

### 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: <b>17152</b>	Amendment Number: <b>1</b>
Agency Name: <b>NUCLEAR PROJECTS OFFICE</b>	Legal Entity Name: <b>STROLIN CONSULTING, LLC</b>
Agency Code: <b>012</b>	Contractor Name: <b>STROLIN CONSULTING, LLC</b>
Appropriation Unit: <b>1005-11</b>	Address: <b>177 Sussex Place</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89703</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Joseph Strolin 775-720-4938</b>
	Vendor No.: <b>T29022105</b>
	NV Business ID: <b>NV20091397942</b>

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.

<input checked="" type="checkbox"/> General Funds	80.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>20.00 % Western Governors' Association</b>

Agency Reference #: **JCS5**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2016**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Licensing Support**

5. Purpose of contract:

**This is the first amendment to the original contract providing for the continued oversight of the Yucca Mountain repository program and the on-going Nuclear Regulatory Commission licensing proceeding, including work related to transuranic and low-level radioactive waste shipments within Nevada; the Agreement-in-Principle between the State of Nevada and the US Department of Energy/NNSA/Nevada Site Office; and the effective operations of the agency. This amendment extends the termination date from December 31, 2016 to December 31, 2017 and increases the maximum amount from \$75,000 to \$150,000 due to the extension.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$75,000.00	\$75,000.00	\$75,000.00	Yes - Action
2. Amount of current amendment (#1):	\$75,000.00	\$150,000.00	\$75,000.00	Yes - Action
3. New maximum contract amount:	\$150,000.00			
and/or the termination date of the original contract has changed to:	12/31/2017			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Due to budget reductions, it was not possible to fund the Planning Division Administrator position for the foreseeable future. Mr. Strolin has agreed to assist the agency on a part-time basis to assure that important Planning Division work can continue. Mr. Strolin has unique qualifications, knowledge, and experience as a result of his long tenure with the agency and intimate involvement with the Yucca Mountain program and other nuclear waste issues/activities in Nevada, especially with regard to the Nevada National Security Site (formerly the NTS). The DC Circuit Court of Appeals has ordered that the Yucca Mountain licensing proceeding be restarted by the Nuclear Regulatory Commission.

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

Even if funding were available to fill the Planning Division Administrator position (which there is not), it is not feasible nor possible to spend the years required to train someone new in order to have him or her attain the knowledge and competence needed to perform these services in the timeframe required. This is especially true, given that the Yucca Mountain licensing proceedings are to be restarted.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**  
**Approval #: 150905**  
**Approval Date: 09/30/2015**

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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 to the Agency for Nuclear Projects. Quality of service is exemplary.

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

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

Not Applicable

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

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	slync1	10/27/2016 13:13:33 PM

Division Approval	slync1	10/27/2016 13:13:36 PM
Department Approval	slync1	10/27/2016 13:13:40 PM
Contract Manager Approval	slync1	10/27/2016 13:13:43 PM
Budget Analyst Approval	dstoddar	11/01/2016 15:03:30 PM
BOE Agenda Approval	pnicks	11/01/2016 16:24:16 PM



<b>Purchasing Use Only:</b>	
Approval #:	156

## CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

**ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

1	<b>Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:</b>	
	State Agency:	<i>Agency for Nuclear Projects</i>
	Contact Name(s) and Titles:	<i>Robert J. Halstead, Executive Director Susan W. Lynch, Administrator of Technical Programs</i>
	Telephone Number(s):	<i>775-687-3744</i>
Email Address(s):		<i>bhalstead@nuc.state.nv.us; szeee@nuc.state.nv.us</i>

2	<b>Contractor Information:</b>	
	Contractor:	<i>Strolin Consulting, LLC</i>
	Contact Name:	<i>Joseph C. Strolin</i>
	Address:	<i>177 Sussex Place, Carson City, NV 89703</i>
	Phone Number:	<i>775-720-4938</i>
Email Address:		<i>jstrolin@gmail.com</i>

