2019
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	X Bonds 100.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: 109775	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2015**
Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 245 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 design services for the Americans with Disabilities Act (ADA) upgrades for building 13 at the Southern Nevada Child and Adolescent Services facility located at 6171 West Charleston Blvd., Las Vegas, Nevada: CIP Project No. 15-S02-2; SPWD Contract No. 109775.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,900.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/28/2015 10:00:17 AM
Division Approval	dgrimm	10/28/2015 10:00:23 AM
Department Approval	dgrimm	10/28/2015 10:00:31 AM
Contract Manager Approval	dgrimm	10/28/2015 11:51:52 AM
Budget Analyst Approval	jrodrig9	10/29/2015 18:59:18 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14904** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **THE DUBE GROUP, INC.**

Agency Code: **082** Contractor Name: **THE DUBE GROUP, INC.**

Appropriation Unit: **1590-39** Address: **DUBE GROUP ARCHITECTURE
458 COURT ST**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89501**

If "No" please explain: **Not Applicable** Contact/Phone: **null775/323-1001**

Vendor No.: **T81026981**

NV Business ID: **NV19991421705**

To what State Fiscal Year(s) will the contract be charged? **2014-2017**

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.

<input checked="" type="checkbox"/>	General Funds	56.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	44.00 %

Transfer from Treasurer - Reallocated Bond Authority

Agency Reference #: **82223**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **10/08/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2017**

Termination Date:

Contract term: **3 years and 266 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is the first amendment to the original contract, provides professional architectural/engineering services for exterior finishes for the Governor's Mansion Complex; Project No. 13-M52; Contract No. 82223. This amendment increases the maximum amount from \$50,500 to \$61,726 to provide additional design services associated with the removal and replacement of handrails for the accessible ramps and stairs leading into the Governor's mansion.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$50,500.00	\$0.00	\$0.00	Yes - Action
4. Amount of current amendment (#1):	\$11,226.00	\$11,226.00	\$11,226.00	Yes - Info

II. JUSTIFICATION

7. What conditions require that this work be done?

2013 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/22/2015 14:23:17 PM
Division Approval	dgrimm	10/22/2015 14:23:20 PM
Department Approval	dgrimm	10/22/2015 14:23:26 PM
Contract Manager Approval	dgrimm	10/26/2015 13:19:00 PM
Budget Analyst Approval	jrodrig9	10/28/2015 18:07:26 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17195**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PAUL CAVIN ARCHITECT LLC
Agency Code: 082	Contractor Name: PAUL CAVIN ARCHITECT LLC
Appropriation Unit: 1592-23	Address: 51 MARILYN MAE DR
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89441-6236
If "No" please explain: Not Applicable	Contact/Phone: null775/842-0261
	Vendor No.: T29033842
	NV Business ID: NV20131182382

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109744

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/28/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 246 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 for security, safety and drainage improvements at the Nevada Historical Society located on the University of Nevada campus in Reno, NV.: CIP Project No. 15-M33, SPWD Contract NO. 109744.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,855.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

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	10/22/2015 16:25:01 PM
Division Approval	dgrimm	10/22/2015 16:25:04 PM
Department Approval	dgrimm	10/22/2015 16:25:08 PM
Contract Manager Approval	dgrimm	10/22/2015 16:27:44 PM
Budget Analyst Approval	jrodrig9	10/28/2015 18:51:38 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17218**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	HERSHENOW & KLIPPENSTEIN, LTD.
Agency Code:	082	Contractor Name:	HERSHENOW & KLIPPENSTEIN, LTD.
Appropriation Unit:	All Appropriations	Address:	DBA, H&K Architects 5485 RENO CORPORATE DR STE 100
Is budget authority available?:	No	City/State/Zip:	RENO, NV 89511-2262
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will be the Account 3650, expenditure category 10, Various Construction.		Contact/Phone:	null775/332-6640
		Vendor No.:	T80984709
		NV Business ID:	NV19941047730

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency funded CIP - Federal Funds

Agency Reference #: 109787

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/30/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**

Contract term: **2 years and 244 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 for the Cpmbed Support Maintenance Shops (CSMS) 1 Door Replacement project, CIP Project No. 14-A014-6; SPWD Contract No. 109787.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,800.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2014 Agency CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	10/28/2015 15:37:31 PM
Division Approval	dgrimm	10/28/2015 15:37:36 PM
Department Approval	dgrimm	10/28/2015 16:12:12 PM
Contract Manager Approval	dgrimm	10/28/2015 16:12:15 PM
Budget Analyst Approval	jrodrig9	10/29/2015 18:27:21 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17200**

Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: ARBORGLYPH
Agency Code: 101	Contractor Name: ARBORGLYPH
Appropriation Unit: 1522-31	Address: 3500 LAKESIDE COURT SUITE 215
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: MIKE HENDERSON 775-762-4058
	Vendor No.: T27036065
	NV Business ID: NV20101677410
To what State Fiscal Year(s) will the contract be charged?	2016-2017

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.

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 **10/27/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **1 year and 247 days**

4. Type of contract: **Contract**

Contract description: **Audio/Visual Svcs**

5. Purpose of contract:

This is a new contract to provide audio/visual production services which includes shooting, recording, editing and producing videos, multi-media presentations and audio tracks for use at trade shows, events and on various digital and video channels.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division does not have an internal video producer. Oftentimes we need to develop video programs or sales presentations that are outside the scope of our marketing agency contract, or require specialized equipment and training. These include international sales and marketing efforts and specialty video-based digital programs such as virtual tours. The RFQ identifies the vendors with the expertise needed for these special projects.

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

The Division of Tourism does not have dedicated staff with the expertise to produce audio and video content the agency needs. Furthermore, the agency does not have the high end video production equipment, a sound studio, editing tools, etc. in order to successfully get the task done.

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 is being awarded a contract because they met the qualifications of the RFQ.

d. Last bid date: 07/16/2015 Anticipated re-bid date: 06/30/2019

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	amathies	10/23/2015 15:48:03 PM
Division Approval	amathies	10/23/2015 15:48:05 PM
Department Approval	amathies	10/23/2015 15:48:07 PM
Contract Manager Approval	amathies	10/23/2015 15:51:40 PM
Budget Analyst Approval	bberry	10/27/2015 13:48:08 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17201**

Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: ORANGETREE PRODUCTIONS
Agency Code: 101	Contractor Name: ORANGETREE PRODUCTIONS
Appropriation Unit: 1522-31	Address: 4050 S MCCARREN BLVD
Is budget authority available?: Yes	SUITE D
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89502
	Contact/Phone: MARK CAREY 775-853-5899
	Vendor No.: TBD
	NV Business ID: NV20061053888
To what State Fiscal Year(s) will the contract be charged?	2016-2017

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.

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 **10/27/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **1 year and 247 days**

4. Type of contract: **Contract**

Contract description: **Audio/Visual Svcs**

5. Purpose of contract:

This is a new contract to provide audio/visual production services which includes shooting, recording, editing and producing videos, multi-media presentations and audio tracks for use at trade shows, events and on various digital and video channels.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division does not have an internal video producer. Oftentimes we need to develop video programs or sales presentations that are outside the scope of our marketing agency contract, or require specialized equipment and training. These include international sales and marketing efforts and specialty video-based digital programs such as virtual tours. The RFQ identifies the vendors with the expertise needed for these special projects.

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

The Division of Tourism does not have dedicated staff with the expertise to produce audio and video content the agency needs. Furthermore, the agency does not have the high end video production equipment, a sound studio, editing tools, etc. in order to successfully get the task done.

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 is being awarded a contract because they met the qualifications of the RFQ.

d. Last bid date: 07/16/2015 Anticipated re-bid date: 06/30/2019

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 **DOMESTIC LIMITED-LIABILITY COMPANY**

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	amathies	10/23/2015 15:50:49 PM
Division Approval	amathies	10/23/2015 15:50:51 PM
Department Approval	amathies	10/23/2015 15:50:53 PM
Contract Manager Approval	amathies	10/23/2015 15:50:55 PM
Budget Analyst Approval	bberry	10/27/2015 14:00:27 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17199**

Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: XPLORIT
Agency Code: 101	Contractor Name: XPLORIT
Appropriation Unit: 1522-31	Address: 924 INCLINE WAY, SUITE B
Is budget authority available?: Yes	City/State/Zip: INCLINE VILLAGE, NV 89451
If "No" please explain: Not Applicable	Contact/Phone: GREG MARTHA 775-298-2690
	Vendor No.: T27038169
	NV Business ID: NV20121686584
To what State Fiscal Year(s) will the contract be charged?	2016-2017

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.

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 **10/27/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **1 year and 247 days**

4. Type of contract: **Contract**

Contract description: **Audio/Visual Svcs**

5. Purpose of contract:

This is a new contract to provide audio/visual production services which includes shooting, recording, editing and producing videos, multi-media presentations and audio tracks for use at trade shows, events and on various digital and video channels.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division does not have an internal video producer. Oftentimes we need to develop video programs or sales presentations that are outside the scope of our marketing agency contract, or require specialized equipment and training. These include international sales and marketing efforts and specialty video-based digital programs such as virtual tours. The RFQ identifies the vendors with the expertise needed for these special projects.

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

The Division of Tourism does not have dedicated staff with the expertise to produce audio and video content the agency needs. Furthermore, the agency does not have the high end video production equipment, a sound studio, editing tools, etc. in order to successfully get the task done.

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 is being awarded a contract because they met the qualifications of the RFQ.

d. Last bid date: 07/16/2015 Anticipated re-bid date: 06/30/2019

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:

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	amathies	10/23/2015 15:42:38 PM
Division Approval	amathies	10/23/2015 15:42:40 PM
Department Approval	amathies	10/23/2015 15:42:41 PM
Contract Manager Approval	amathies	10/23/2015 15:42:45 PM
Budget Analyst Approval	bberry	10/27/2015 10:50:57 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14713** Amendment Number: **2**

Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT** Legal Entity Name: **GREAT BASIN REGIONAL DEVELOPMENT AUTHORITY**

Agency Code: **102** Contractor Name: **GREAT BASIN REGIONAL DEVELOPMENT AUTHORITY**

Appropriation Unit: **1526-15** Address: **297 11TH STREET EAST SUITE 1**

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

If "No" please explain: **Not Applicable** Contact/Phone: **Jim Garza 775-293-6592**

Vendor No.: **T80950311**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2014-2017**

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	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 final approval? **No** or b. other effective date **08/13/2013**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2017**
 Contract term: **3 years and 322 days**

4. Type of contract: **Contract**
 Contract description: **Economic Development**

5. Purpose of contract:
This is the second amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment expands representation to include Esmeralda County and increases the value of the contract from \$380,000 to \$400,000.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$220,000.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$160,000.00	\$160,000.00	\$160,000.00	Yes - Action
4. Amount of current amendment (#2):	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info

II. JUSTIFICATION

7. What conditions require that this work be done?
Statutory mandate to diversify Nevada's economy.

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

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's proposal was the only proposal that was responsive to RFP 13-03.

d. Last bid date: 05/01/2013 Anticipated re-bid date: 04/01/2017

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:

GOED, Currently; 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	swoodbur	10/13/2015 15:38:55 PM
Division Approval	swoodbur	10/13/2015 15:38:58 PM
Department Approval	swoodbur	10/13/2015 15:39:00 PM
Contract Manager Approval	swoodbur	10/13/2015 15:39:04 PM
Budget Analyst Approval	lfree1	10/20/2015 17:12:18 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14995** Amendment Number: **1**

Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **Gen-Tech of Nevada, Inc.**

Agency Code: **402** Contractor Name: **Gen-Tech of Nevada, Inc.**

Appropriation Unit: **3279-07** Address: **4785 Copper Sage Street Suite A**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89115**

If "No" please explain: **Not Applicable** Contact/Phone: **null702-633-6400**

Vendor No.: **PUR0003328**

NV Business ID: **NV20001341759**

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

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

<input checked="" type="checkbox"/>	General Funds	50.20 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	49.80 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **01/01/2014**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2015**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Generator Inspection**

5. Purpose of contract:

This is the first amendment to the original contract which continues ongoing generator inspection and maintenance services at the Desert Regional Center. This amendment extends the termination date from December 31, 2015 to December 31, 2017 and increases the maximum amount from \$13,700 to \$27,400 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$13,700.00	\$0.00	\$13,700.00	Yes - Info
4. Amount of current amendment (#1):	\$13,700.00	\$13,700.00	\$13,700.00	Yes - Info
5. New maximum contract amount:	\$27,400.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Code of Federal Regulations Title 42, Chapter 483.70 Physical Environment - The facility must be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.

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

Contracted services are used when required repairs or services exceed the skills of state employees. Agency staff do not have the required certifications for working on life safety emergency power generators.

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?

Gen-Tech Nevada, Inc. is the lowest responsible bidder.

d. Last bid date: 08/14/2013 Anticipated re-bid date: 08/14/2017

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:

Desert Regional Center - January, 2010 - December, 2011. January, 2014 - December 2015. The service is 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:
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	dhanse6	10/01/2015 09:39:16 AM
Division Approval	dbowma1	10/12/2015 10:15:05 AM
Department Approval	ecreceli	10/22/2015 16:08:35 PM
Contract Manager Approval	dhanse6	10/23/2015 08:31:59 AM
Budget Analyst Approval	knielsen	11/05/2015 16:50:18 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17099**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	Gardner Mechanical Services
Agency Code:	402	Contractor Name:	Gardner Mechanical Services
Appropriation Unit:	3280-07	Address:	270 E. Parr Blvd
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89512-1002
If "No" please explain:	Not Applicable	Contact/Phone:	Scott Wagner 775 329-4133
		Vendor No.:	
		NV Business ID:	NV19751005065

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/06/2015**

Anticipated BOE meeting date 10/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2017**

Contract term: **1 year and 328 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintainance**

5. Purpose of contract:

This is a new contract that continues ongoing air conditioning and heating services for the Sierra Regional Center campus at 601 S. 21st Street, Sparks. The contractor will, on an as needed basis, provide for the maintenance, repair, and/or replacement of heating and air conditioning units.

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 \$85.00 per hour

Other basis for payment: \$127 per overtime hour; parts \$0 - \$500 at cost plus 20%; parts costing more than \$500 at cost plus 15%; Trip truck charge \$20; \$105 minimum charge per call.

II. JUSTIFICATION

7. What conditions require that this work be done?

Heating and air conditioning systems require ongoing maintenance and repair for optimal and efficient performance.

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

The technical nature of heating, ventilation and air conditioning maintenance (HVAC) requires a specific set of skills and knowledge. SRC will benefit both in terms of cost and performance by contracting with industry professionals of ongoing HVAC maintenance.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Gardner had the lowest hourly service charge, and a positive consumer rating.

d. Last bid date: 08/09/2015 Anticipated re-bid date: 07/31/2017

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	rforderh	09/28/2015 11:07:42 AM
Division Approval	dbowma1	10/16/2015 08:23:19 AM
Department Approval	ecreceli	10/23/2015 08:10:30 AM
Contract Manager Approval	jpruneau	10/23/2015 08:13:23 AM
Budget Analyst Approval	knielsen	11/06/2015 09:09:27 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17124**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: HANSEN HUNTER & COMPANY PC
Agency Code: 406	Contractor Name: HANSEN HUNTER & COMPANY PC
Appropriation Unit: 3161-04	Address: 8930 SW GEMINI DR
Is budget authority available?: Yes	City/State/Zip: BEAVERTON, OR 97008-7123
If "No" please explain: Not Applicable	Contact/Phone: null503/244-2134
	Vendor No.: T29009225
	NV Business ID: NV20101244381

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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

Agency Reference #: **C15220**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/19/2015**
Anticipated BOE meeting date **null/null**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **1 year and 255 days**

4. Type of contract: **Contract**

Contract description: **Cost Reporting**

5. Purpose of contract:

This is a new contract that provides ongoing certified public accounting services to prepare and submit required Medicare Cost Reports to Mutual of Omaha on behalf of Southern Nevada Adult Mental Health Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,450.00**

Payment for services will be made at the rate of \$19,725.00 per cost report

Other basis for payment: to be paid upon completion of each SFY Medicare Cost Report as invoiced and approved by Southern Nevada Adult Mental Health Services

II. JUSTIFICATION

7. What conditions require that this work be done?

To meet the requirements of Health Care Financing and Policy for participation in Medicare and Medicaid reimbursement.

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

Existing State employees lack familiarity with changing federal regulations and cost report preparation. Professional expertise is required to maximize cost report settlement.

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

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

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

Not Applicable

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

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

N/A

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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:

2006 to present; Northern Nevada Adult Mental Health Services and Southern Nevada Adult Mental Health Services. 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	chadwic1	10/07/2015 12:54:02 PM
Division Approval	chadwic1	10/07/2015 12:54:06 PM
Department Approval	ecrecli	10/12/2015 09:21:04 AM
Contract Manager Approval	rfine	10/12/2015 14:40:44 PM
Budget Analyst Approval	nhovden	10/19/2015 16:38:18 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17173**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Nevada Chiller and Boiler, Inc.
Agency Code: 406	Contractor Name: Nevada Chiller and Boiler, Inc.
Appropriation Unit: 3162-07	Address: 216 TANKERSLEY DRIVE
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89436
If "No" please explain: Not Applicable	Contact/Phone: RODNEY LEAVITT 775-456-7890
	Vendor No.: T29036777
	NV Business ID: NV20151141050

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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

Agency Reference #: C-15283

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **Yes**

If "Yes", please explain

There was an emergency repair that needed to be done to the air handling unit in building 25 (Dini-Townsend Hospital). This building houses the inpatient rapid stabilization unit for Northern Nevada Adult Mental Health Services and the Lake's Crossing Annex. Repairs were required to keep the air handling unit working. This contract with Nevada Chiller and Boiler, Inc., is for labor costs and parts to repair the air handling unit.

3. Termination Date: **12/31/2016**

Contract term: **1 year and 94 days**

4. Type of contract: **Contract**

Contract description: **Emergency Repair**

5. Purpose of contract:

This is a new contract to provide emergency repairs to the air handling unit located in Building 25, the Dini Townsend Hospital, which houses the inpatient unit, rapid stabilization unit and the Lake's Crossing Annex.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: This is an emergency repair, the main board needs to be sent back to the factory. The cost of the component was estimated. The system is currently being run under a temporary system.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is an emergency repair contract for the air handling unit located at Building 25. (Dini Townsend Hospital).

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

State employees do not possess the skills, knowledge or equipment to provide these services.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

NRS 333.705.4 - emergency repair
Vendor provided the best product and price among the bids submitted.

d. Last bid date: 09/15/2015 Anticipated re-bid date: 07/01/2016

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?

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	alaw1	11/04/2015 15:20:19 PM
Division Approval	alaw1	11/04/2015 15:20:22 PM
Department Approval	ecreceli	11/05/2015 16:09:45 PM
Contract Manager Approval	shoughta	11/09/2015 13:54:53 PM
Budget Analyst Approval	nhovden	11/10/2015 11:06:39 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17244**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Fast Glass
Agency Code: 409	Contractor Name: Fast Glass
Appropriation Unit: 3281-95	Address: 1650 Greg St
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431-5928
If "No" please explain: Not Applicable	Contact/Phone: null775-331-3110
	Vendor No.: PUR0003082
	NV Business ID: NV19781004353

To what State Fiscal Year(s) will the contract be charged? **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? **No** or b. other effective date **11/10/2015**
Anticipated BOE meeting date **01/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2015**

Contract term: **51 days**

4. Type of contract: **Contract**

Contract description: **Window Replacement**

5. Purpose of contract:

This is a new contract to replace windows in the family learning homes located at the Northern Nevada Child and Adolescent Services campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,422.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The windows in these homes are original to the building and over 40 years old. Replacing these worn and deteriorated windows will add to the exterior of the buildings and increase energy efficiency.

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

The State of Nevada does not employ staff with this expertise.

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

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

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

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:

State Public Works and satisfactory service was provided

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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	pcolegro	11/03/2015 16:27:07 PM
Division Approval	pcolegro	11/03/2015 16:27:22 PM
Department Approval	ecreceli	11/05/2015 16:29:44 PM
Contract Manager Approval	pcolegro	11/06/2015 08:26:08 AM
Budget Analyst Approval	dreynol2	11/10/2015 09:37:35 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17061**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: MCGINLEY & ASSOCIATES, INC.
Agency Code: 431	Contractor Name: MCGINLEY & ASSOCIATES, INC.
Appropriation Unit: 3650-16	Address: 815 MAESTRO DR
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-2387
If "No" please explain: Not Applicable	Contact/Phone: null702-829-2245
	Vendor No.: T81202459
	NV Business ID: 20021218343

To what State Fiscal Year(s) will the contract be charged? **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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/13/2015**

Anticipated BOE meeting date null/null

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/30/2016**

Contract term: **199 days**

4. Type of contract: **Contract**

Contract description: **Groundwater sampling**

5. Purpose of contract:

This is a new contract to provide direct push groundwater sampling services, in accordance with the Washoe County Health District and State of Nevada guidelines, regulations and environmental laws, at the Army Aviation Support Facility (AASF). Testing will be performed to test for quantities of perchloroethylene in surrounding groundwater.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,039.60**

II. JUSTIFICATION

7. What conditions require that this work be done?

Groundwater sampling and testing is required due to soil contamination found in a previous study and required in accordance with Washoe County and the State of Nevada guidelines.

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

Agency personnel do not possess the requisite skills and certifications to perform direct push groundwater samplings.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This contractor was chosen as the best qualified and was the lowest bidder for this testing.

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 Office of the Military has contracted with this vendor in the past and found services to be 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	vradford	09/08/2015 13:15:36 PM
Division Approval	ctyle1	09/08/2015 13:47:37 PM
Department Approval	ctyle1	09/08/2015 13:47:39 PM
Contract Manager Approval	vradford	09/08/2015 14:09:49 PM
Budget Analyst Approval	jrodrig9	09/13/2015 17:33:03 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17204**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Desert Boilers & Controls, Inc.
Agency Code: 440	Contractor Name: Desert Boilers & Controls, Inc.
Appropriation Unit: 3762-07	Address: 305 W. Saint Louis Ave.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89102
If "No" please explain: Not Applicable	Contact/Phone: John Abrego 702/631-7780
	Vendor No.: PUR0001437
	NV Business ID: NV19971189711
To what State Fiscal Year(s) will the contract be charged? 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? **No** or b. other effective date **11/05/2015**

Anticipated BOE meeting date 01/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2016**

Contract term: **87 days**

4. Type of contract: **Contract**

Contract description: **Labor & Installation**

5. Purpose of contract:

This is a new contract to provide labor and installation to replace a ruptured tube to the #1 steam boiler for the culinary and laundry operations and repair water damaged refractory on the burner wall located at High Desert State Prison.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,875.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

A tube in the #1 boiler located at High Desert State Prison has ruptured. The workload is now being performed exclusively by the remaining boiler and increases the likelihood of failure in the remaining boiler. If both boilers fail, food and laundry services will become an immediate crisis for the facility.

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

Historically the department contracts boiler services with a vendor with the expertise, license and certification to perform the required service. No other State agency performs this service.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Desert Boilers & Controls, Inc. was the lowest bidder. Emergency approval received from State Purchasing.

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:

FY 10 to current with Nevada Department of Corrections. 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	bweisent	11/04/2015 11:09:27 AM
Division Approval	jborrowm	11/04/2015 11:33:38 AM
Department Approval	jborrowm	11/04/2015 11:33:40 AM
Contract Manager Approval	jhardy	11/05/2015 11:17:24 AM
Budget Analyst Approval	pnicks	11/05/2015 15:26:06 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16822**

Agency Name: DPS-EMERGENCY MANAGEMENT	Legal Entity Name: EXHIBITONE CORPORATION
Agency Code: 654	Contractor Name: EXHIBITONE CORPORATION
Appropriation Unit: 3673-04	Address: 14601 S. 50TH Street
Is budget authority available?: Yes	Suite 120
If "No" please explain: Not Applicable	City/State/Zip: PHOENIX, AZ 85044-6471
	Contact/Phone: null450/763-1002
	Vendor No.: PUR0003923
	NV Business ID: NV20051413659
To what State Fiscal Year(s) will the contract be charged?	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.

<input checked="" type="checkbox"/> General Funds	20.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	80.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2015**

Anticipated BOE meeting date null/null

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **245 days**

4. Type of contract: **Contract**

Contract description: **repair/maintenance**

5. Purpose of contract:

This is a new contract to provide, on an as needed basis, ongoing repair and maintenance support services for the audiovisual systems located in the State Emergency Operations Center (SEOC) of the Department of Public Safety, Division of Emergency Management.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: payment based on time and materials as needed as set forth in the consideration paragraph of the contract

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Emergency Operations Center (SEOC) was created as a central location for Division of Emergency Management staff and state department representative to co-locate during large scale incidents or emergencies in support of local jurisdictions. The audiovisual system is a critical component of the SEOC for information sharing. Repair and maintenance of the system is essential to ensuring functionality at all times.

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

State employees do not have the expertise to support and repair all components of the audiovisual system.

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?

ExhibitOne was the original installer of the audiovisual system and the only vendor willing to enter into a contract for ongoing repair and maintenance.

d. Last bid date: 05/20/2015 Anticipated re-bid date: 05/20/2016

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:

This vendor was previously under contract with the Department of Public Safety, Division of Emergency Management and services have been satisfactory.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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	jlun1	06/03/2015 08:25:25 AM
Division Approval	jdibasil	10/27/2015 12:02:30 PM
Department Approval	jbauer	10/28/2015 14:36:18 PM
Contract Manager Approval	jbauer	10/28/2015 14:36:24 PM
Budget Analyst Approval	jrodrig9	10/29/2015 18:03:45 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17205**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: LUMOS and ASSOCIATES
Agency Code: 702	Contractor Name: LUMOS and ASSOCIATES
Appropriation Unit: 1511-91	Address: 800 E COLLEGE PKWY
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89706
If "No" please explain: Not Applicable	Contact/Phone: null775/883-7077
	Vendor No.: T80912843
	NV Business ID: NV19791006982
To what State Fiscal Year(s) will the contract be charged?	2016-2020

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	75.00 %	X Bonds	25.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 16-24

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **3 years and 330 days**

4. Type of contract: **Other (include description): Professional Services Agreement**

Contract description: **Lumos east/west**

5. Purpose of contract:

This is a new contract to provide on call engineering and surveying services to the eastern and western regions of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Various projects requiring surveying and engineering needs in the eastern and western regions of the state.

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

Requires specialized knowledge and surveying equipment. Proximity to the project is not cost effective.

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

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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	kdailey	10/26/2015 16:17:04 PM
Division Approval	kdailey	10/26/2015 16:17:07 PM
Department Approval	eobrien	10/26/2015 16:56:37 PM
Contract Manager Approval	kdailey	11/04/2015 10:36:43 AM
Budget Analyst Approval	sbarkdul	11/04/2015 14:12:59 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17227**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: PK ELECTRICAL, INC.
Agency Code: 702	Contractor Name: PK ELECTRICAL, INC.
Appropriation Unit: 1511-91	Address: PK ELECTRICAL, INC.
Is budget authority available?: Yes	681 SIERRA ROSE DR STE B
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89511
	Contact/Phone: null775/826-9010
	Vendor No.: T81016802
	NV Business ID: NV19961128650
To what State Fiscal Year(s) will the contract be charged?	2016-2020

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	50.00 %	X Bonds	50.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 16-25

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2019**

Contract term: **3 years and 361 days**

4. Type of contract: **Other (include description): Professional Services Agreement**

Contract description: **PK Electric Statewid**

5. Purpose of contract:

This is a new contract to provide new electrical engineering and electrical engineering modification designs for the department's statewide facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Statewide compliance for health and safety of facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Insufficient manpower and requirements of special licensure.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

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:

fy12, 13 & 14 - PWD (SPWB) - Excellent; FY16 - NDOW - Excellent

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	kdailey	11/04/2015 10:33:18 AM
Division Approval	kdailey	11/04/2015 10:33:20 AM
Department Approval	kdailey	11/04/2015 10:33:22 AM
Contract Manager Approval	kdailey	11/04/2015 15:19:39 PM
Budget Analyst Approval	sbarkdul	11/04/2015 15:34:02 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17189**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: SUMMIT ENGINEERING CORPORATION
Agency Code: 702	Contractor Name: SUMMIT ENGINEERING CORPORATION
Appropriation Unit: 1511-91	Address: 5405 MAE ANNE AVE
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89523
If "No" please explain: Not Applicable	Contact/Phone: null775/747-8550
	Vendor No.: T80920751
	NV Business ID: NV19781008234

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	75.00 %	X Bonds	25.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 16-22

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2015**
 Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **3 years and 330 days**

4. Type of contract: **Other (include description): Professional Services Agreement**

Contract description: **Summit as Needed**

5. Purpose of contract:

This is a new contract to provide on call engineering and surveying services to the department statewide. Services may include, but are not limited to civil engineering design, surveying, mapping and construction inspection.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Various projects requiring surveying and engineering needs in the eastern and western regions of the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Requires specialized knowledge and surveying equipment. Proximity to the project not cost effective,

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?

[Empty box]

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

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	kdailey	10/23/2015 12:14:41 PM
Division Approval	kdailey	10/23/2015 12:14:43 PM
Department Approval	eobrien	10/26/2015 16:53:52 PM
Contract Manager Approval	kdailey	11/04/2015 10:33:02 AM
Budget Analyst Approval	sbarkdul	11/04/2015 15:29:59 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17223**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: LAS VEGAS BOAT HARBOR, INC. DBA
Agency Code: 702	Contractor Name: LAS VEGAS BOAT HARBOR, INC. DBA
Appropriation Unit: 4465-17	Address: LAS VEGAS BAY MARINA PO BOX 91150
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89009
If "No" please explain: Not Applicable	Contact/Phone: null702-293-1191
	Vendor No.: T80913763
	NV Business ID: NV19661000073

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	25.00 % LICENSE FEES
X Federal Funds	75.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **L16-03**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2015**

Anticipated BOE meeting date **12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 238 days**

4. Type of contract: **Lease/Purchase Agreement**

Contract description: **Vegas Slip Lease**

5. Purpose of contract:

This is a new lease agreement boat slip rental, to provide leased marina space on the Boulder Basin for NDOW vessel#NC3602EX for continual field work done by the Fisheries Division on Lake Mead.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,768.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Continual field work by NDOW Fisheries Division on Lake Mead.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW or other state agencies do not operate the marina or provide boat space at Lake Mead.

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?

[Empty box]

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

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	kdailey	10/29/2015 16:53:06 PM
Division Approval	kdailey	10/29/2015 16:53:08 PM
Department Approval	kdailey	10/29/2015 16:53:10 PM
Contract Manager Approval	kdailey	11/04/2015 15:57:05 PM
Budget Analyst Approval	sbarkdul	11/04/2015 15:57:16 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14943** Amendment Number: **1**

Agency Name: **DCNR - FORESTRY DIVISION** Legal Entity Name: **California Generator Service Nevada**

Agency Code: **706** Contractor Name: **California Generator Service Nevada**

Appropriation Unit: **4195-07** Address: **2900 Vassar Street, #C-6**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89502**

If "No" please explain: **Not Applicable** Contact/Phone: **null866-643-6738**

To what State Fiscal Year(s) will the contract be charged? **2014-2016** Vendor No.: **T29032625A**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV20111454803**

<input checked="" type="checkbox"/>	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF14-005**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **01/01/2014**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2016**

Contract term: **2 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Generator Service**

5. Purpose of contract:

This is the first amendment to the original contract, which provides ongoing service to the Nevada Division of Forestry's emergency backup generators at various locations throughout the state. This amendment increases the maximum amount from \$9,000 to \$20,000 due to unanticipated high cost repairs to the generators.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,000.00	\$9,000.00	\$9,000.00	No
4. Amount of current amendment (#1):	\$11,000.00	\$11,000.00	\$11,000.00	Yes - Info

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry (NDF) operates facilities on a 24-hour basis, primarily two 24-hour dispatch centers. The emergency backup generators ensure that these facilities do not experience any disruption to service and it is of utmost importance that these generators receive regular maintenance and repairs when necessary to ensure the continual operation of these facilities and provide for the safety of the citizens 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 technical expertise needed to maintain and/or repair these generators.

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 provided the bid with the lowest rate.

d. Last bid date: 08/20/2013 Anticipated re-bid date: 07/01/2015

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 under contract with the Nevada Division of Forestry, service deemed 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	jkidd	01/29/2015 10:56:31 AM
Division Approval	dprather	01/29/2015 14:10:32 PM
Department Approval	dprather	01/29/2015 14:10:37 PM
Contract Manager Approval	ldunn	01/29/2015 14:23:00 PM
Budget Analyst Approval	jrodrig9	02/06/2015 16:49:47 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17143**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: HENDERSON, CITY OF
Agency Code: 901	Contractor Name: HENDERSON, CITY OF
Appropriation Unit: 3253-10	Address: HENDERSON PARKS & RECREATION 240 WATER ST
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89015
If "No" please explain: Not Applicable	Contact/Phone: null702/267-1719
	Vendor No.: T41033300D
	NV Business ID: N/A
To what State Fiscal Year(s) will the contract be charged?	2016-2020

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set Aside

Agency Reference #: **1981-19-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2015**

Anticipated BOE meeting date **10/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**

Contract term: **4 years and 53 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Henderson Pavillion**

5. Purpose of contract:

This is a new interlocal agreement to provide an operator and/or a vendor to manage the snack bar and/or vending services at the Henderson Pavillion, including reimbursement of police and electrician salary costs, for scheduled events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,944.00**

Other basis for payment: For events where BEN operator intends to sell alcoholic beverages, BEN will pay \$66.48/hr. per officer for the presence of two (2) on-site Henderson Police Department officers during the event. There is a 2 1/2 hour minimum and at 8 hours, officers will be switched out with 2 new officers; with a projected cost of \$3,590.00/yr. For events where the BEN operator brings in third party vendors that need to be hooked up to electricity, BEN will pay \$56.00/hr for the use of a city electrician, four hour minimum per event. The projected cost for the city electrician is \$896.00/yr. The total contract shall not exceed \$17,944.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 426.630 through NRS 720, NAC 426.010 through NAC 426.400 and the Federal Randolph Sheppard Act, Chapter 6A of Title 20.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees cannot legally provide vending and/or snack-bar services on a commission basis per the Randolph Sheppard Act and NRS 426.670.

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?

This is an interlocal agreement between the City of Henderson and the Nevada Department of Employment, Training and Rehabilitation.