3	<b>Ongoing relationship disclosure – List all previous contract information:</b>			
	Procurement method:	<i>Sole Source waivers: #090523; #130906; #150905</i>		
	CETS #:	<i>11020; 12850; 15048; 17152</i>		
	Contract “not to exceed amount”:	<i>\$50,000.00; \$75,000.00</i>		
	Contract term:	Start date:		End date:
	<i>7/1/09</i>		<i>1/19/11</i>	
	<i>12/13/11</i>		<i>12/31/13</i>	
	<i>1/1/14</i>		<i>12/31/15</i>	
	<i>1/1/16</i>		<i>12/31/16</i>	

4	<b>Procurement method used to award the current contract:</b>	
	RFP, solicitation # if applicable:	
	Quote, solicitation # if applicable:	
	Waiver, provide number:	<i>#090532; 130906; #150905</i>
Other:		

5	<b>Current contract information:</b>	
	CETS #:	<i>17152</i>
	Initial contract “not to exceed amount”:	<i>\$75,000.00</i>
	Contract term:	Start date:
	<i>1/1/16</i>	<i>12/31/16</i>

<b>Amendment information – List all previously approved amendments:</b>			
<b>Amd #:</b>	<b>Brief synopsis of what amendment accomplished:</b>	<b>Change in “not to exceed” amount:</b>	<b>Change in end date: mm/dd/yy</b>
6	All	All amendments have been to extend the termination date of the contract by one year and to add additional funding.	Each amendment added the same amount of funding as the original contract it amended.
			Each termination date was extended one year.

<b>Proposed amendment information:</b>			
<b>Amd #:</b>	<b>Brief synopsis of what the requested amendment will accomplish</b>	<b>Change in “not to exceed” amount:</b>	<b>Change in end date: mm/dd/yy</b>
7	1	This is the first amendment to the original contract, which provides ongoing services necessary to implement the agency's mission in the continuing requirements of oversight of the Yucca Mountain repository program and the on-going Nuclear Regulatory Commission licensing proceeding, including work related to transuranic and low-level radioactive waste shipments within Nevada; work associated with the Agreement-in-Principle between the State of Nevada and the US Department of Energy/NNSA/Nevada Site Office; and other services required for the effective operations of the agency. This amendment extends the termination date from December 31, 2016 to December 31, 2017 and increases the maximum amount from \$75,000 to \$150,000 due to the extension.	Increase from \$75,000.00 to \$150,000.00
			12/31/17

8	<b>What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):</b>
	The complex licensing process for the Yucca Mountain repository program has been ordered restarted by a federal appeals court. The Nuclear Regulatory Commission has issued the 5-volume Safety Evaluation Report and a draft Supplemental Environmental Impact Statement for the repository program. Mr. Strolin has been and still is heavily involved in assessing the impacts of these actions on the State of Nevada and giving counsel and advice to the Agency. Mr. Strolin is also the State Agency Integrator under the Agreement-in-Principle (AIP) between the State of Nevada and the US Department of Energy/NNSA dealing with Nevada National Security Site issues and low-level radioactive waste and mixed hazardous/low-level waste shipments through Nevada. His continued availability to the State and this Agency is important to maintain.

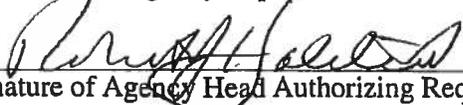
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9	<p><b>What are the potential consequences to the State if the contract extension request is denied?</b></p> <p>Providing for the continued services of Mr. Strolin is crucial at a time when the licensing process for the Yucca Mountain nuclear waste repository program has been ordered restarted by a federal appeals court. Mr. Strolin has unique qualifications, knowledge and experience as a result of his long tenure with the Agency and his close involvement with the Yucca Mountain program and other nuclear waste issues/activities in the state. There is no one available in or out of state service who has the knowledge, experience and ability to assure continuity of Agency activities with respect to policy, planning, licensing, impact assessment and transportation of nuclear waste and nuclear materials. His advice and counsel have proven to be essential during the past few years, and it is expected that having his knowledge and expertise available as the Agency returns to the complex and highly charged licensing proceeding will be extremely important.</p>
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By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct

  
\_\_\_\_\_  
Signature of Agency Representative Initiating Request

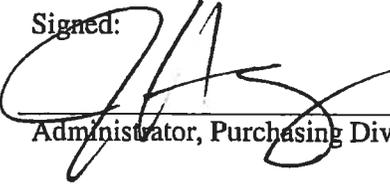
SUSAN W. LYNCH \_\_\_\_\_ 10-10-2016  
Print Name of Agency Representative Initiating Request Date

  
\_\_\_\_\_  
Signature of Agency Head Authorizing Request

ROBERT J. HALSTEAD \_\_\_\_\_ 10.11.2016  
Print Name of Agency Head Authorizing Request Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:   
\_\_\_\_\_  
Administrator, Purchasing Division or Designee

10-25-2016  
Date



7. What conditions require that this work be done?

The 1983 Nevada Legislature mandated certain rights and guarantees to crime victims and witnesses. Accordingly, Chapter 178 of the Nevada Revised Statutes recognizes the needs and rights of crime victims. Among other provisions, Chapter 178 mandates that a victim be notified by law enforcement of the location of the defendant following arrest, during prosecution of the criminal case, during a sentence to confinement, and when there is any release or escape of the defendant from confinement.

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

No state agencies or employees have the equipment or the experience to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This contractor was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria.

d. Last bid date: 01/02/2010 Anticipated re-bid date: 01/02/2013

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. Contractor entered into a contract with the Department of Public Safety, June 2009 and has been satisfied with their services

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	mradu	08/09/2016 11:24:50 AM
Division Approval	clesli1	08/09/2016 11:34:00 AM
Department Approval	chowle	08/09/2016 11:57:26 AM
Contract Manager Approval	Iramire7	10/31/2016 12:31:54 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: <b>15985</b>	Amendment Number: <b>2</b>
Agency Name: <b>CONTROLLER'S OFFICE</b>	Legal Entity Name: <b>CGI TECHNOLOGIES AND SOLUTIONS INC DBA CGI</b>
Agency Code: <b>060</b>	Contractor Name: <b>CGI TECHNOLOGIES AND SOLUTIONS INC DBA CGI</b>
Appropriation Unit: <b>1130-10</b>	Address: <b>11325 RANDOM HILLS RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>FAIRFAX, VA 22030-6051</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>HEIDI GREEN, VP CONSULTING SERVICES 916-830-1167</b>
	Vendor No.: <b>T27031473</b>
	NV Business ID: <b>NV19951148995</b>

To what State Fiscal Year(s) will the contract be charged? **2015-2022**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Controller's Debt Recovery Account</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/10/2014**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **09/08/2018**

Termination Date:

Contract term: **7 years and 181 days**

4. Type of contract: **Contract**

Contract description: **Debt Collection**

5. Purpose of contract:

**This is the second amendment to the original contract which provides for the implementation of the Advantage Collection software module and creation of a custom built software application for collection of debts owed to the State. This amendment extends the termination date from September 8, 2018 to March 8, 2022 and increases the maximum amount from \$2,531,790 to \$3,401,152. In addition, this amendment restates and amends the original contract to incorporate the termination clauses into the contract and stipulate contract termination events and costs; revises applicable attachments to facilitate removal of the termination clauses; updates the Contractor's Statement of Work (Attachment CC); and adds a maintenance agreement for the custom built Nevada Collections Information Software application.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,848,000.00	\$1,848,000.00	\$1,848,000.00	Yes - Action
a. Amendment 1:	\$683,790.00	\$683,790.00	\$683,790.00	Yes - Action
2. Amount of current amendment (#2):	\$869,362.00	\$1,553,152.00	\$1,553,152.00	Yes - Action
3. New maximum contract amount:	\$3,401,152.00			
and/or the termination date of the original contract has changed to:	03/08/2022			

## II. JUSTIFICATION

7. What conditions require that this work be done?

While the Debt Collection staff is doing the best they can with the tools they have, there is much room for improvement. The new module will automate our existing processes, and allow the staff to focus their time on collection efforts instead of tracking data. The new module also has tools to process debt through the Treasury Offset Program (TOP), update debtor information, implement and manage levy and garnishment processes, implement the Financial Institute Data Match process (FIDM), establish self-service case resolution (debtor payments by phone, etc.), implement enhanced private collection agency (PCA) management, and implement enhanced management and AR reporting.