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	khawkin1	10/06/2015 11:29:54 AM
Division Approval	mmason	10/20/2015 14:08:57 PM
Department Approval	kwynands	11/05/2015 12:00:09 PM
Contract Manager Approval	kwynands	11/05/2015 12:00:21 PM
Budget Analyst Approval	tgreenam	11/09/2015 09:17:51 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17215**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BOARD OF REGENTS-UNLV
Agency Code: 901	Contractor Name: BOARD OF REGENTS-UNLV
Appropriation Unit: 3265-09	Address: UNLV SCHOOL OF DENTAL MEDICINE
Is budget authority available?: Yes	4505 MARYLAND PARKWAY MS 1005
If "No" please explain: Not Applicable	City/State/Zip: LAS VEGAS, NV 89154
	Contact/Phone: null702/774-2497
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **1903-18-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2015**

Anticipated BOE meeting date **12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2018**

Contract term: **3 years and 58 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **UNLV Dental**

5. Purpose of contract:

This is a new interlocal agreement to provide dental services for southern Nevada Vocational Rehabilitation clients to obtain competitive employment or re-enter the work environment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Vendor will provide services at the rates as published in the School's Fee and Coding Schedule for a total cost not to exceed \$45,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency clients often need dental work to obtain competitive employment or to re-enter the work environment. Clients will be referred to UNLV - School of Dental Medicine for reasonable dental work to enable mentally and physically disabled clients to achieve meaningful employment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

None of the agency's staff are licensed dentists

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal agreement - In accordance with NRS 277.180, the Agency has contracted with the UNLV - School Dental Medicine to provide reasonable dental work for Rehab clients.

There is no indirect rates associated with this contract.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

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	kwynands	10/28/2015 15:59:54 PM
Division Approval	mmason	10/29/2015 08:47:32 AM
Department Approval	mcost1	10/29/2015 14:49:59 PM
Contract Manager Approval	kwynands	10/29/2015 14:59:24 PM
Budget Analyst Approval	tgreenam	11/04/2015 12:12:30 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15608** Amendment Number: **1**

Agency Name: **DETR - EMPLOYMENT SECURITY DIVISION** Legal Entity Name: **GEN TECH OF NEVADA INC**

Agency Code: **902** Contractor Name: **GEN TECH OF NEVADA INC**

Appropriation Unit: **4771-07** Address: **4785 COPPER SAGE ST., #A**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89115**

If "No" please explain: **Not Applicable** Contact/Phone: **Charmayne Rotroff 702/633-6400**

Vendor No.:

NV Business ID: **NV20001341759**

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

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 % ESD Special Fund

Agency Reference #: **1901-16-DETR**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **06/01/2014**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/31/2016**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Generator Maint.**

5. Purpose of contract:

This is the first amendment to the original new contract, which provides ongoing annual scheduled maintenance, load testing, and biweekly operational inspection for the KATOLKITE 1500 kilowatt diesel generator, which is located at 2800 E. St. Louis Avenue, Las Vegas. This amendment increases the maximum amount from \$21,560.08 to \$33,368.08 due to emergency repairs and the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$21,560.08	\$0.00	\$21,560.08	Yes - Info
4. Amount of current amendment (#1):	\$11,808.00	\$11,808.00	\$11,808.00	Yes - Info

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance, battery, and belt replacement is required for proper operation of this generator.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform this work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest price.

d. Last bid date: 03/03/2014 Anticipated re-bid date: 03/03/2016

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?

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	jbende2	10/29/2015 16:34:30 PM
Division Approval	rolso1	11/02/2015 10:46:57 AM
Department Approval	kwynands	11/02/2015 11:04:13 AM
Contract Manager Approval	kwynands	11/02/2015 14:35:56 PM
Budget Analyst Approval	tgreenam	11/04/2015 12:25:40 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17226**

Agency Name: PUBLIC EMPLOYEES' BENEFITS	Legal Entity Name: KPS3
Agency Code: 950	Contractor Name: KPS3
Appropriation Unit: 1338-04	Address: 50 W. Liberty Street Ste. 640
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: null775/686-7402
	Vendor No.: PUR0004720
	NV Business ID: NV19941094961
To what State Fiscal Year(s) will the contract be charged?	2016-2017

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 63% State Subsidy/ 37% Premium Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/06/2015**

Anticipated BOE meeting date **12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/01/2016**

Contract term: **360 days**

4. Type of contract: **Contract**

Contract description: **Website Redesign**

5. Purpose of contract:

This is a new contract to provide a website redesign for the Public Employees' Benefits Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

PEBP wishes to improve and centralize access to its online services and provide accessibility for mobile users. In addition, for the website to be useful it must be kept current and PEBP needs a platform which will allow easy maintenance by staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

PEBP does not have the resources to perform this level of complex web development.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per NRS 332.195, PEBP is authorized for the joint use of a governmental contract previously awarded by Department of Conservation and Natural Resources.

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:

1994 to present: Nevada Division of Industrial Relations, Safety Consultation and Training Section, service satisfactory.
1997 to 1999 and 2003 to 2004: Nevada Commission on Economic Development, service satisfactory.
2002 to 2006: Nevada Rangeland Resource Commi8ssion, service satisfactory.
2006 to present: Nevada System of Higher Education, service satisfactory.
2010 to present: Nevada Department of Health and Human Services, 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	mstron1	11/02/2015 08:51:41 AM
Division Approval	mstron1	11/02/2015 08:51:44 AM
Department Approval	cglover	11/02/2015 09:05:56 AM
Contract Manager Approval	mstron1	11/06/2015 10:07:47 AM
Budget Analyst Approval	knielsen	11/06/2015 10:37:53 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17203**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Colleen Platt dba Platt Law Group
Agency Code:	BDC	Contractor Name:	Colleen Platt dba Platt Law Group
Appropriation Unit:	B036 - All Categories	Address:	1575 Delucchi Lane Suite 115-105F
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	Colleen Platt 775-440-1052
		Vendor No.:	
		NV Business ID:	NV20151428689

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Board Funds

Agency Reference #: 2015-01

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2017**

Contract term: **1 year and 324 days**

4. Type of contract: **Provider Agreement**

Contract description: **Legal**

5. Purpose of contract:

This is a new contract to retain legal assistance from outside counsel for the State Board of Massage Therapists.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Payment for services will be made at the rate of \$100.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board and its staff have legal needs that are not provided by the Attorney General's Office.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Some of the legal needs of the Board and its staff are not provided by the Attorney General's Office.

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?

Experience, expertise, knowledge, and skills.

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?

Yes

See the attached Authorization to Contract form for details.

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

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	55443282	10/26/2015 11:30:57 AM
Division Approval	55443282	10/26/2015 11:31:00 AM
Department Approval	55443282	10/26/2015 11:31:04 AM
Contract Manager Approval	55443282	10/26/2015 11:31:08 AM
Budget Analyst Approval	amccalla	11/10/2015 11:53:29 AM

Authorization to Contract with a Former Employee

Former Employee Name:	<u>Colleen Platt</u>
Former Employee ID number:	<u>51382</u>
Former Job Title:	<u>Deputy Attorney General</u>
Former Employing Agency:	<u>Attorney General's Office</u>
Former Class and Grade:	<u>Unclassified</u>
Employment Dates:	<u>03/2013-07/31/2015</u>
Contracting Agency:	<u>Nevada State Board of Massage Therapists</u>

Please check which of the following applies:

- Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-i below.
- Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.

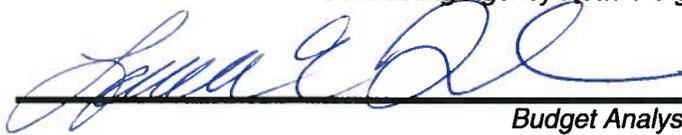
a. Summarize scope of contract work.	Part-time legal counsel
b. Document former job description.	Full-time deputy attorney general
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	No specialized knowledge of the operations of the Nevada State Board of Massage Therapists.
d. Explain why existing State employees within your agency cannot perform this function.	The Board has legal needs that are not performed by the Attorney General's Office.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750 .	None.

f. List contractor's hourly rate.	\$100.00 per hour.
g. List the range of comparable State employee rates.	\$14.** per hour when a deputy attorney general. \$14.78 \$142.78
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?	None.
i. Document justification for hiring contractor.	The Board has legal needs that are not provided by the Attorney General's Office.

Comments:

 10/23/15

 Contracting Agency Head's Signature and Date



 Budget Analyst

 Clerk of the Board of Examiners

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2016 SUMMARY (QTR1)

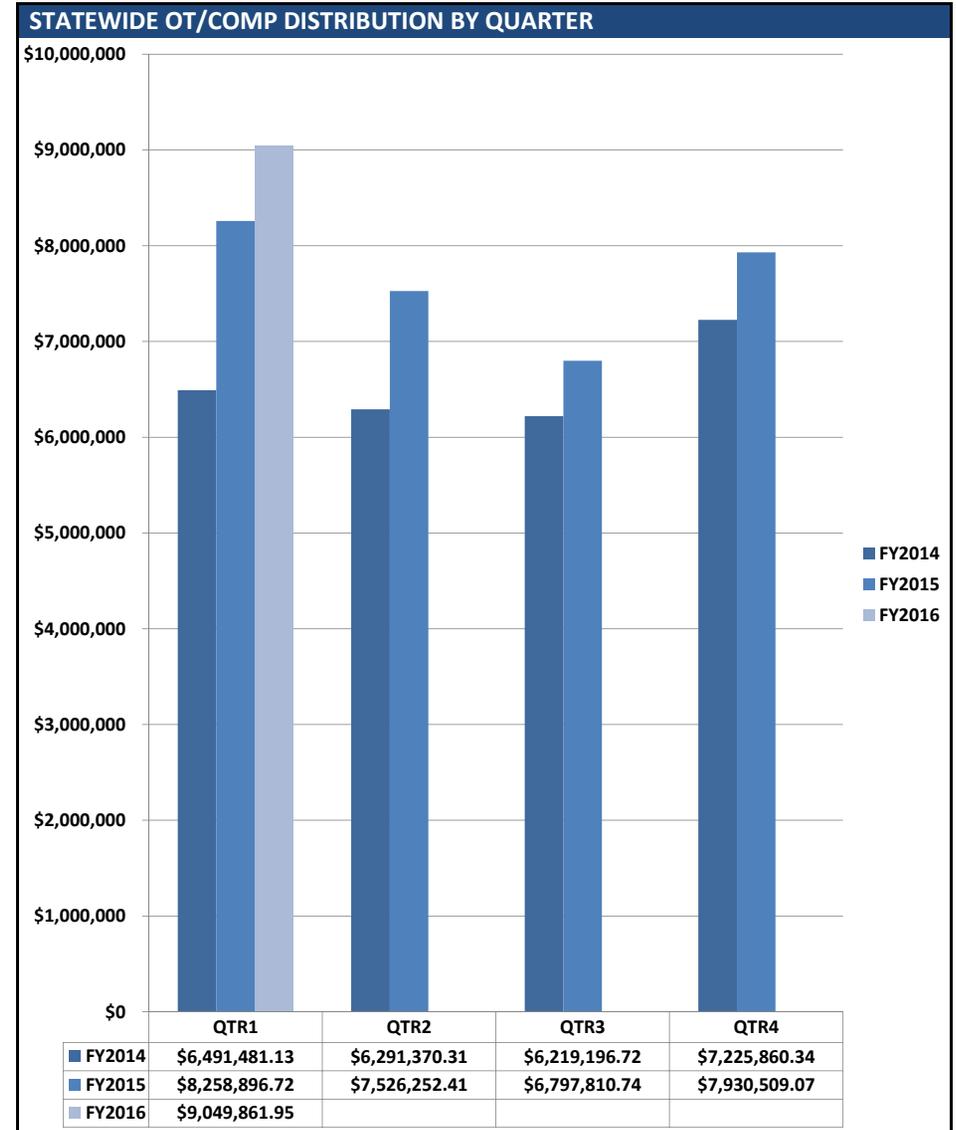
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, December 08, 2015

CUMULATIVE STATEWIDE TOTALS (QTR1)			
	FY2014	FY2015	FY2016
BASE PAY	\$216,139,885	\$215,250,801	\$218,431,637
OVERTIME PAY + ACCRUED COMP	\$6,491,481	\$8,258,897	\$9,049,862
TOTAL PAY	\$222,631,366	\$223,509,698	\$227,481,499
OT/COMP AS A SHARE OF TOTAL PAY	2.92%	3.70%	3.98%

FY2016 (QTR1)			
Highest OT/Comp expenditures in dollars			
Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$2,488,761	7.52%
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$1,841,064	2.91%
65	DEPARTMENT OF PUBLIC SAFETY	\$1,673,398	8.73%
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,259,179	12.55%
80	DEPARTMENT OF TRANSPORTATION	\$856,346	3.68%
Highest percentages of OT/Comp as a share of Total Pay			
Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,259,179	12.55%
65	DEPARTMENT OF PUBLIC SAFETY	\$1,673,398	8.73%
44	DEPARTMENT OF CORRECTIONS	\$2,488,761	7.52%
50	COMMISSION ON MINERAL RESOURCES	\$11,135	5.70%
24	OFFICE OF VETERANS SERVICES	\$132,354	5.58%



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FY2016 COMPARATIVE QUARTERLY ANALYSIS vs FY2015

NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, December 08, 2015

FY2016 - QTR1		
Greatest increases in OT/Comp expenditures vs FY2015		
Agency Code	Department	Difference in OT Pay/Accrued Comp vs FY2015 QTR1
44	DEPARTMENT OF CORRECTIONS	\$617,367
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$329,224
65	DEPARTMENT OF PUBLIC SAFETY	\$235,697
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$88,185
72	DEPARTMENT OF WILDLIFE	\$22,587

Greatest reductions in OT/Comp expenditures vs FY2015		
Agency Code	Department	Difference in OT Pay/Accrued Comp vs FY2015 QTR1
80	DEPARTMENT OF TRANSPORTATION	(\$155,511)
08	DEPARTMENT OF ADMINISTRATION	(\$114,483)
24	OFFICE OF VETERANS SERVICES	(\$106,193)
90	DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	(\$59,774)
74	DEPARTMENT OF BUSINESS AND INDUSTRY	(\$20,240)

FY2016 - QTR2		
Greatest increases in OT/Comp expenditures vs FY2015		
Agency Code	Department	Difference in OT Pay/Accrued Comp vs FY2015 QTR2
No QTR2 Data Available		

Greatest reductions in OT/Comp expenditures vs FY2015		
Agency Code	Department	Difference in OT Pay/Accrued Comp vs FY2015 QTR2
No QTR2 Data Available		

FY2016 - QTR3		
Greatest increases in OT/Comp expenditures vs FY2015		
Agency Code	Department	Difference in OT Pay/Accrued Comp vs FY2015 QTR3
No QTR3 Data Available		

Greatest reductions in OT/Comp expenditures vs FY2015		
Agency Code	Department	Difference in OT Pay/Accrued Comp vs FY2015 QTR3
No QTR3 Data Available		

FY2016 - QTR4		
Greatest increases in OT/Comp expenditures vs FY2015		
Agency Code	Department	Difference in OT Pay/Accrued Comp vs FY2015 QTR4
No QTR4 Data Available		

Greatest reductions in OT/Comp expenditures vs FY2015		
Agency Code	Department	Difference in OT Pay/Accrued Comp vs FY2015 QTR4
No QTR4 Data Available		

FY2016 YEAR-TO-DATE (Q1) TOTALS		
Greatest increases in OT/Comp expenditures vs FY2015		
Agency Code	Department	Difference in OT Pay/Accrued Comp vs FY2015 QTR1
44	DEPARTMENT OF CORRECTIONS	\$617,367
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$329,224
65	DEPARTMENT OF PUBLIC SAFETY	\$235,697
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$88,185
72	DEPARTMENT OF WILDLIFE	\$22,587

Greatest reductions in OT/Comp expenditures vs FY2015		
Agency Code	Department	Difference in OT Pay/Accrued Comp vs FY2015 QTR1
80	DEPARTMENT OF TRANSPORTATION	(\$155,511)
08	DEPARTMENT OF ADMINISTRATION	(\$114,483)
24	OFFICE OF VETERANS SERVICES	(\$106,193)
90	DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	(\$59,774)
74	DEPARTMENT OF BUSINESS AND INDUSTRY	(\$20,240)

Increase in OT/Comp expenditures vs FY2015

Reduction in OT/Comp expenditures vs FY2015

OVERTIME/ACCRUED COMP USE BY DEPARTMENT
FY 2016 QUARTERLY DETAILED ANALYSIS
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, December 08, 2015