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, knowledge, or resources to create a robust, complicated software system that would perform all of the automation and interface tasks that the CGI Advantage Collections module does.

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 #: 140706**

**Approval Date: 08/06/2014**

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

CGI Technologies and Solutions Inc. owns the Advantage financial system software that the State of Nevada uses in its Integrated Financial System. The Advantage software system is a proprietary system. Part of the implementation process will be to integrate the Advantage Collections software module into the existing Advantage system. Other debt collection software vendors would have to provide a comparable system or build an interface to the CGI Advantage System to meet our needs, thereby increasing the cost of their solution. CGI has proposed to implement the Collections module at their expense, and only be compensated when the system actually begins to generate increases of debt collection revenue to the Debt Recovery Account. We know of no other vendor willing to implement a system without advance and regularly-scheduled payments.

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?

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	jsmack	11/10/2016 11:21:23 AM
Division Approval	jsmack	11/10/2016 11:21:26 AM
Department Approval	jsmack	11/10/2016 11:21:29 AM
Contract Manager Approval	hbill1	11/10/2016 11:26:26 AM
DoIT Approval	rkeith	11/15/2016 14:45:38 PM
Budget Analyst Approval	knielsen	11/15/2016 15:29:19 PM
BOE Agenda Approval	sbrown	11/15/2016 16:18:35 PM

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

RECEIVED

NOV 10 2016

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

<b>Purchasing Use Only:</b>	
Approval#:	161107

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
<b>State Agency:</b>		Controller's Office	
<b>1a</b>	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	H. Wes Bills, Management Analyst 2	775-684-5636	wbills@controller.state.nv.us
	James W. Smack, Chief Deputy Controller	775-684-5658	jsmack@controller.state.nv.us

<b>Vendor Information:</b>		
<b>1b</b>	Identify Vendor:	CGI Technologies and Solutions, Inc.
	Contact Name:	Heidi Green, VP Consulting Services
	Address:	11325 Random Hills Road, Fairfax, VA 22030
	Telephone Number:	916-830-1167
	Email Address:	heidi.green@cgi.com

<b>1c</b>		<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	X	
	Professional Service Exemption:		

<b>Contract Information:</b>			
<b>1d</b>	Is this a new Contract?	Yes	No X
	Amendment:	# 2	
	CETS:	#15985	

<b>1e</b>				<b>Term:</b>	
	One (1) Time Purchase:	X – License is good for 30 years			
	Contract: 15985	Start Date:	9/10/2014	End Date:	3/9/2022

<b>1f</b>		<b>Funding:</b>	
	State Appropriated:		
	Federal Funds:		
	Grant Funds:		
	Other (Explain):	Contract funded by the Debt Recovery Account, which is self-funded	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>	
	Amendment: \$869,362.00 ; Revised Value of Contract: \$3,401,152.00	

2	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>  <i>This amendment will make adjustments to the original contract by increasing the consideration of the contract from \$2,531,790.00 to \$3,401,152.00; provide for vendor upgrade and on-going maintenance of Third Party software; provide for continuing User Acceptance Testing; provide for Incident Management Fixes and System Test; provide for required Go Live services; provide for Post Implementation support; and provide for on-going vendor maintenance for the custom-built Nevada Collections Information System (NCIS).</i></p>
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3	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>  <i>CGI Technologies and Solutions Inc. owns the Advantage financial system software that the State of Nevada uses in its Integrated Financial System. Part of the installation process will be to integrate the Advantage Collections module to the existing Advantage system.  CGI initially proposed to implement the CGI Advantage Collections system module at their expense, and only be compensated when the system actually begins to generate increases of debt collection revenue to the Debt Recovery Account. This Amendment now includes additional contract deliverables achieved at specified milestone events such as completion of Design Documentation, software upgrades, User Acceptance Testing (UAT), and in association of the performance of "final One Month Post-Imp Support."  All other vendors that we know of require payment in advance or at established points within the implementation project timeline, and their systems would require an interface to the CGI Advantage System. This would incur additional cost for building the interface.</i></p>
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4	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>  <i>CGI Technologies and Solutions Inc. owns the Advantage financial software system that the State of Nevada uses in its Integrated Financial System. The Advantage software system is a proprietary system. Other debt collection software vendors would have to provide a comparable system or build an interface to the CGI Advantage System to meet our needs, thereby increasing the cost of their solution.</i></p>
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5	<p><b>Were alternative services or commodities evaluated? Check One.</b>      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>  <i>The State Legislature originally authorized \$200,000.00 for debt collection system enhancements. The Controller's Office had researched various debt collection systems and process improvements, and was preparing an RFP to solicit a debt collection solution when we learned of the proposed CGI debt collection module. Through basic research into currently available debt collection systems, we discovered that \$200,000.00 could not purchase an adequate solution with the extensive tools that the proposed CGI system promised.  During the summer of 2014, the IFC authorized up to \$1,848,000.00 for the CGI contract. The contract was subsequently approved by the BOE on 9/10/2014. On January 12, 2016, Amendment 1 authorized additional services at a cost of \$683,790.00, increasing the total value of the contract to \$2,531,790.00.</i></p> <p>b. <i>If not, why were alternatives not evaluated?</i></p>
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6	<p><b>Has the agency purchased this service or commodity in the past? Check</b>      Yes: <input checked="" type="checkbox"/>      No: <input type="checkbox"/></p>
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<b>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.</b>							
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>		
9/10/2014	9/8/2018	\$2,531,790.00	CGI Advantage Collections and Nevada Collection Information System		Waiver #140706A		
9/10/2014	9/8/2018	\$1,848,000	CGI Advantage Collections and Nevada Collection Information System		Waiver #140706		
		\$					
		\$					
		\$					

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>If this waiver is denied, the vendor will need to complete the software application development under the existing contract. If the Controller's Office has to bid the additional work identified in this amendment, current development work on the NCIS system may be delayed by several months, application development efforts may cease, and in the worst scenario, the Debt Collection Group may need to resort to using prior debt collection processes via Microsoft Excel spreadsheets. Debt collection activities may remain manual and time consuming.</i>

8	<b>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?</b>
	<i>Prior to the introduction of the CGI Advantage Collections proposal, the Controller's Office had conducted preliminary research to see what commercial products were available. Three products we looked at were eCollections by ecollections.com, Collect! Software, and Debtmaster by Comtronics Systems. Each of those systems would require extensive modification to interface to the Advantage/IFS system. These products are designed primarily for commercial and private collection agencies, not government collection efforts. The CGI solution is specifically designed for government collection processes.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



Agency Representative Initiating Request

H. Wes Bills, Management Analyst 2

Print Name of Agency Representative Initiating Request

11/10/2016  
Date

Signature of Agency Head Authorizing Request

James W. Smack, Chief Deputy Controller

Print Name of Agency Head Authorizing Request

11/10/16  
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

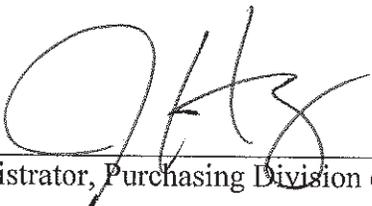
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:



Administrator, Purchasing Division or Designee

11-22-2016  
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: <b>15263</b>	Amendment Number: <b>8</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CARPENTER SELLERS ASSOC DBA CARPENTER SELLERS ARCHITECTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>CARPENTER SELLERS ASSOC DBA CARPENTER SELLERS ARCHITECTS</b>
Appropriation Unit: <b>1510-63</b>	Address: <b>1919 S JONES BLVD STE C</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89146</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/251-8896</b>
	Vendor No.: <b>T80997582</b>
	NV Business ID: <b>NV19871041041301</b>

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

**13% Univ Sys Rcpt, 10% trans from Cap Proj Fnd, 55% trans from Treas, 22% trans - Pub Works**

Agency Reference #: 92114

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/04/2014**  
Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2017**