Agency Code	Department	FY2016 QTR1				FY2016 QTR2				FY2016 QTR3				FY2016 QTR4				FY2016 QTR1-QTR4		
		Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Accrued Comp versus FY2015 - Q1	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Accrued Comp versus FY2015 - Q2	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Accrued Comp versus FY2015 - Q3	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Accrued Comp versus FY2015 - Q4	Overtime Pay and Accrued Comp (YTD)	Total Pay (YTD)	OT/Comp as a Share of Total Pay (YTD)
01	GOVERNOR'S OFFICE	\$3,402	\$1,179,774	0.29%	\$3,402												\$3,402	\$1,179,774	0.29%	
02	LIEUTENANT GOVERNOR'S OFFICE	\$0	\$77,516	0.00%	\$0												\$0	\$77,516	0.00%	
03	ATTORNEY GENERAL'S OFFICE	\$14,773	\$5,802,272	0.25%	\$2,218												\$14,773	\$5,802,272	0.25%	
04	SECRETARY OF STATE'S OFFICE	\$4,804	\$1,469,013	0.33%	\$57												\$4,804	\$1,469,013	0.33%	
05	TREASURER'S OFFICE	\$3,167	\$547,544	0.58%	(\$2,301)												\$3,167	\$547,544	0.58%	
06	CONTROLLER'S OFFICE	\$5,082	\$604,218	0.84%	\$4,257												\$5,082	\$604,218	0.84%	
08	DEPARTMENT OF ADMINISTRATION	\$67,082	\$6,768,893	0.99%	(\$114,483)												\$67,082	\$6,768,893	0.99%	
09	JUDICIAL BRANCH	\$2,905	\$6,712,541	0.04%	(\$5,122)												\$2,905	\$6,712,541	0.04%	
10	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$4,291	\$1,442,995	0.30%	(\$7,034)												\$4,291	\$1,442,995	0.30%	
12	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$726,689	0.00%	(\$574)												\$0	\$726,689	0.00%	
13	DEPARTMENT OF TAXATION	\$11,238	\$3,615,208	0.31%	(\$2,897)												\$11,238	\$3,615,208	0.31%	
15	COMMISSION ON ETHICS	\$0	\$104,025	0.00%	\$0												\$0	\$104,025	0.00%	
22	JUDICIAL DISCIPLINE COMMISSION	\$0	\$67,613	0.00%	\$0												\$0	\$67,613	0.00%	
23	COMMISSION ON PEACE OFFICERS STANDARDS & TRAINING	\$913	\$175,569	0.52%	(\$3,776)												\$913	\$175,569	0.52%	
24	OFFICE OF VETERANS SERVICES	\$132,354	\$2,370,361	5.58%	(\$106,193)												\$132,354	\$2,370,361	5.58%	
30	DEPARTMENT OF EDUCATION	\$19,112	\$2,057,735	0.93%	(\$18,387)												\$19,112	\$2,057,735	0.93%	
31	STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$1,034	\$159,751	0.65%	(\$479)												\$1,034	\$159,751	0.65%	
36	COMMISSION ON POSTSECONDARY EDUCATION	\$2,155	\$51,631	4.17%	\$2,155												\$2,155	\$51,631	4.17%	
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$1,841,064	\$63,201,263	2.91%	\$88,185												\$1,841,064	\$63,201,263	2.91%	
43	ADJUTANT GENERAL	\$76,966	\$1,406,050	5.47%	\$5,512												\$76,966	\$1,406,050	5.47%	
44	DEPARTMENT OF CORRECTIONS	\$2,488,761	\$33,099,876	7.52%	\$617,367												\$2,488,761	\$33,099,876	7.52%	
50	COMMISSION ON MINERAL RESOURCES	\$11,135	\$195,329	5.70%	(\$4,511)												\$11,135	\$195,329	5.70%	
55	DEPARTMENT OF AGRICULTURE	\$24,892	\$1,666,687	1.49%	(\$10,117)												\$24,892	\$1,666,687	1.49%	
58	PUBLIC UTILITIES COMMISSION	\$0	\$1,691,836	0.00%	\$0												\$0	\$1,691,836	0.00%	
61	GAMING CONTROL BOARD	\$114,079	\$5,733,098	1.99%	\$2,181												\$114,079	\$5,733,098	1.99%	
65	DEPARTMENT OF PUBLIC SAFETY	\$1,673,398	\$19,168,432	8.73%	\$235,697												\$1,673,398	\$19,168,432	8.73%	
69	COLORADO RIVER COMMISSION	\$1,665	\$599,832	0.28%	(\$424)												\$1,665	\$599,832	0.28%	
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,259,179	\$10,034,433	12.55%	\$329,224												\$1,259,179	\$10,034,433	12.55%	
72	DEPARTMENT OF WILDLIFE	\$97,872	\$3,386,661	2.89%	\$22,587												\$97,872	\$3,386,661	2.89%	
74	DEPARTMENT OF BUSINESS AND INDUSTRY	\$60,433	\$7,921,810	0.76%	(\$20,240)												\$60,433	\$7,921,810	0.76%	
80	DEPARTMENT OF TRANSPORTATION	\$856,346	\$23,250,451	3.68%	(\$155,511)												\$856,346	\$23,250,451	3.68%	
81	DEPARTMENT OF MOTOR VEHICLES	\$91,963	\$11,684,348	0.79%	(\$9,877)												\$91,963	\$11,684,348	0.79%	
90	DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$179,793	\$9,929,619	1.81%	(\$59,774)												\$179,793	\$9,929,619	1.81%	
92	DEFERRED COMPENSATION	\$0	\$15,100	0.00%	\$0												\$0	\$15,100	0.00%	
95	PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$0	\$361,563	0.00%	(\$177)												\$0	\$361,563	0.00%	
96	SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$201,765	0.00%	\$0												\$0	\$201,765	0.00%	
STATEWIDE TOTALS:		\$9,049,862	\$227,481,499	3.98%	\$790,965												\$9,049,862	\$227,481,499	3.98%	

No QTR2
Data Available

No QTR3
Data Available

No QTR4
Data Available

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FY 2016 COMPARATIVE YEAR-TO-DATE ANALYSIS (QTR1) vs FY2014-FY2015

NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, December 08, 2015

		FY 2014 QTR1			FY 2015 QTR1			FY 2016 QTR1				
Agency Code	Department	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Accrued Comp versus FY2014	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Accrued Comp versus FY2015
01	GOVERNOR'S OFFICE	\$1,022	\$555,828	0.18%	\$0	\$580,160	0.00%	(\$1,022)	\$3,402	\$1,179,774	0.29%	\$3,402
02	LIEUTENANT GOVERNOR'S OFFICE	\$0	\$62,665	0.00%	\$0	\$72,219	0.00%	\$0	\$0	\$77,516	0.00%	\$0
03	ATTORNEY GENERAL'S OFFICE	\$5,964	\$5,980,111	0.10%	\$12,556	\$6,005,159	0.21%	\$6,592	\$14,773	\$5,802,272	0.25%	\$2,218
04	SECRETARY OF STATE'S OFFICE	\$10,605	\$1,544,222	0.69%	\$4,748	\$1,463,506	0.32%	(\$5,857)	\$4,804	\$1,469,013	0.33%	\$57
05	TREASURER'S OFFICE	\$756	\$607,410	0.12%	\$5,468	\$608,748	0.90%	\$4,712	\$3,167	\$547,544	0.58%	(\$2,301)
06	CONTROLLER'S OFFICE	\$1,183	\$600,581	0.20%	\$825	\$579,378	0.14%	(\$358)	\$5,082	\$604,218	0.84%	\$4,257
08	DEPARTMENT OF ADMINISTRATION	\$69,350	\$7,649,807	0.91%	\$181,565	\$7,605,894	2.39%	\$112,215	\$67,082	\$6,768,893	0.99%	(\$114,483)
09	JUDICIAL BRANCH	\$2,483	\$6,622,943	0.04%	\$8,027	\$6,670,472	0.12%	\$5,544	\$2,905	\$6,712,541	0.04%	(\$5,122)
10	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$5,524	\$1,380,704	0.40%	\$11,326	\$1,412,978	0.80%	\$5,801	\$4,291	\$1,442,995	0.30%	(\$7,034)
12	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$665,923	0.00%	\$574	\$686,426	0.08%	\$574	\$0	\$726,689	0.00%	(\$574)
13	DEPARTMENT OF TAXATION	\$8,775	\$3,644,107	0.24%	\$14,134	\$3,639,491	0.39%	\$5,359	\$11,238	\$3,615,208	0.31%	(\$2,897)
15	COMMISSION ON ETHICS	\$0	\$103,517	0.00%	\$0	\$101,462	0.00%	\$0	\$0	\$104,025	0.00%	\$0
22	JUDICIAL DISCIPLINE COMMISSION	\$0	\$23,567	0.00%	\$0	\$62,032	0.00%	\$0	\$0	\$67,613	0.00%	\$0
23	COMMISSION ON PEACE OFFICERS STANDARDS & TRAINING	\$3,410	\$246,361	1.38%	\$4,690	\$230,285	2.04%	\$1,279	\$913	\$175,569	0.52%	(\$3,776)
24	OFFICE OF VETERANS SERVICES	\$214,471	\$2,458,234	8.72%	\$238,547	\$2,377,896	10.03%	\$24,076	\$132,354	\$2,370,361	5.58%	(\$106,193)
30	DEPARTMENT OF EDUCATION	\$17,171	\$1,687,627	1.02%	\$37,499	\$1,957,676	1.92%	\$20,328	\$19,112	\$2,057,735	0.93%	(\$18,387)
31	STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$0	\$153,875	0.00%	\$1,513	\$141,899	1.07%	N/A	\$1,034	\$159,751	0.65%	(\$479)
36	COMMISSION ON POSTSECONDARY EDUCATION	\$0	\$52,237	0.00%	\$0	\$58,170	0.00%	\$0	\$2,155	\$51,631	4.17%	\$2,155
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$1,278,421	\$58,015,279	2.20%	\$1,752,879	\$60,622,964	2.89%	\$474,458	\$1,841,064	\$63,201,263	2.91%	\$88,185
43	ADJUTANT GENERAL	\$78,146	\$1,400,023	5.58%	\$71,453	\$1,338,181	5.34%	(\$6,693)	\$76,966	\$1,406,050	5.47%	\$5,512
44	DEPARTMENT OF CORRECTIONS	\$1,136,856	\$32,314,888	3.52%	\$1,871,394	\$32,116,237	5.83%	\$734,538	\$2,488,761	\$33,099,876	7.52%	\$617,367
50	COMMISSION ON MINERAL RESOURCES	\$16,615	\$225,318	7.37%	\$15,646	\$221,004	7.08%	(\$969)	\$11,135	\$195,329	5.70%	(\$4,511)
55	DEPARTMENT OF AGRICULTURE	\$14,798	\$1,556,473	0.95%	\$35,009	\$1,676,618	2.09%	\$20,211	\$24,892	\$1,666,687	1.49%	(\$10,117)
58	PUBLIC UTILITIES COMMISSION	\$0	\$1,739,165	0.00%	\$0	\$1,685,869	0.00%	\$0	\$0	\$1,691,836	0.00%	\$0
61	GAMING CONTROL BOARD	\$123,973	\$6,053,712	2.05%	\$111,899	\$5,750,887	1.95%	(\$12,074)	\$114,079	\$5,733,098	1.99%	\$2,181
65	DEPARTMENT OF PUBLIC SAFETY	\$1,168,041	\$18,883,249	6.19%	\$1,437,701	\$18,524,277	7.76%	\$269,660	\$1,673,398	\$19,168,432	8.73%	\$235,697
69	COLORADO RIVER COMMISSION	\$1,200	\$643,204	0.19%	\$2,089	\$624,716	0.33%	\$889	\$1,665	\$599,832	0.28%	(\$424)
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,191,448	\$10,251,703	11.62%	\$929,955	\$9,940,763	9.35%	(\$261,493)	\$1,259,179	\$10,034,433	12.55%	\$329,224
72	DEPARTMENT OF WILDLIFE	\$84,168	\$3,305,712	2.55%	\$75,285	\$3,305,439	2.28%	(\$8,883)	\$97,872	\$3,386,661	2.89%	\$22,587
74	DEPARTMENT OF BUSINESS AND INDUSTRY	\$43,744	\$7,668,797	0.57%	\$80,673	\$7,971,823	1.01%	\$36,928	\$60,433	\$7,921,810	0.76%	(\$20,240)
80	DEPARTMENT OF TRANSPORTATION	\$743,723	\$23,070,165	3.22%	\$1,011,857	\$22,764,305	4.44%	\$268,134	\$856,346	\$23,250,451	3.68%	(\$155,511)
81	DEPARTMENT OF MOTOR VEHICLES	\$35,943	\$11,216,234	0.32%	\$101,841	\$11,195,284	0.91%	\$65,898	\$91,963	\$11,684,348	0.79%	(\$9,877)
90	DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$232,893	\$11,654,220	2.00%	\$239,567	\$10,954,959	2.19%	\$6,674	\$179,793	\$9,929,619	1.81%	(\$59,774)
92	DEFERRED COMPENSATION	\$0	\$14,570	0.00%	\$0	\$13,885	0.00%	\$0	\$0	\$15,100	0.00%	\$0
95	PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$0	\$391,184	0.00%	\$177	\$382,749	0.05%	\$177	\$0	\$361,563	0.00%	(\$177)
96	SILVER STATE HEALTH INSURANCE EXCHANGE	\$796	\$187,753	0.42%	\$0	\$165,886	0.00%	(\$796)	\$0	\$201,765	0.00%	\$0
STATEWIDE TOTALS:		\$6,491,481	\$222,477,492	2.92%	\$8,258,897	\$223,509,698	3.70%	\$1,767,416	\$9,049,862	\$227,481,499	3.98%	\$790,965

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: October 16, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Jim Rodriguez, Budget Analyst
Subject: BOARD OF EXAMINERS INFORMATION ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

DEPARTMENT OF PUBLIC SAFETY – EMERGENCY MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 353.2755, the Division of Emergency Management is notifying the Board of Examiners of its intent to request a recommendation by the Board of Examiners to the Interim Finance Committee for approval of a grant from the Disaster Relief Account to the City of Caliente to cover expenses for site cleanup and repairs incurred as a result of flash-flooding that occurred on July 15, 2015.

Additional Information:

On July 15, 2015, the City Caliente had a major flash flood that caused severe damage to streets, bridges, culverts and other public facilities. On July 23 2015, the City Council of Caliente, Nevada declared a state of emergency, due to impact of damages and the threats to the health, well-being and public safety of the citizens of the City of Caliente.

A Joint Local and State Damage Assessment Team surveyed damaged areas to estimate the costs to return the affected communities to pre-disaster conditions and determine if the damages were sufficient to warrant a request of a state disaster declaration and/or federal disaster declaration. After reviewing the information reported by the city, the Team determined that neither a state nor federal declaration was warranted. However, the team did determine that the impact of the storm was severe enough to constitute a local disaster. Due to the loss and damages to the public

B

Pursuant to NRS 353.2755, the Department of Public Safety, Division of Emergency Management received a letter of intent, submitted by the City Caliente, for a grant from the Disaster Relief Account for reimbursement of expenses incurred during the flash-flooding.

Pursuant to NRS 353.2755(3)(a), the City of Caliente has up to 18 months after declaration of a disaster to submit a complete request to the Division of Emergency Management and the Department of Taxation.

Preliminary cost estimates to repair damage to the City of Caliente’s public infrastructure, including debris removal, total approximately \$145,000. The current balance in the Disaster Relief Account is \$6.7 million.

Statutory Authority:

NRS 353.2705 – 353.2771

<p>REVIEWED: <u>SB</u></p> <p>ACTION ITEM: _____</p>
--

Brian Sandoval
Governor



James M. Wright
Director

Caleb S. Cage
Chief

**Nevada Division of Emergency Management
Homeland Security**

2478 Fairview Drive
Carson City, Nevada 89701
Telephone: (775) 687-0300 • Fax: (775) 687-0322 • <http://dem.state.nv.us/>

RECEIVED

OCT 05 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

September 25, 2015

James R. Wells, Director
Governor's Finance Office
Budget Division
209 E. Musser St.
Carson City, NV 89701

Rick Combs, Director
Legislative Counsel Bureau
Fiscal Analysis Division
401 S. Carson St.
Carson City, NV 89701

Dear Director Wells and Director Combs:

**RE: Letter of Intent to Request Funding from the Nevada Disaster Relief Account (DRA)–
City of Caliente Flash Flooding Event July 15, 2015**

This is formal notice that the City of Caliente intends to submit a full application to the DRA for reimbursement of expenditures incurred in responding to, and recovering from, the July 2015 flood events.

July 23, 2015, the City Council of Caliente, Nevada, declared a state of emergency due to the impact of damages and the threats to the health, well-being and public safety of the citizens of the City of Caliente. The estimated costs of response, clean-up, repair and replacement of such damaged property are \$145,000, far in excess of available City of Caliente resources.

August 11, 2015, the City of Caliente requested from the Division a damage assessment of the affected areas. The State Technical Assistance Response Team (START) deployed August 11, 2015. The Division notified the Board of Examiners of the request August 11, 2015 via email.

The Division provided technical assistance to the City of Caliente by conducting an assessment of damages related to the July 2015 flood events. Prescribed by regulation NRS 353.2753, a draft report including a description of damages, including estimates of the costs to repair was submitted to the Chief of the Division September 4, 2015 (see attached report). The Division determined the event for the City of Caliente constituted a local disaster and submitted the draft report to the City of Caliente.

These figures are preliminary estimates of the costs incurred to date as a result of responding to the July 2015 flood events in the City of Caliente as well as the damage recovery. Actual costs for reimbursement cannot be finalized until all work is complete. The Division is committed to

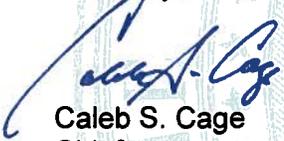
continue to work closely with the City of Caliente in refining the true costs for the submission of its final application for funding under the DRA.

The enclosed letter of intent was submitted by the City of Caliente on September 21, 2015 in accordance with the 60-day submission deadline specified in NRS 353.2755. Based on the above-mentioned declaration date, and in accordance with NRS 353.2755(9)(a), the City of Caliente has up to 18 months, (December 23, 2017) for the submission of the complete application.