Contract term: **3 years and 146 days**

4. Type of contract: **Contract**  
Contract description: **Arch/Eng Serv**

5. Purpose of contract:

**This is the eighth amendment to the original contract, which provides professional architectural/engineering services for the University of Las Vegas Hotel College Academic Building: CIP Project No. 15-C78; SPWD Contract No. 92114. This amendment increases the maximum amount from \$4,105,219.90 to \$4,232,452.40 for additional construction administrative services, additional services to alleviate ponding, and finalize the scope for the audio visual standards.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,794,118.00	\$2,794,118.00	\$2,794,118.00	Yes - Action
a. Amendment 1:	\$345.00	\$345.00	\$345.00	No
b. Amendment 2:	\$43,645.00	\$43,990.00	\$43,990.00	Yes - Info
c. Amendment 3:	\$34,465.00	\$34,465.00	\$78,455.00	Yes - Action
d. Amendment 4:	\$161,890.00	\$161,890.00	\$161,890.00	Yes - Action
e. Amendment 5:	\$11,770.00	\$11,770.00	\$11,770.00	Yes - Info
f. Amendment 6:	\$225,222.40	\$225,222.40	\$236,992.40	Yes - Action
g. Amendment 7:	\$833,764.50	\$833,764.90	\$833,764.90	Yes - Action

2.	Amount of current amendment (#8):	\$127,232.50	\$127,232.50	\$127,232.50	Yes - Action
3.	New maximum contract amount:	\$4,232,452.40			

**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	11/01/2016 14:36:53 PM
Division Approval	dgrimm	11/01/2016 14:36:56 PM

Department Approval	dgrimm	11/01/2016 16:09:38 PM
Contract Manager Approval	dgrimm	11/01/2016 16:09:41 PM
Budget Analyst Approval	laaron	11/02/2016 13:32:56 PM
BOE Agenda Approval	pnicks	11/03/2016 11:24:06 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: **18239**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>VAN WOERT BIGOTTI ARCHITECTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>VAN WOERT BIGOTTI ARCHITECTS</b>
Appropriation Unit: <b>1567-17</b>	Address: <b>1400 S VIRGINIA ST STE C</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-2836</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/328-1010</b>
	Vendor No.: <b>T60080600</b>
	NV Business ID: <b>NV19781005709</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Bonds</b>

Agency Reference #: 110657

2. Contract start date:

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

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **2 years and 210 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 Northern Nevada Veterans Home construction: CIP Project No. 15-C77; SPWD Contract No. 110657.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$784,000.00**

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	11/01/2016 15:36:01 PM
Division Approval	dgrimm	11/01/2016 15:36:04 PM
Department Approval	dgrimm	11/01/2016 15:57:47 PM
Contract Manager Approval	dgrimm	11/01/2016 16:07:51 PM
Budget Analyst Approval	laaron	11/02/2016 12:58:43 PM
BOE Agenda Approval	pnicks	11/02/2016 14:53:08 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18249**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>CORE CONSTRUCTION SERVICES OF NEVADA, INC., DBA CORE CONSTRUCTION</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>CORE CONSTRUCTION SERVICES OF NEVADA, INC., DBA CORE CONSTRUCTION</b>
Appropriation Unit:	<b>1590-71</b>	Address:	<b>7150 CASCADE VALLEY CT</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89128-0455</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Shamayne Rustebakke 702/794-0550
		Vendor No.:	T81092744
		NV Business ID:	NV19861002524

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

Agency Reference #: 110715

2. Contract start date:

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

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**

Contract term: **3 years and 211 days**

4. Type of contract: **Contract**

Contract description: **Owner CMAR Const Agr**

5. Purpose of contract:

**This is a new contract to provide owner construction manager at risk services for building upgrades at the Flamingo Department of Motor Vehicles in Las Vegas: CIP Project No. 15-M29; SPWD Contract No. 110715.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,524,367.00**

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 construction services to meet the goals established by the Legislature.**

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	11/01/2016 14:21:13 PM
Division Approval	amarangi	11/01/2016 14:21:17 PM
Department Approval	amarangi	11/01/2016 14:21:19 PM
Contract Manager Approval	amarangi	11/01/2016 14:21:21 PM
Budget Analyst Approval	dstoddar	11/02/2016 12:03:36 PM
BOE Agenda Approval	pnicks	11/02/2016 16:06:28 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: **18274**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>All Appropriations</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>Shums Coda Associates</b> Contractor Name: <b>Shums Coda Associates</b> Address: <b>5776 Stoneridge Mall Rd. Ste 1</b> City/State/Zip: <b>Pleasanton, CA 94588</b> Contact/Phone: 925-463-0651 Vendor No.: NV Business ID: NV20161545987
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To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b> Other funding	<b>100.00 % varies depending upon the project requiring this work</b>