Once the City of Caliente determines the total expenses, a full DRA application will be submitted to the Division and the Department of Taxation for review. The Division will review the application package for eligibility and compliance within NRS 353.2755, and then will submit the application and its recommendations to the State Board of Examiners and to the Fiscal Analysis Division of the Legislative Counsel Bureau.

Thank you and should you have any questions, please contact Susan Coyote at (775) 687-0319 or Rick Martin at (775) 687-0306.

Sincerely,



Caleb S. Cage
Chief

sc

Enclosures: City of Caliente Letter of Intent to Request Disaster Relief Funding
City of Caliente Notice of Intent Form
Resolution #2015-04 City of Caliente Declaration of an Emergency
State Technical Assistance Draft Preliminary Damage Assessment Report

CC: James M. Wright – Department of Public Safety, Director
Jackie Muth – Department of Public Safety, Deputy Director
Janet Murphy – Governor’s Finance Office, Budget Division, Deputy Director
Jim Rodriguez – Governor’s Finance Office, Budget Division, Budget Analyst
Jennifer Ouellette – Legislative Counsel Bureau, Fiscal Analysis Division, Program Analyst
Cindy Jones – Legislative Counsel Bureau, Fiscal Analysis Division, Assembly Fiscal Analyst
Mark Krmpotic – Legislative Counsel Bureau, Fiscal Analysis Division, Senate Fiscal Analyst



CITY OF CALIENTE

One Hundred Depot Avenue
P. O. Box 1006 - Caliente, NV 89008
Phone: 775-726-3131
Fax: 775-726-3370
email: cityhall@cityofcaliente.com

September 17, 2015

Nevada Division of Emergency Management
Rick Martin
2478 Fairview Drive
Carson City NV 89701-6824

RECEIVED

SEP 21 2015

DIVISION OF
EMERGENCY MANAGEMENT

Dear Mr. Martin,

Please find enclosed the City of Caliente's Notice of Intent. Due to the recent flooding event the city will be applying for Disaster Relief funds to help with the costs incurred.

If you have any questions, or require additional information, please feel free to contact us.

Sincerely,

Kelli Haluzak
City Clerk



NOTICE OF INTENT
Due to the Division of Emergency Management by:
Close of Business DATE:
Disaster Relief Account

Project Name

Sponsoring Agency

<i>For State Use Only</i>		
Date Received	Application Type	Application Number

Attn: Rick Martin; rmartin@dps.state.nv.us or Suz Coyote; scoyote@dps.state.nv.us
Nevada Division of Emergency Management
2478 Fairview Drive, Carson City, Nevada 89701-6824
(775) 687-0300 phone | (775) 687-0323 fax

Part I: Contact Information

Ken Dixon
Primary Contact

Jerry Carter
Secondary Contact

Bldg. Inspector/Flood Plain Mgr.
Title

Utility Foreman
Title

City of Caliente
Agency

City of Caliente
Agency

PO Box 1006
Address

PO Box 1006
Address

Caliente, Lincoln, NV, 89008
City, County, State, Zip Code

Caliente, Lincoln, NV, 89008
City, County, State, Zip Code

775-726-3131 or 775-962-1213
Phone Number

775-726-3131 or 775-962-3521
Phone Number

kdixon@cityofcaliente.com
E-mail

jcarter@cityofcaliente.com
E-mail

Part II: Community Information

Name of Applicant and Type (County, Tribe, City): City of Caliente, City

100 Depot Ave. PO Box 1006
Address

Aprox 1000
What is the size of the community?

Caliente Lincoln
City and County
NV
State

89008
County Code
Zip Code

State Legislative District(s)

US Congressional District

027768071
DUNS Number

FIPS Code

Part III: Financial

Funding

Project Cost	Annual Maintenance Cost (if applicable)	Proposed Disaster Relief Fund Share (\$ and %)	Proposed Local Share (\$ and %)
145,000	35,000	\$ 0 %	\$ 145,000 %

Matching Non-Federal Funds

Local Share Source	Source Agency Name	Funding Type	Amount	Date Available
Use the space below to add any pertinent details not accounted for above.				

Be sure to include a letter that indicates the date the funds are available to be committed.

Part IV: Project Information

Scope of Work

Describe the project, including what it entails, (what, when, where, how, who).

July 18, 2015 the City of Caliente experienced flash flooding in the Meadow Valley Wash, Spring Heights and near the cemetery. Preliminary damage assessment has been completed. Site locations have been assigned and reviewed. The City has projected the costs to be \$145,000. Labor, equipment, supplies and fuel costs are included in this total. Work required is removal of debris, removal of silt, larvacide spray on standing water for mosquito prevention, extensive work in the wash to move dirt so water can run freely down the center of the wash, excavation and contouring will be done. Projected timeframe to have everything restored is approximately February 2016.

Part V: Project Information, Continued

Estimated Project Timeline

Phase	Duration	Itemized Action List
Site 1	5 days	Spring Heights/Denton Heights removal of mud from street and gutters, replace riprap
Site 2	25 days	Lower Meadow Valley Wash debris removal, standing water larvacide spray
Site 3	5 days	Reset pad for transformer, rewire, bring in fill dirt
Site 4	10 days	Meadow Valley Wash Linear Park riprap repair, removal of debris
Site 5	5 Days	Maeder Wash debris removal
Total	50 days	*Duration must be in days

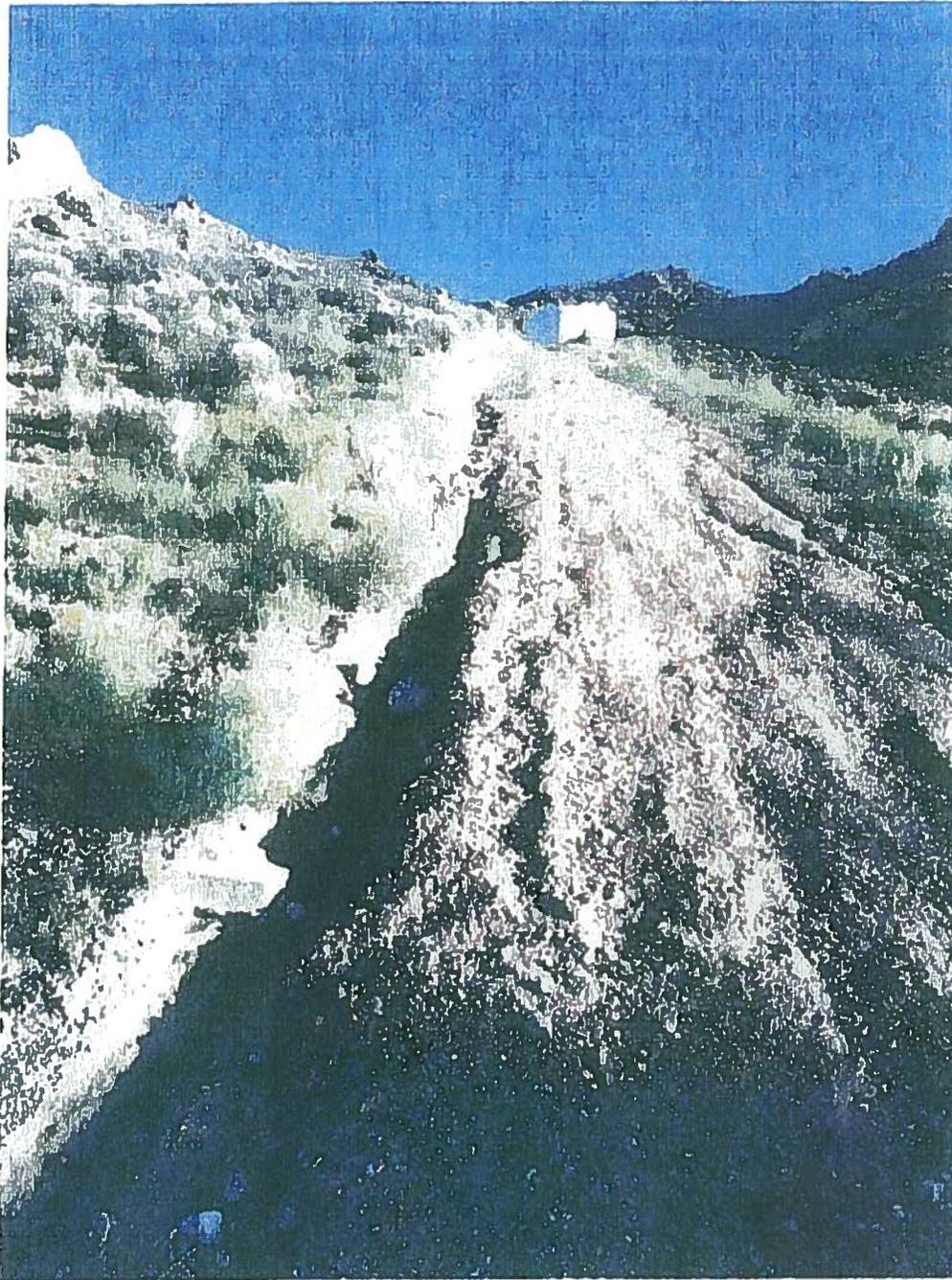
Be sure to attach all relevant estimates and drawings.

Attachments

Check the box next to each article that has been included with this application:

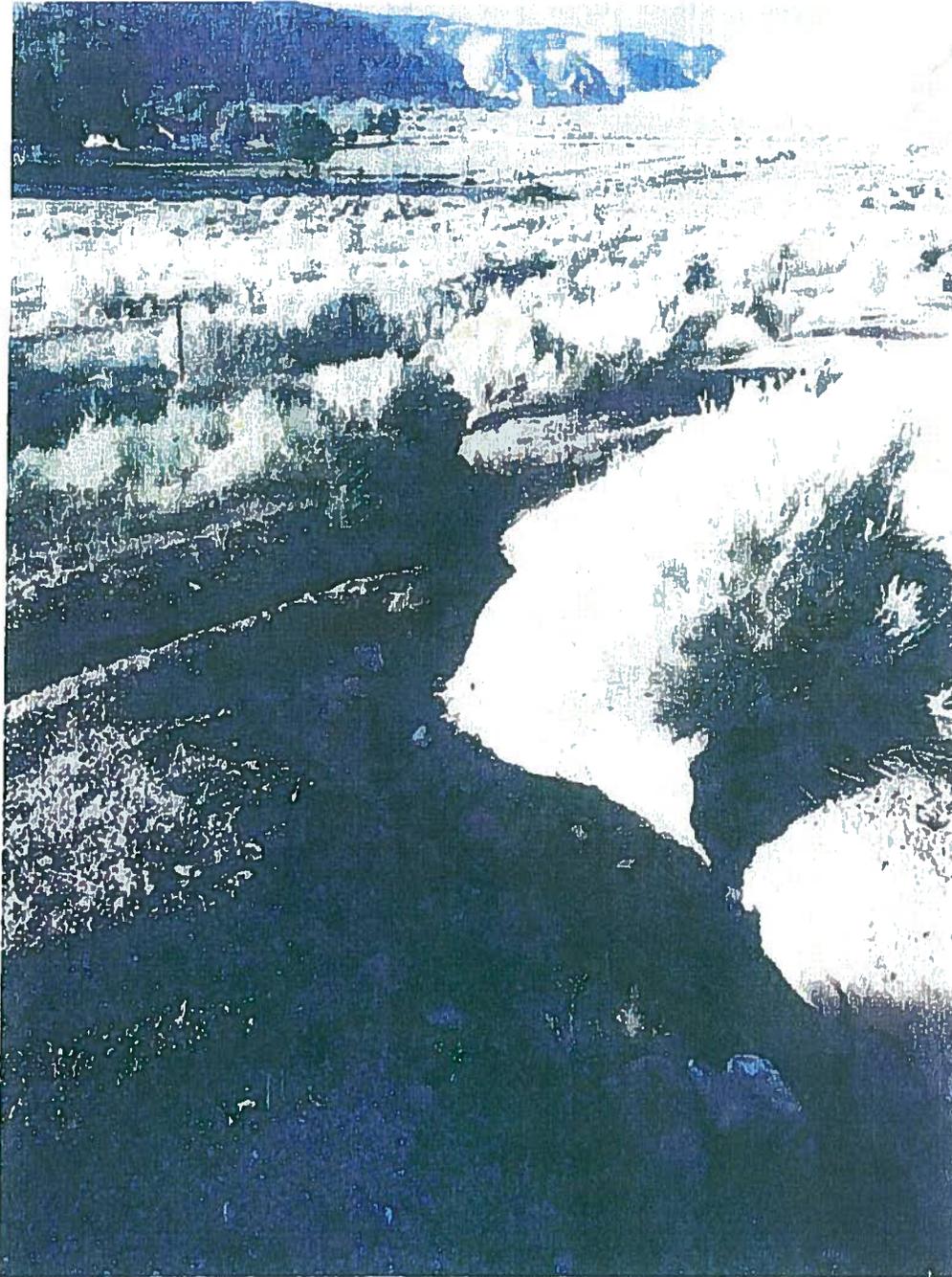
- Estimates
- Maps or Photos
- Funds Commitment Letter





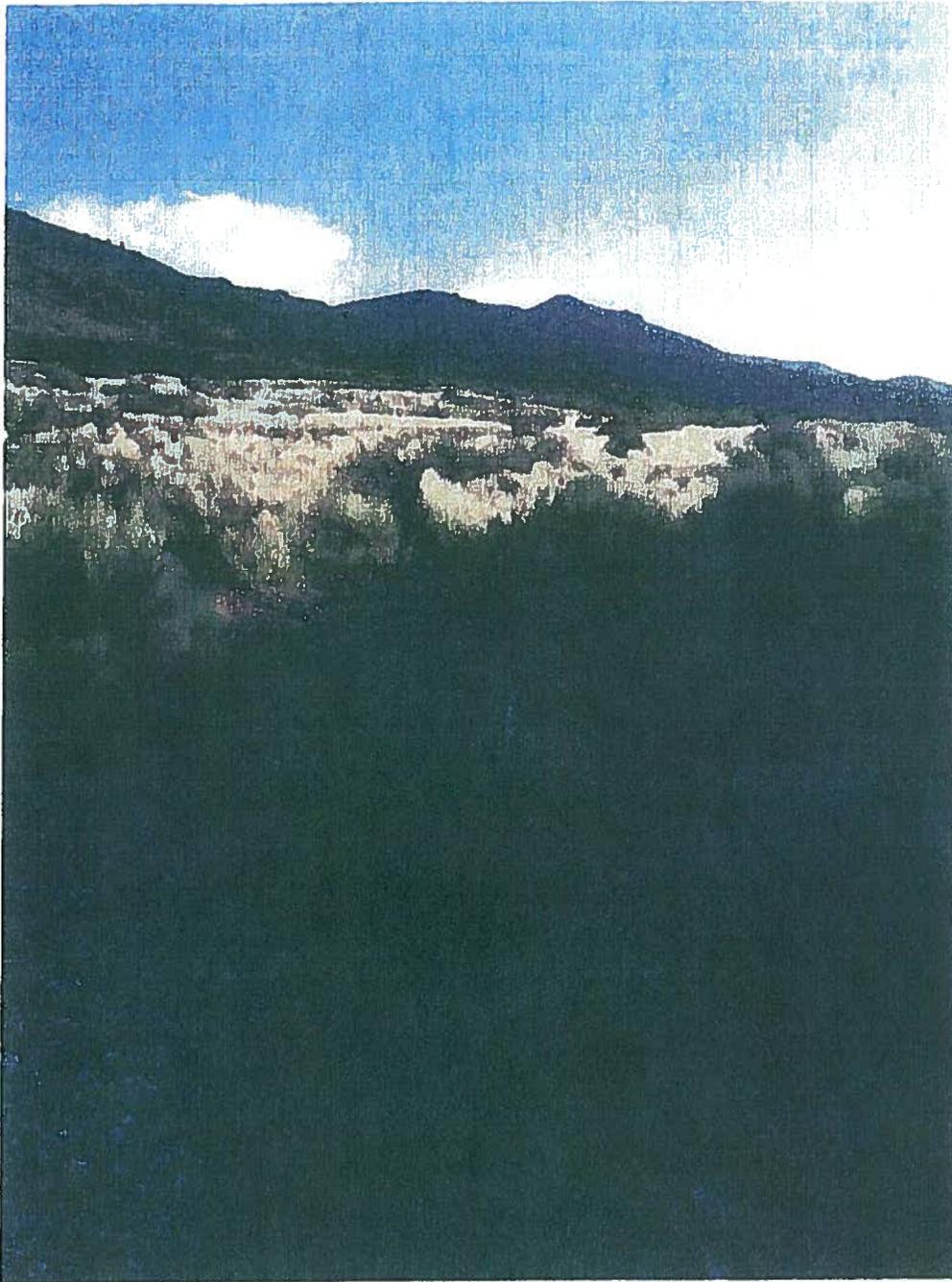














CITY OF CALIENTE

One Hundred Depot Avenue
P. O. Box 1006 - Caliente, NV 89008
Phone: 775-726-3131
Fax: 775-726-3370
email: cityhall@cityofcaliente.com

Rick Stever
Lincoln County Emergency Manager
PO BOX 90
Pioche NV 89043

13 August 2015

SUBJECT: Flash Flood event in Caliente on 18 July 2015

Dear Mr. Stever,

This letter is a follow up to our letter of 31 July 2015 declaring an emergency and requesting financial assistance from the County.