Agency Reference #: 110625

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
 Anticipated BOE meeting date: 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **210 days**

4. Type of contract: **Contract**

Contract description: **Code PI Chck**

5. Purpose of contract:

**This is a new contract to provide professional Code Plan Checking services as required. SPWD Contract No. 110625**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: Progress payments based on services provided

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Code Plan Checking Services required to ensure building safety and code compliance.

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

Code plan checking 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?

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	11/08/2016 14:16:25 PM
Division Approval	dgrimm	11/08/2016 14:16:28 PM
Department Approval	dgrimm	11/08/2016 16:04:24 PM
Contract Manager Approval	dgrimm	11/08/2016 16:04:30 PM
Budget Analyst Approval	dstoddar	11/09/2016 08:58:30 AM
BOE Agenda Approval	pnicks	11/09/2016 17:45:39 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **14700** Amendment Number: **2**

Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT** Legal Entity Name: **Northeastern Nevada Regional Development Authority**

Agency Code: **102** Contractor Name: **Northeastern Nevada Regional Development Authority**

Appropriation Unit: **1526-15** Address:

Is budget authority available?: **Yes** City/State/Zip: **ELKO, NV 89801**

If "No" please explain: **Not Applicable** Contact/Phone: **775/738-2100**

To what State Fiscal Year(s) will the contract be charged? **2014-2017** Vendor No.: **T81072742**

NV Business ID: **Government**

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

<b>X</b>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date 12/2016

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 the dissemination of program information, marketing, grant writing, accounting services, legal services, travel and training. This amendment increases the maximum amount from \$420,000 to \$510,000 for the Northeastern Nevada Regional Development Area representation to include Eureka and White Pine Counties.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$160,000.00	\$160,000.00	\$160,000.00	Yes - Action
a. Amendment 1:	\$260,000.00	\$260,000.00	\$260,000.00	Yes - Action
2. Amount of current amendment (#2):	\$90,000.00	\$90,000.00	\$90,000.00	Yes - Action
3. New maximum contract amount:	\$510,000.00			

#### 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: 04/01/2015

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 provider; satisfactory work.

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

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

Not Applicable

14. The contractor is 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	10/31/2016 11:18:04 AM
Division Approval	swoodbur	10/31/2016 11:18:06 AM
Department Approval	swoodbur	10/31/2016 11:18:10 AM
Contract Manager Approval	swoodbur	10/31/2016 11:18:14 AM
Budget Analyst Approval	dstoddar	11/02/2016 08:57:31 AM
BOE Agenda Approval	lfree1	11/02/2016 14:24:40 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: **18193**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b> Agency Code: <b>300</b> Appropriation Unit: <b>2716-56</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: Governor's Office of Science, Innovation, and Technology Contractor Name: <b>Governor's Office of Science, Innovation, and Technology</b> Address: <b>100 N. Stewart St., Suite 220</b> City/State/Zip: <b>Carson City, NV 89701</b> Contact/Phone: Brian Mitchell 775-687-0988 Vendor No.: NV Business ID: N/A
--	--

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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: 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/30/2017**

Contract term: **271 days**

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

Contract description: **NPWR Work**

5. Purpose of contract:

**This is a new interlocal agreement to expand and enhance a website that helps educate Nevadans about careers and motivate Nevada's kids to pursue Science, Technology, Engineering, and Mathematics career paths by using de-identified data from the Nevada P-20 to Workforce Research Data System.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,000.00**

Other basis for payment: upon receipt of detailed invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Education received a federal grant for implementing the Statewide Longitudinal Data System (SLDS) and Nevada P-20 to Workforce Research Data System (NPWR). This work is part of the federal grant project and needs to be completed for closing the federal grant.

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

The Department of Education is contracting with 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?

In accordance with NRS 277.180 the department is contracting with the Governor's Office of Science, Innovation, and Technology.