As a result of the 11 August 2015 meeting with yourself, and the NV State Assessment team, we have identified 5 separate areas of damage due to the flood. With the help of the Assessment Team we have also amended the estimated costs involved to return these areas to pre-flood condition:

Site 1. Spring Heights/Denton Ave.

Mostly completed in initial clean-up, cost included in work to date.

Site 2. Lower MV Wash between Hwy 93 Bridge and UPRR/317 trestle.

Initial action was to clear flood channel in case of another event. Estimated remaining debris removal is 8,000 cubic yards.

Site 3. IOOF Cemetery /Young RV Park.

Estimate 90% completed in initial response with these costs included in work to date.

Site 4. MV Linear Park at Maeder Wash.

Initial action was to clear flood channel in case of another event. Estimated remaining debris to be removed is 2,000 cubic yards.

Site 5. Maeder Wash west from MV Linear Park to just west of Maeder property.

State Assessment Team indicated this item may be addressed since the debris in this wash will continue to invade the MV Linear Park wash with each major rainfall. This consists of clearing an estimated 1000 cubic yards of debris from existing wash.

Costs to date include portions of Site 1, 2, 3 and 4.	\$16,500.00
Estimated remaining costs per site are:	
Site 1: Remaining debris and riprap at Spring Heights and MV Wash.	13,600.00
Site 2. 8,000 cubic yards @ unit cost of \$10.25 cy.	82,000.00
Site 3. Complete finish work on cemetery and electrical transformer. Included in Site 1 remaining work.	
Site 4. 2,000 cubic yards @\$10.90/cy.	21,800.00
Site 5. 1,000 cubic yards @\$11.00/cy	11,000.00
Total current and estimated costs	\$144,900.00

The above cubic yard costs include labor, excavation, loading, hauling, fuel and maintenance costs on all equipment. These costs are from the current RS Means Building Construction Cost Data, a nationally recognized estimating manual.



CITY OF CALIENTE

One Hundred Depot Avenue
P. O. Box 1006 - Caliente, NV 89008
Phone: 775-726-3131
Fax: 775-726-3370
email: cityhall@cityofcaliente.com

We appreciate your attendance at the meeting prior to and after the site tour by the assessment team. If you have any questions or comments please let me know.

I will be at the Lincoln County Commission meeting Monday the 17th to assist you in the presentation to the Commissioners in any way that I can.

Sincerely Yours,

Kenneth Dixon, ASFPM
Floodplain Manager
City of Caliente

RESOLUTION 2015-04
of the
CITY OF CALIENTE
DECLARATION OF EMERGENCY

RESOLUTION OF THE CITY OF CALIENTE CITY COUNCIL DECLARING A STATE OF EMERGENCY IN THE CITY OF CALIENTE, NEVADA, DUE TO flash flooding.

WHEREAS, the City of Caliente suffered damage to streets, bridges, culverts, storm drains, homes, businesses and/or other public facilities caused by flash flooding; and

WHEREAS, the impact of these damages threatens the health, well-being and public safety of the citizens of the City of Caliente; and

WHEREAS, the cost of response, clean-up, repair and replacement of such damaged property is far in excess of available City of Caliente resources;

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Caliente declares an EMERGENCY under the provisions of the Nevada Revised Statutes, Chapter 414, Caliente City Code Section 2 and Section 11 Subchapter J, and activates its Emergency Operations Plan, its procedures, attachments and/or appendices to monitor the situation, develop a detailed damage assessment, alleviate hardship and initiate appropriate relief actions and mitigation measures by departments and agencies of local government .

PASSED, ADOPTED AND APPROVED THIS 23 day of July, 2015.

AYES: 4

NAYES: _____

CITY COUNCIL OF CITY OF CALIENTE, NEVADA

By: Stana Hurlburt

Stana Hurlburt, Mayor

ATTEST: Kelli Haluzak

Kelli Haluzak, City Clerk

**AGENDA
CALIENTE CITY COUNCIL
EMERGENCY MEETING**

Date: JULY 23, 2015
Time: 2:00 PM – Open Session
Place: Caliente City Hall – Council Chambers

1. CALL TO ORDER, ROLL CALL AND OPENING REMARKS
2. Pledge of Allegiance.
3. Confirmation of Compliance with Nevada Open Meeting Law.
4. Public Comment (See Note 2) related to the items on the agenda below. In consideration of others, who may also wish to provide public comment, please avoid repetition and limit your comments to no more than three (3) minutes.
5. BRIEFING TO AND FROM THE COUNCIL AND ITS STAFF
 - a. Discussion of Matters Affecting the Council
 1. For possible action: Resolution 2015-04 Declaration of Emergency. Declaration of emergency is due to recent flash flooding within the City of Caliente.
6. Public Comment (See Note 2) related to any matters concerning the City of Caliente. In consideration of others, who may also wish to provide public comment, please avoid repetition and limit your comments to no more than three (3) minutes.
7. ADJOURNMENT

NOTE 1: Items on this agenda may be taken in a different order than listed. Items may be combined for consideration by the Council. Items may be pulled or removed from the agenda at any time.

NOTE 2: Public comment may be made on any issue and any discussion of those items related to the City of Caliente, provided that comment will be limited to areas relevant to and within the authority of the Council. No action will be taken on any items raised in the public comment period. At the discretion of the Chairman, public comment may be received prior to action on individual agenda items. Public Comment may not be limited based on viewpoint. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the committee may refuse to consider public comment. See NRS 233B-126.

NOTE 3: We are pleased to make accommodations for members of the public who are disabled. Caliente City Hall, P.O. Box 1006, Caliente, NV 89008-1006, has been designated to coordinate compliance with the non-discrimination requirements contained in the Dept. of Housing and Urban Development Regulations implementing Section 504 at 24 Code of Federal Regulations Part B. Persons with disabilities who require special accommodations or assistance (e.g. sign language interpreters or assistance listening device) at the meeting should notify City Hall at 775-746-5232, P.O. Box 1006, Caliente, NV 89008-1006. TDD Relay Service 800-926-6868 (Rural NV).

NOTE 4: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability (Not all prohibited bases apply to all programs.) To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.

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Copies were posted at the Caliente Post Office, Jerry's Sinclair, Great Basin Foods, and Caliente City Hall
.....

TECHNICAL ASSISTANCE AND PRELIMINARY DAMAGE ASSESSMENT REPORT

City of Caliente Flash Flooding Event
July 15, 2015

At the request of the City of Caliente, a Joint Preliminary Damage Assessment (PDA) was deployed by the Chief of the Department of Public Safety's Division of Emergency Management (NDEM). The Joint Team's assessment was conducted by local City and County officials and the Nevada State Technical Assistance and Response Team (START) on Tuesday, August 11, 2015.

START Team Members

Bud Marshall – NDEM, Supervisor, Southern NV
Tami D. Kelly – State Public Works Division, AA III

Local Representatives

Rick Stever – Lincoln County Emergency Manager
Ken Dixon – City of Caliente, Floodplain Manager

Background

On July 15, 2015, the City of Caliente had a major flash flood that caused damage to streets, bridges, culverts, other public facilities

On July 23, 2015, the City Council of Caliente, Nevada, declared a state of emergency due to the impact of damages and the threats to the health, well-being and public safety of the citizens of the City of Caliente. The costs of response, clean-up, repair and replacement of such damaged property are far in excess of available City of Caliente resources.

A Joint Local and State Damage Assessment Team was formed to assess damages in the affected areas. The Joint Team met to survey the damaged areas and to estimate costs to return the affected communities back to pre-disaster conditions. Another mission for the team was to determine if the damages were sufficient to warrant a request for a State Emergency Declaration or a Federal Disaster Declaration, further requesting federal assistance from FEMA and other federal agencies should the damages to the affected City/County and the State exceed its capability to respond and recover from this flash flooding event.

After reviewing all of the information reported by the City and the County it has been determined by the Joint Damage Assessment Team that requesting a State or FEMA Declaration is not warranted. The estimated damage, repair, or replacement cost for public infrastructure is approximately \$145,000 for the flash flooding event which is below the federal indicator for the State, which is \$3.8 million for Federal Fiscal Year 2015.

However, the Joint Team determined the storm event was severe and impacted the City enough to constitute a local disaster. Due to the loss and damages to the public

infrastructure within the City of Caliente, it is recommended that the County and the State consider seeking other options for assistance to the affected jurisdictions. Options include but are not limited to: the U.S. Army Corps of Engineers, U.S Department of Agriculture - Rural Development Program, Nevada Rural Development Program, the State Disaster Relief Account, and the Pre-Disaster mitigation grants.

Public Assistance Assessment (Public Buildings and Infrastructure)

Under the Public Assistance Program, FEMA and the State (through the Disaster Relief Account) can provide supplemental aid to state agencies and local jurisdictions to help them recover from emergencies or disasters as quickly as possible.

The Preliminary Damage Assessment reflects the estimated cost repair and/or replacement of all identified structures and equipment assessed.

The following is a summary of damages by using FEMA’s Public Assistance categories as a guide:

CATEGORY A – DEBRIS REMOVAL

Debris Removal is the clearance, removal, and/or disposal of items such as trees, woody debris, sand, mud, silt, gravel, building components, wreckage, vehicles, and personal property.

Large flows of water from the flash flood area have deposited silt, mud, rocks, and other debris across roads, under bridges, and filled drainage channels. Several sites were damaged by debris.

The City of Caliente took immediate action to clear debris from roads and drainage channels to mitigate the threat of further damage to the City of Caliente. However, additional assistance has been requested to complete over 10,000 cubic yards of debris from main flood channels. The damage assessment team estimated the cost of debris removal at five sites.

Category A Total	\$122,300
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CATEGORY B – EMERGENCY PROTECTIVE MEASURES:

Emergency Protective Measures are actions taken before, during, and after a disaster to save lives, protect public health and safety, and prevent damage to improved public and private property.

Category B Total	\$0
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CATEGORY C – ROADS AND BRIDGES:

Roads (paved, gravel, and dirt) are eligible for permanent repair or replacement under

the Public Assistance Program, unless they are federal-aid roads. Eligible work includes repair to surfaces, bases, shoulders, ditches, culverts, low water crossings, and other features, such as guardrails. Damage to the road must be disaster-related to be eligible for repair. In addition, repairs necessary as the result of normal deterioration, such as "alligator cracking," are not eligible because it is pre-disaster damage.

Category C Total	\$0
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CATEGORY D – WATER CONTROL FACILITIES:

Water control facilities include dams and reservoirs, levees, lined and unlined engineered drainage channels, shore protective devices, irrigation facilities, and pumping facilities.

The Denton Detention Basin was filled with silt and caused damage to the riprap lining. The damage assessment team estimated the cost to remove the debris and replace the riprap.

Category D Total	\$18,900
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CATEGORY E – PUBLIC BUILDINGS AND EQUIPMENT:

Buildings, including contents such as furnishings and interior systems such as electrical work, are eligible for repair or replacement under the Public Assistance Program.

Category E Total	\$0
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CATEGORY F – UTILITIES:

Typical Utilities include:

- Water treatment plants and delivery systems
- Power generation and distribution facilities, including generators, substations, and power lines
- Sewage collection systems and treatment plants
- Telecommunications

A transformer at the Independent Order of Odd Fellow Cemetery was dislodged due to water flow causing damage to wiring and requiring the pad to be reset. The berm near the transformer also needs to be repaired. The damage assessment team estimated the cost of the repairs and recommended moving the transformer to a higher location as a mitigation measure.

Category F Total	\$3,500
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CATEGORY G – RECREATION AND OTHER:

Repair and restoration of parks, playgrounds, pools, cemeteries, and beaches. This category also is used for any work or facility that cannot be characterized adequately by Categories A-F.

Category G Total	\$0
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DRAFT

SUMMARY	
July 15, 2015 Flash Flooding Events	
Categories of Work	
Category A: Debris Removal	\$122,300
Category B: Emergency Protective Measures	\$0
Category C: Roads and Bridges	\$0
Category D: Water Control Facilities	\$18,900
Category E: Public Buildings and Equipment	\$0
Category F: Utilities	\$3500
Category G: Recreation and Others	\$0
Total Estimate of Damage for Public Assistance	\$144,700

Individual Assistance Assessment (Homeowners and Businesses)

When individuals and households are affected by an emergency or disaster and those losses are not covered by insurance, assistance may come in a variety of ways. This may include federal government, non-profit, volunteer, and faith-based agencies and organizations. Although disaster assistance programs are not designed to return home and business owners to pre-disaster condition, they may help begin the recovery process. The State of Nevada at this time does not have a state sponsored individual assistance program.

An Individual Assistance assessment was not requested or completed for the City of Caliente.

Concluding Remarks

This report is not based on actual expenses. These are estimates and could fluctuate depending on additional costs submitted by various entities, including the City, other affected entities, additional homeowners coming forward, withdrawn claims, and others.



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: October 12, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Kim Perondi, Budget Analyst
Jim Rodriguez, Budget Analyst
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

DEPARTMENT OF PUBLIC SAFETY – EMERGENCY MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 353.2755, the Division of Emergency Management is notifying the Board of Examiners of its intent to request a recommendation by the Board of Examiners to the Interim Finance Committee for approval of a grant from the Disaster Relief Account to Douglas County to cover expenses for site cleanup and road repair incurred as a result of flash-flooding July 3 – July 11, 2015.

Additional Information:

Beginning July 3 and continuing through July 11, 2015, thunder storms stalled over the state causing flash-flooding events in several Nevada counties. On July 8, 2015, the Douglas County Board of County Commissioners declared a state of emergency, due to severe flooding in the residential areas of Stephanie Way and Johnson Lane.

A Joint Local and State Damage Assessment Team surveyed damaged areas to estimate the costs to return the affected communities to pre-disaster conditions and determine if the damages were sufficient to warrant a request of a state disaster declaration and/or federal disaster declaration. After reviewing the information reported by the counties and state agencies, the Team determined that neither a state nor federal declaration was warranted. The estimated costs of approximately \$3.8 million, combined for five (5) counties, meets the federal indicator, however,

C

Douglas County was the only county to declare. All other counties and state agencies were able to absorb costs from existing budgets.

Pursuant to NRS 353.2755, the Department of Public Safety, Division of Emergency Management received a letter of intent, submitted by Douglas County, for a grant from the Disaster Relief Account for reimbursement of expenses incurred during the flash-flooding.

Pursuant to NRS 353.2755(3)(a), Douglas County has up to 18 months after declaration of a disaster to submit a complete request to the Division of Emergency Management and the Department of Taxation.

Preliminary cost estimates to repair damage to Douglas County's public infrastructure, including debris removal, total approximately \$2.2 million. The current balance in the Disaster Relief Account is \$6.7 million.

Statutory Authority:

NRS 353.2705 – 353.2771

REVIEWED: <u>SB</u>
ACTION ITEM: _____

Brian Sandoval
Governor



James M. Wright
Director

Caleb S. Cage
Chief

**Nevada Division of Emergency Management
Homeland Security**

2478 Fairview Drive
Carson City, Nevada 89701

Telephone: (775) 687-0300 • Fax: (775) 687-0322 • <http://dem.state.nv.us/>

September 17, 2015

James R. Wells, Director
Governor's Finance Office
Budget Division
209 E. Musser St.
Carson City, NV 89701

Rick Combs, Director
Legislative Counsel Bureau
Fiscal Analysis Division
401 S. Carson St.
Carson City, NV 89701

Dear Director Wells and Director Combs:

Subject: Letter of Intent to Request Funding from the Nevada Disaster Relief Account (DRA) – Douglas County Flash Flooding July 3-July 11, 2015

This is formal notice that Douglas County intends to submit a full application to the DRA for reimbursement of expenditures incurred in responding to, and recovering from, the July 2015 flood events.

July 8, 2015, the Douglas County Board of County Commissioners adopted Resolution #2015R-038, Declaration of an Emergency Due to Flash Flooding. Preliminary cost estimates to repair damage to Douglas County's public infrastructure, including debris removal, due to the July 2015 flood events total approximately \$2.2 million.

July 8, 2015, Douglas and other affected counties requested from the Division a damage assessment of the affected areas. The State Technical Assistance Response Team (START) deployed July 9, 2015. The Division notified the Board of Examiners of the request July 10, 2015 via email.

The Division provided technical assistance to multiple counties by conducting an assessment of damages related to the July 2015 flood events. Prescribed by regulation NRS 353.2753, a draft report including a description of damages, including estimates of the costs to repair was submitted to the Chief of the Division July 24, 2015 (see attached report). The Division determined the event for Douglas County constituted a local disaster and submitted the draft report to Douglas County. The other counties have not submitted an intent to apply to the Disaster Relief Account.

These figures are preliminary estimates of the costs incurred to date as a result of responding to the July 2015 flood events in Douglas County as well as the damage recovery. Actual costs for reimbursement cannot be finalized until all work is complete. The Division is committed to

Page 2
September 15, 2015

continue to work closely with Douglas County in refining the true costs for the submission of its final application for funding under the DRA.

The enclosed letter of intent was submitted by Douglas County on September 4, 2015 in accordance with the 60-day submission deadline specified in NRS 353.2755. Based on the above-mentioned declaration date, and in accordance with NRS 353.2755(9)(a), Douglas County has up to 18 months, (January 8, 2017) for the submission of the complete application.

Once Douglas County determines the total expenses, a full DRA application will be submitted to the Division and the Department of Taxation for review. The Division will review the application package for eligibility and compliance within NRS 353.2755, and then will submit the application and its recommendations to the State Board of Examiners and to the Fiscal Analysis Division of the Legislative Counsel Bureau.

Thank you and should you have any questions, please contact Susan Coyote at (775) 687-0319 or Rick Martin at (775) 687-0306.

Best regards,



Caleb S. Cage
Chief and Homeland Security Advisor

SCoyote/cm

Enclosures: Douglas County Letter of Intent to Request Disaster Relief Funding
Douglas County Notice of Intent Form
Douglas County Commissioners Board Agenda Action Sheet
Resolution #2015R-038 Douglas County Declaration of an Emergency
State Technical Assistance Draft Preliminary Damage Assessment Report

CC: James M. Wright – Department of Public Safety, Director
Jackie Muth – Department of Public Safety, Deputy Director
Janet Murphy – Governor's Finance Office, Budget Division, Deputy Director
Jim Rodriguez – Governor's Finance Office, Budget Division, Budget Analyst
Jennifer Ouellette – Legislative Counsel Bureau, Fiscal Analysis Division, Program Analyst



BOARD OF COMMISSIONERS

1594 Esmeralda Avenue, Minden, Nevada 89423

James R. Nichols
COUNTY MANAGER
775-782-9821

COMMISSIONERS:
Doug N. Johnson, CHAIRMAN
Nancy McDermid, VICE-CHAIRWOMAN
Greg Lynn
Lee Bonner
Barry Penzel

September 3, 2015

Caleb S. Cage
Chief and Homeland Security Advisor
Nevada Division of Emergency Management
2478 Fairview Drive
Carson City, NV 89701

Re: Notice of Intent to Request Disaster Relief Funding

Dear Mr. Cage,

This letter serves as Douglas County's written notice of intent to request funding from the State Disaster Relief Account, pursuant to NRS 354.2755 for the damages incurred to public infrastructure that resulted from the July 2015 flash flooding events in Douglas County.

Under the NRS, the County's governing board must determine that the event constituted a disaster. Attached is Resolution No. 2015R-038, adopted on July 8, 2015 by the Douglas County Board of Commissioners. The County understands that it must submit an application with all supporting financial information and documentation to the State Department of Taxation within eighteen months of the date of this written notification for consideration of disaster relief funding.

Sincerely,

Doug N. Johnson, Chairman
Douglas County Board of Commissioners

CC: James R. Nichols, County Manager
Christine Vuletich, Assistant County Manager/Chief Financial Officer

Mailing Address: P.O. Box 218, Minden, NV 89423

Douglas County Board of County Commissioners

AGENDA ACTION SHEET

Title: For possible action. Discussion to approve the submission of a notice of intent to request a grant or loan from the State of Nevada Disaster Relief Account for the costs to repair Douglas County public infrastructure damaged in the July 2015 flood events. (Christine Vuletich)

Recommended Motion: Approve the submission of a notice of intent to request a grant or loan from the State of Nevada Disaster Relief Account for the costs to repair Douglas County public infrastructure damaged in the July 2015 flood events.

Funds Available: No financial impact at this time. However, there would be a financial impact if the County submits an application to the State and is awarded disaster relief funding.

Prepared by: Christine Vuletich

Meeting Date: September 3, 2015 **Time Required:** 5 minutes

Agenda: Consent

Background Information: On July 8, 2015, the Douglas County Board of County Commissioners adopted Resolution #2015R-038, Declaration of an Emergency Due to Flash Flooding. Preliminary cost estimates to repair damage to Douglas County's public infrastructure, including debris removal, due to the July 2015 flood events total \$2.2 million. In accordance with Nevada Revised Statutes 353.2705-2771, a local government may, within 60 days of its governing board's determination that an event constitutes a disaster, submit written notice to the State of Nevada Division of Emergency Management of its intent to request a loan or grant from the Disaster Relief Account. After the notice of intention is submitted to the State, the County will have 18 months to submit the application requesting funding from the Disaster Relief Account. The application process will require the County to provide extensive financial information and documentation to the Department of Taxation to support its inability to pay the expenses incurred during the disaster. The State Board of Examiners makes recommendations to the Interim Finance Committee based on the documentation submitted and determines if the requesting agency qualifies for assistance and specifies the type of funding best suited to the application-- either a loan or a grant.

Agenda Item # A



BOARD OF COMMISSIONERS

1594 Esmeralda Avenue, Minden, Nevada 89423

James R. Nichols
COUNTY MANAGER
775-782-9821

COMMISSIONERS:
Doug N. Johnson, CHAIRMAN
Nancy McDermid, VICE-CHAIRWOMAN
Greg Lynn
Lee Bonner
Barry Penzel

September 3, 2015

Caleb S. Cage
Chief and Homeland Security Advisor
Nevada Division of Emergency Management
2478 Fairview Drive
Carson City, NV 89701

Re: Notice of Intent to Request Disaster Relief Funding

Dear Mr. Cage,

This letter serves as Douglas County's written notice of intent to request funding from the State Disaster Relief Account, pursuant to NRS 354.2755 for the damages incurred to public infrastructure that resulted from the July 2015 flash flooding events in Douglas County.

Under the NRS, the County's governing board must determine that the event constituted a disaster. Attached is Resolution No. 2015R-038, adopted on July 8, 2015 by the Douglas County Board of Commissioners. The County understands that it must submit an application with all supporting financial information and documentation to the State Department of Taxation within eighteen months of the date of this written notification for consideration of disaster relief funding.

Sincerely,

Doug N. Johnson, Chairman
Douglas County Board of Commissioners

CC: James R. Nichols, County Manager
Christine Vuletich, Assistant County Manager/Chief Financial Officer

Mailing Address: P.O. Box 218, Minden, NV 89423

**RESOLUTION #2015R-038
DECLARATION OF AN EMERGENCY
DUE TO FLASH FLOODING**

WHEREAS, Douglas County has experienced unexpected severe lightning storms and heavy rain resulting in flash flooding that has caused or has the potential to cause significant amounts of damage to property and infrastructure, both public and private, and has threatened the lives of Douglas County residents; and

WHEREAS, Douglas County government does not have sufficient resources to handle a flash flood of this magnitude; and

WHEREAS, the State of Nevada and the U.S. government have the necessary resources to assist in preventing future damage from the flood and to protect the property and residents of Douglas County; and

WHEREAS, NRS Chapters 244 and 414 provide the statutory authority for an emergency declaration by the Douglas County Board of Commissioners; and

NOW THEREFORE LET IT BE RESOLVED that the Douglas County Board of Commissioners hereby declares that a State of Emergency exists in Douglas County due to the flash flood(s) and resulting damage that threatens the health, safety, welfare and property of Douglas County residents.

The Douglas County Board of Commissioners requests that the Governor investigate this flash flood and declare that a State of Emergency exists in Douglas County. The Board of Commissioners also requests that the Governor provide state assistance, including but not limited to, provision of all available resources, as deemed necessary, to stem the flooding, to assist with damage assessment and recovery. Douglas County requests that the Governor contact Nevada's Congressional delegation to solicit their assistance in obtaining federal aid for this flash flooding and resulting damage if deemed necessary.

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This Declaration of Emergency Due To Flooding adopted this 8th day of July, 2015 by the following vote:

VOTE: Ayes: Commissioner

Ray Puzel
Patricia McDermid
Jill
Doug N. Johnson

Nays: Commissioner None

Absent: Commissioner None

Doug N. Johnson
Doug N. Johnson, Chair
Douglas County Board of Commissioners

ATTEST: *Kathy Lewis*
Douglas County Clerk



NOTICE OF INTENT
Due to the Division of Emergency Management by:
Close of Business DATE: September 7, 2015
Disaster Relief Account

Johnson Lane 2015 Flood Cleanup and Restoration

Project Name

Douglas County, Nevada

Sponsoring Agency

<i>For State Use Only</i>		
Date Received	Application Type	Application Number
9/4/2015	Disaster Relief Account	DRA-DC-001

Attn: Rick Martin; rmartin@dps.state.nv.us or Suz Coyote; scoyote@dps.state.nv.us
Nevada Division of Emergency Management
2478 Fairview Drive, Carson City, Nevada 89701-6824
(775) 687-0300 phone | (775) 687-0323 fax

Part I: Contact Information

Carl Ruschmeyer

Primary Contact

Public Works Director

Title

Douglas County

Agency

P.O. Box 218

Address

Minden, NV 89423

City, County, State, Zip Code

(775) 782 – 6227

Phone Number

cruschmeyer@co.douglas.nv.us

E-mail

Christine Vuletich

Secondary Contact

Assistant County Manager/Chief Financial Officer

Title

Douglas County

Agency

P.O. Box 218

Address

Minden, NV 89423

City, County, State, Zip Code

(775) 782 – 782-9097

Phone Number

cvuletich@co.douglas.nv.us

E-mail

Part II: Community Information

Name of Applicant and Type (County, Tribe, City): Douglas County, NV (County)

Douglas County
P.O. Box 218
Minden NV 89423

455,291 ACs (Total) 17,984 (Local)
Population 48,553 (Total)

Address

What is the size of the community?

Minden, Douglas

City and County

County Code

Nevada
State

89423

Zip Code

19 & 39

2

State Legislative District(s)

US Congressional District

0109849790000

N/A

DUNS Number

FIPS Code

Part III: Financial

Funding

Project Cost	Annual Maintenance Cost (if applicable)	Proposed Disaster Relief Fund Share (\$ and %)	Proposed Local Share (\$ and %)
\$2,209,612		\$1,106,770 50 %	\$1,106,770 50 %

Matching Non-Federal Funds

Local Share Source	Source Agency Name	Funding Type	Amount	Date Available
Reserves	Douglas County	Road Operating Fund – Board Designated, Emergency Reserves	\$140,000	Currently Available Upon Board of County Commissioners' Approval
		Road Operating Fund – Board Designated Equipment Reserves	\$477,244	Currently Available Upon Board of County Commissioners' Approval
		Extraordinary Maintenance Fund	\$400,000	Currently Available Upon Board of County Commissioners' Approval

		Regional Transportation Fund	\$89,526	Currently Available Upon Board of County Commissioners' Approval
Use the space below to add any pertinent details not accounted for above.				

Part IV: Project Information

Scope of Work

Describe the project, including what it entails, (what, when, where, how, who).

Phase 1: Site cleanup and restoration

The scope of work generally consists of the following elements:

- 1) Debris removal consisting of, but not limited to, rock, mud, trees, brush, building components and personal property.
- 2) Road side ditch and culvert cleanup and restoration, including but not limited to, culverts, detention basins and roadside ditch restoration and realignment.

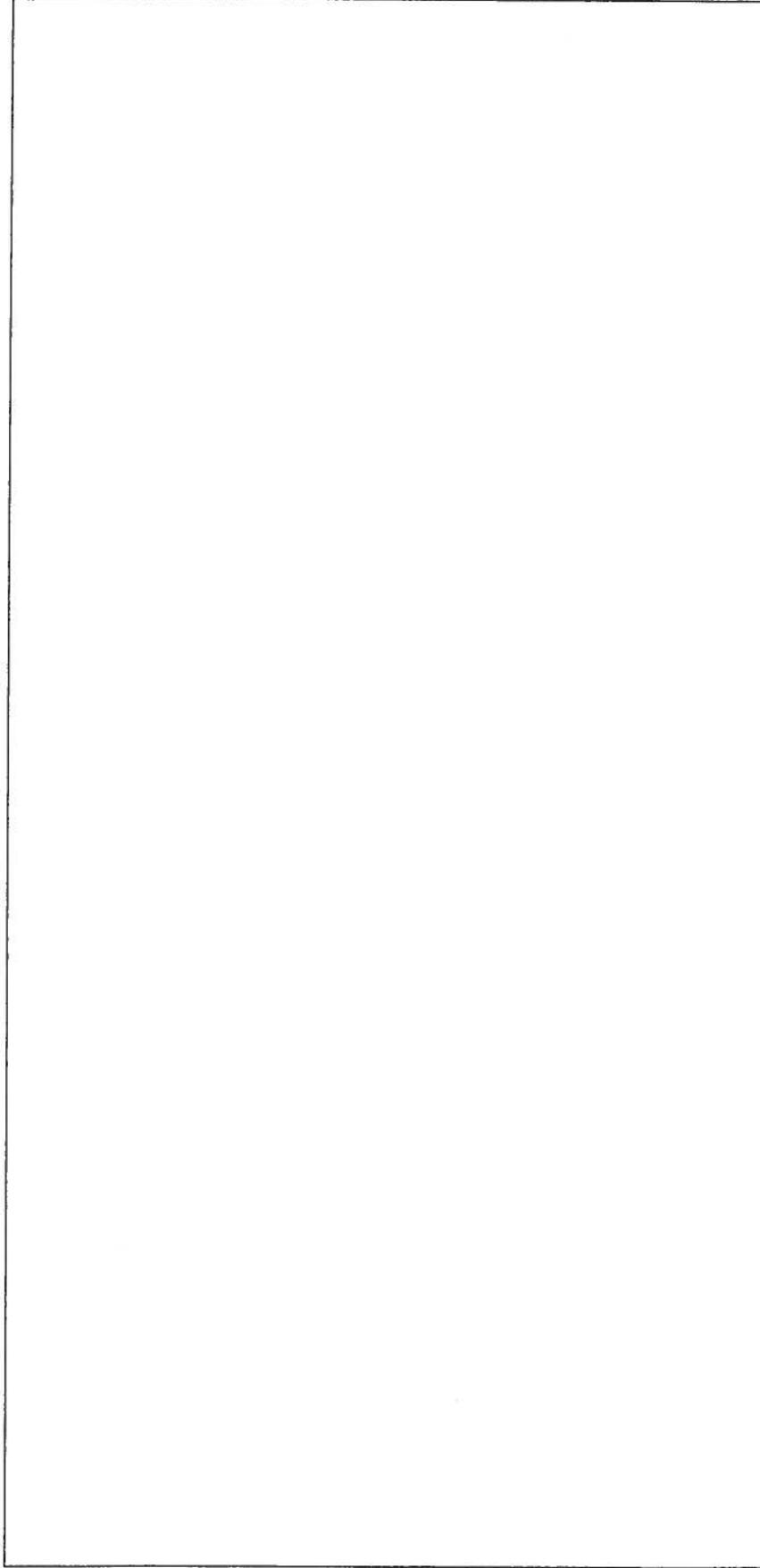
The above work was initiated at the beginning of the flood events on July 3, 2015 with an estimated completion date of October 31, 2015. The work is/ or has been completed by Douglas County, Public Works road crew and engineering staff, East Fork Fire Paramedic District staff, NDF crews, Town of Minden, Town of Gardnerville and private contractors.

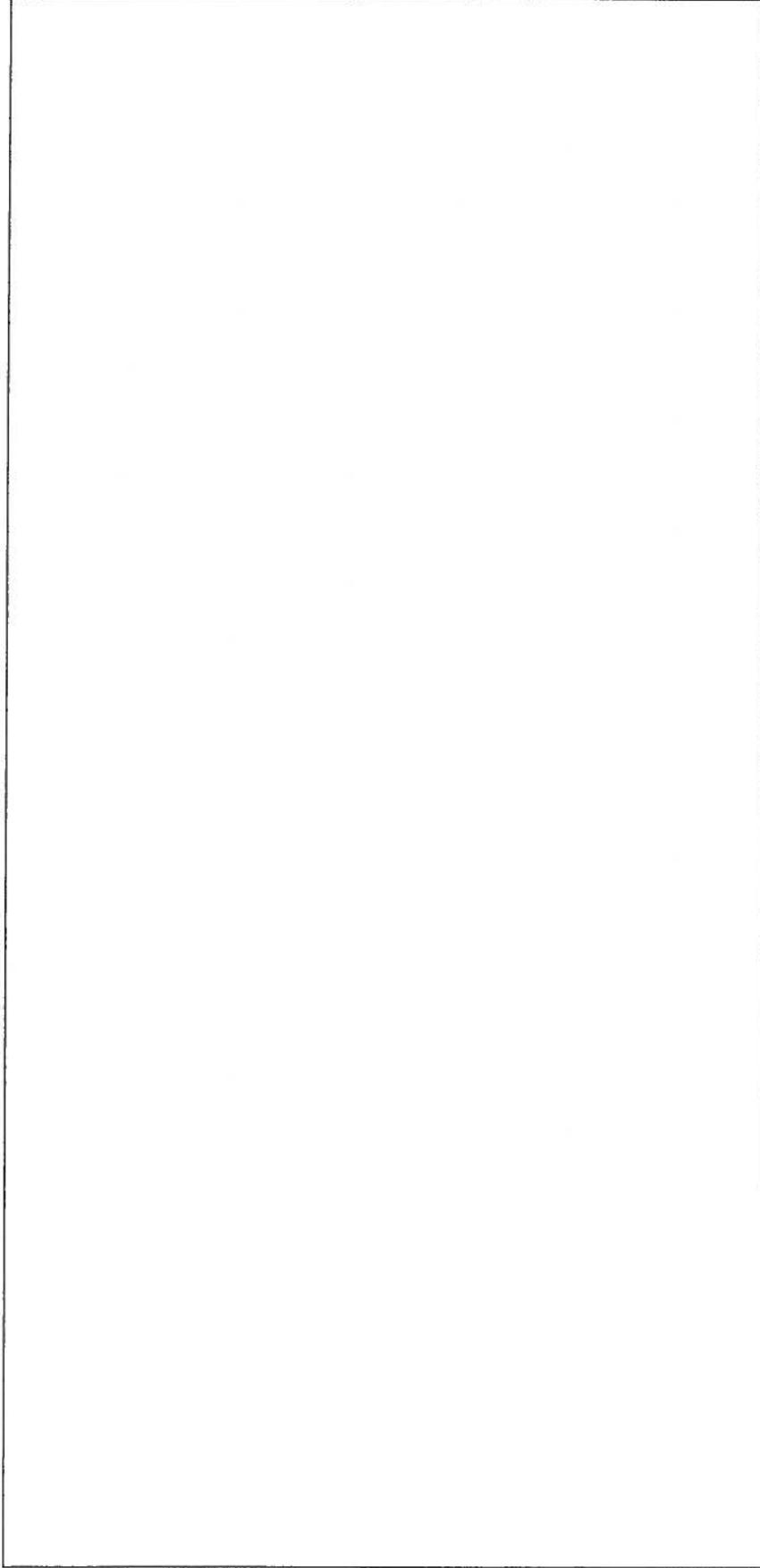
Phase II: Road repair

The scope of work generally consists of the following elements:

- 3) Shoulder restoration and pavement patching
 - 4) Road bed structural fill, aggregate base and AC pavement
 - 5) Culvert crossing replacement
 - 6) Dip Section (desert crossing) repair
- The above work will be initiated after the initial site clean-up and restoration work is complete. It is anticipated that this work will occur between November 1, 2015 and August 31, 2016.

The work will be performed by Public Works road crews and/or outside private contractors.





Part V: Project Information, Continued

Estimated Project Timeline		Itemized Action List
Phase	Duration	
1	85	Ongoing cleanup efforts
2	216	Design & construction
Total	301	*Duration must be in days

Be sure to attach all relevant estimates and drawings.

Attachments

Check the box next to each article that has been included with this application:

- Estimates
- Maps or Photos
- Funds Commitment Letter

TECHNICAL ASSISTANCE AND PRELIMINARY DAMAGE ASSESSMENT REPORT

Multiple County Flash Flooding Event
July 3 – July 11, 2015

A Joint Preliminary Damage Assessment (PDA) was conducted by local County officials and the Nevada State Technical Assistance and Response Team (START) starting Thursday, July 9, 2015.

START Members

Rick Martin – NDEM, Program Manager
Suz Coyote – NDEM, Public Assistance Officer
Rob Palmer – NDWR, State Floodplain Manager/NFIP Coordinator
Jim Lemaire – DPS, Information Security Officer
Gail Powell – NDEM Public Information Officer
Kevin Schaller – NDEM Program Manager
Kim Toulouse – NDOW, Wildlife Education Coordinator, PIO
Connor Long – NDEM, GIS Specialist
Karen Hall – NDEM, Management Analyst II
Eric Wilson – NDEM, ASO I

County Local Representatives

Jon Erb - Civil Engineer, Douglas County Public Works
Brett Reed – Douglas County Public Works
Joe Curtis – Emergency Management Director, Storey County
Rob Loveberg – Emergency Management Coordinator, Lyon County
Harold Stone – Water, Sewer & Civil Project Inspector, Washoe County Community Services Department

Background

Beginning on July 3 and continuing through July 11, 2015, thunder storms stalled over the state causing flash flooding events in Douglas, Washoe, Storey, Lyon and Pershing counties. During the week of July 6-10, the National Weather Service issued 44 Flash Flood Warnings, 22 Thunderstorm Warnings, 11 Flood Advisories and 1 Dust Storm Warning. Large amounts of water and debris flows damaged county maintained roads, covered access roads for county maintained services, filled ditches and culverts and engaged several first response agencies causing overtime and backfill situations around the state. Water, mud and debris covered the property of over 437 private homeowners and in some instances entered homes and seeped into garages and crawl spaces under homes.

On July 8, 2015, the Douglas County Board of County Commissioners declared a state of emergency, due to the severe flooding in the residential areas of Stephanie Way and Johnson Lane.

Multiple County Offices of Emergency Management requested assistance from the Nevada State Technical Assistance and Response Team (START). Joint Local and

State Damage Assessment Teams were formed to assess damages in the affected areas. The Joint Teams met to survey the damaged areas and to estimate the costs to return the affected communities to pre-disaster conditions. Additionally, the Team's mission is to determine if the damages are sufficient to warrant a request a State disaster declaration and/or federal disaster declaration. Thus, further requesting federal assistance from FEMA and other federal agencies should the damages to the affected Counties and the State exceed its capability to respond and recover from these flash types of events.

After reviewing all of the information reported by the Counties and the State agencies, it has been determined by the Joint Damage Assessment Team that requesting a State or FEMA Declaration is not warranted. The estimated damage, repair or replacement cost for public infrastructure is approximately \$3.8 million for the flash flooding events combined for all 5 counties which is meets the federal indicator for Nevada which is \$3,807,777 for Federal Fiscal Year 2015. Although the estimate exceeds the federal indicator, Douglas County was the only County to declare. All other counties and state agencies reviewed were able to absorb the costs from existing county budgets.

The Team recognizes that the Counties, especially Douglas County, were greatly impacted, therefore, it is recommended the State assist the Counties in seeking other options for assistance which may include: U.S. Army Corps of Engineers, U.S Department of Agriculture - Rural Development Program, Nevada Rural Development Programs, Volunteer Organizations Active in Disasters (VOAD), the State Disaster Relief Account, Pre-Disaster Mitigation (PDM) grants, etc.

Public Assistance Assessment (Public Buildings and Infrastructure)

To estimate pre-disaster costs repairs for debris removal, emergency protective measures, and the repair, replacement, or restoration of disaster-damaged, publicly owned facilities and the facilities of certain Private Non-Profit (PNP) organizations.

The following is a summary of damages using FEMA's eligible Public Assistance categories, A-G:

CATEGORY A – DEBRIS REMOVAL

Debris Removal is the clearance, removal, and/or disposal of items such as trees, woody debris, sand, mud, silt, gravel, building components, wreckage, vehicles, and personal property.

Large flows of fast moving water from the flash flood area have eroded and deposited silt, mud, rocks, trees and other debris across private residential yards and entered some homes. County maintained roads, several ditches, culverts and detention basins were damaged by debris or wash outs.

Category A Total	\$746,853
Douglas	\$113194,115

Lyon	\$31,823
Pershing	\$0
Storey	\$244,882
Washoe	\$271,035
State Agencies	\$4,998

CATEGORY B – EMERGENCY PROTECTION MEASURES:

Emergency Protective Measures are actions taken before, during, and after a disaster to save lives, protect public health and safety, and prevent damage to improved public and private property. State agencies have responded with road crews and damage assessment personnel. These costs are included below.

Category B Total	\$168,144
Douglas	\$6,000
Lyon	\$1,940
Pershing	\$0
Storey	\$0
Washoe	\$150,000
State Agencies	\$10,204

CATEGORY C – ROADS AND BRIDGES:

Roads (paved, gravel, and dirt) are eligible for permanent repair or replacement under the Public Assistance Program, unless they are Federal-aid roads. Eligible work includes repair to surfaces, bases, shoulders, ditches, culverts, low water crossings, and other features, such as guardrails. Damage to the road must be disaster-related to be eligible for repair. In addition, repairs necessary as the result of normal deterioration, such as "alligator cracking," are not eligible because it is pre-disaster damage.

There were several county maintained roads, ditches, culverts damaged by this flashflood event. The county roads and access roads were eroded and covered in heavy debris, mud, water, rocks and downed trees.

Category C Total	\$1,311,223
Douglas	\$1,204,925
Lyon	\$15,799
Pershing	\$53,449
Storey	\$0
Washoe	\$37,050
State Agencies	\$0

CATEGORY D – WATER CONTROL FACILITY:

Water control facilities include dams and reservoirs, levees, lined and unlined engineered drainage channels, shore protective devices, irrigation facilities, and

pumping facilities.

Category D Total	\$1,607,263
Douglas	\$767,500
Lyon	\$1,025
Pershing	\$0
Storey	\$0
Washoe	\$838,378
State Agencies	\$0

CATEGORY E – PUBLIC BUILDINGS AND EQUIPMENT:

Buildings, including contents such as furnishings and interior systems such as electrical work, are eligible for repair or replacement under the Public Assistance Program.

Category E Total	\$0
Douglas	\$0
Lyon	\$0
Pershing	\$0
Storey	\$0
Washoe	\$0
State Agencies	\$0

CATEGORY F – UTILITIES

Typical Utilities include:

- Water treatment plants and delivery systems
- Power generation and distribution facilities, including generators, substations, and power lines
- Sewage collection systems and treatment plants
- Telecommunications

Category F Total	\$40,000
Douglas	\$40,000
Lyon	\$0
Pershing	\$0
Storey	\$0
Washoe	\$0
State Agencies	\$0

CATEGORY G – RECREATION AND OTHER

Repair and restoration of parks, playgrounds, pools, cemeteries, and beaches. This category also is used for any work or facility that cannot be characterized adequately by Categories A-F.

Category G Total	\$1,000
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Douglas County	\$1000
Lyon	\$0
Pershing	\$0
Storey	\$0
Washoe	\$0
State Agencies	\$0

SUMMARY	
July 3 - July 11, 2015 Flash Flooding Events	
Categories of Work	
Category A: Debris Removal	\$746,852
Category B: Emergency Protective Measures	\$168,144
Category C: Roads and Bridges	\$1,311,223
Category D: Water Control Facilities	\$1,606,903
Category E: Buildings and Equipment	\$0
Category F: Utilities	\$40,000
Category G: Parks, Recreational Facilities, ETC.	\$1000
Total Estimate of Damage for Public Assistance	\$3,874,123

Individual Assistance Assessment (Homeowners and Businesses)

When individuals and households are affected by an emergency or disaster and those losses are not covered by insurance, assistance may come in a variety of ways. This may include federal government, non-profit, volunteer and faith-based agencies/organizations. Although disaster assistance programs are not designed to return you to pre-disaster condition, they may help begin the recovery process. The State of Nevada, at this time does not have a state sponsored individual assistance program.

During the storm a total of 437 homes and 1 business were reported as damaged. The Joint local and State damage assessment teams used the established FEMA Individual Assistance Damage Assessment Level Guidelines in determining levels of damage.

The definitions of damage levels for Individual Assistance are as follows:

Destroyed, meaning the structure is a total loss, not economically feasible to rebuild.

Major, meaning extensive repairs are necessary to make it habitable and it will likely take more than 30 days to repair.

Minor, meaning repairs are necessary to make the structure habitable and it will likely take less than 30 days to repair.

Affected Habitable, meaning the structure has received minimal damage and it is habitable without repairs. Majority of the damages reported were for landscaping or yard debris.

Water, mud and debris seeped into homes and garages and underneath foundations. The Team noted water entered some area or areas of the structure but all homeowners were allowed to stay in their homes. No red or yellow tags were issued by county officials. A "red-tagged" structure indicates severe damage to the degree that the structure is too dangerous to inhabit. Similarly, a structure is "yellow-tagged" if it has been moderately damaged to the degree that its habitability is limited (only during the day, for example).

The majority of the damages assessed were debris and damages to driveways and landscaping. Properties, in some instances were covered with inches of mud and gravel driveways were washed away.

Washoe County	109
Destroyed	0
Major	2
Minor	13
Affected	94

Douglas County	162
Destroyed	0
Major	4
Minor	7
Affected	151
Business Affected	1

Storey County	165
Destroyed	0
Major	3
Minor	5
Affected	157

NDEM uses FEMA's Code of Federal Regulation §206.48 (b) (6) Average amount of individual assistance by State when evaluating a Governor's Request for Individual

Assistance (IA) for a major disaster declaration. The extended event did not meet the eligibility requirements for FEMA's Individual Assistance program.

Nevada population of 2,700,511 based on 2010 Census	Small states (under 2 million pop.)	Medium states (2-10 million pop.)	Large states (over 10 million pop.)
Number of Homes Estimated Major Damage/Destroyed to qualify	173	582	801

Please see link below for additional details when evaluating a Governor's Request for IA: http://www.ecfr.gov/cgi-bin/text-idx?SID=465bce7222895b9eacff58ede85377c6&node=pt44.1.206&rgn=div5#se44.1.206_148

Concluding Remarks

On July 14, 2015, NDEM requested assistance from the Small Business Administration (SBA) to conduct joint federal, state, and local damage assessments to the homes and businesses in three heavily affected jurisdictions; Douglas, Storey and Washoe. The joint teams conducted assessments on July 16 and 17, 2015 and after viewing 437 homes, it was determined that Nevada does not meet SBA declaration criteria. SBA will make a physical disaster declaration when: At least 25 homes (primary residences) and/or businesses in a county have uninsured losses of 40% or more of their estimated fair replacement value (Secondary homes, condominium units, cabins, camps, lake homes, etc., used for recreational purposes are not included in the count.)

This START report is based on estimated expenses and number of homes reported. These estimates could fluctuate depending on additional costs submitted, claims withdrawn, additional homeowners coming forward, etc.



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE**

Budget Division

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: October 28, 2015
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Colleen Murphy, Budget Analyst *cm*
Budget Division
Subject: BOARD OF EXAMINERS **INFORMATIONAL** ITEM

The following describes an informational item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF CORRECTIONS –
NORTHERN NEVADA RESTITUTION CENTER**

Agenda Item Write-up:

The Department of Corrections processed the first amendment to the revenue land lease agreement with Dayton Valley Turf, Inc. (DVT) to correct the originally cited land address. DVT utilizes the land for turf operations and employs at least one offender resident.

Additional Information:

The revenue land lease agreement form was provided to the agency by the Division of State Lands, wherein legal land descriptions and contract terms were cited. The lease was approved at the September BOE. The agency later found that the address was cited incorrectly in the lease. The agency consulted with their Deputy Attorney General who recommended an amendment and BOE submittal.

DVT is currently utilizing the land and has been since 1998. The current lease fee is \$2,200.00 per month. Approval of this amendment ensures the continuity of operations for DVT and provides future opportunities for one or more inmates to be employed.

REVIEWED: *RM*
~~ACTION ITEM:~~ _____

JAS



Agency: Nevada Department of Corrections
A.P.N. Washoe County currently identified as 012-182-02 and a portion of 012-182-03

Return to: Nevada Department of Corrections
Janet Hardy, Contracts Manager
5500 Snyder Avenue, Bldg. 17
Carson City, NV 89701

AMENDMENT 1 TO LEASE AGREEMENT

THIS LEASE AMENDMENT is made and entered into by and between the STATE OF NEVADA, acting by and through the NEVADA DEPARTMENT OF CORRECTIONS hereafter referred to as (NDOC) and its SILVER STATE INDUSTRIES PRISON INDUSTRIES, hereinafter referred to as (SSI), and DAYTON VALLEY TURF, INC., hereinafter referred to as (DVT).

WITNESSETH:

WHEREAS, the NDOC and DVT entered into a Lease Agreement on September 8, 2015 for DVT to occupy and utilize the property owned by the NDOC known as 290 Kietzke Lane, Reno, Nevada 89502 which is all of APN 012-182-02 and a portion of APN 012-182-03, hereinafter referred to as DAYTON VALLEY TURF, INC.; and

WHEREAS, said agreement references an incorrect address of 1840 E. 2nd Street, Reno, Nevada 89502 and APN 012-182-03 as associated with DAYTON VALLEY TURF, INC.; and

WHEREAS, NDOC and DVT need to correct that address to accurately reflect that of DAYTON VALLEY TURF, INC.; and

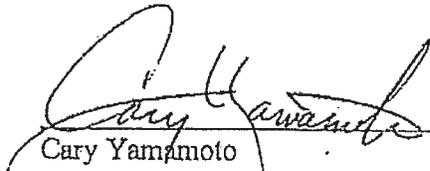
NOW THEREFORE, NDOC and DVT agree to amend the lease agreement dated September 8, 2015 for the purpose of correcting the address to: 290 Kietzke Lane, Reno, Nevada 89502 which is all of APN 012-182-02 and a portion of APN 012-182-03.

All other terms and conditions of the original Lease Agreement dated September 8, 2015 remain in full force and effect with no other changes or amendments thereto.

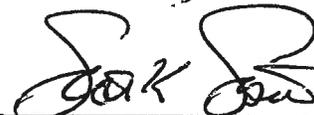
INCORPORATED DOCUMENTS. Attachment A (Original Lease Agreement) is attached hereto, incorporated by reference herein and made a part of this amended lease agreement.

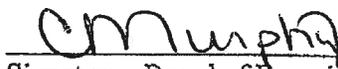
IN WITNESS WHEREOF, the parties hereto have executed this amended lease agreement as of the day and year first above written

DAYTON VALLEY TURF, INC.


Cary Yamamoto _____ 10/21/15 _____
Date Title
President

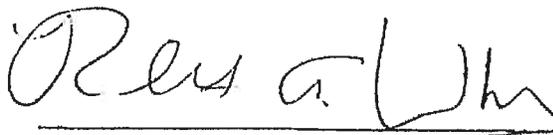
NEVADA DEPARTMENT OF CORRECTIONS


Scott K. Sisco _____ 10/29/2015 _____
Date Title
Deputy Director Support Services


Signature - Board of Examiners for James R. Wells APPROVED BY BOARD OF EXAMINERS

On 10/29/15
(Date)

Approved as to form by:


Deputy Attorney General for Attorney General _____ On 10-28-15
(Date)