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	amccalla	10/20/2016 11:40:14 AM
Division Approval	amccalla	10/20/2016 11:40:17 AM
Department Approval	amccalla	10/20/2016 11:40:26 AM
Contract Manager Approval	ablackwe	10/20/2016 12:07:16 PM
Budget Analyst Approval	knielsen	10/20/2016 12:08:58 PM
BOE Agenda Approval	sbrown	11/03/2016 13:45:37 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18243**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name: <b>B2B DELIVERY, LLC</b>
Agency Code: <b>332</b>	Contractor Name: <b>B2B DELIVERY, LLC</b>
Appropriation Unit: <b>1346-10</b>	Address: <b>2125 E. 5th Street, Suite 105</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Tempe, AZ 85281</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-708-6588</b>
	Vendor No.:
	NV Business ID: <b>NV20111451161</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Mail services</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP 3258**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2017**

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/28/2018**

Contract term: **1 year and 361 days**

4. Type of contract: **Contract**

Contract description: **Mail service**

5. Purpose of contract:

**This is a new contract to provide overnight interdepartmental mail services, pick-up and delivery, between the Carson City Mail Center and the Las Vegas Mail Center every work day.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$260,000.00**

Payment for services will be made at the rate of \$2,500.00 per week

Other basis for payment: As invoiced by the Contractor and approved by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The need 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 mail personnel.**

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):

On Time Package  
OnTrac  
MPC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3258 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: 08/09/2016 Anticipated re-bid date: 08/09/2019

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	csweeney	11/01/2016 08:40:10 AM
Division Approval	csweeney	11/01/2016 08:40:16 AM
Department Approval	csweeney	11/01/2016 08:40:19 AM
Contract Manager Approval	ssands	11/01/2016 08:41:03 AM
Budget Analyst Approval	laaron	11/02/2016 11:55:36 AM
BOE Agenda Approval	cmurph3	11/07/2016 09:26:10 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: <b>15223</b>	Amendment Number: <b>2</b>
Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>Palco, Inc.</b>
Agency Code: <b>402</b>	Contractor Name: <b>Palco, Inc.</b>
Appropriation Unit: <b>3167-11</b>	Address: <b>17300 Chenal Parkway, Ste 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Little Rock, AR 72223</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>ALICIA PALADINO 501-604-9936</b>
	Vendor No.: <b>T32002687A</b>
	NV Business ID: <b>NV20131682265</b>

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	<b>81.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>19.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #3082**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2014**

Anticipated BOE meeting date **01/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/31/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Fiscal Intermediary**

5. Purpose of contract:

**This is the second amendment to the original contract which continues ongoing fiscal management services for children whose families/guardians and veterans chose to direct their own services and support through the state-funded, self-directed program. This amendment extends the termination date from March 31, 2017 to March 31, 2018 and increases the maximum amount from \$5,685,470 to \$6,755,470 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:	\$4,605,120.00	\$4,605,120.00	\$4,605,120.00	Yes - Action
a. Amendment 1:	\$1,080,350.00	\$1,080,350.00	\$1,080,350.00	Yes - Action
2. Amount of current amendment (#2):	\$1,070,000.00	\$1,070,000.00	\$1,070,000.00	Yes - Action
3. New maximum contract amount:	\$6,755,470.00			
and/or the termination date of the original contract has changed to:	03/31/2018			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State requires a fiscal intermediary service to manage the State-Funded, Self-Directed program.

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

The State does not have the personnel 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 #3082, 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: 08/19/2013 Anticipated re-bid date: 11/15/2016

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:

ADSD Current contract-Satisfactory 04/01/2014-current

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	dbowma1	11/01/2016 14:38:25 PM
Division Approval	dbowma1	11/01/2016 14:38:29 PM
Department Approval	ecreceli	11/01/2016 16:57:31 PM
Contract Manager Approval	jpruneau	11/02/2016 10:30:27 AM
Budget Analyst Approval	bwooldri	11/07/2016 15:04:25 PM
BOE Agenda Approval	nhovden	11/07/2016 17:46:15 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: **17955**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Regional Transportation Commission of Southern Nevada</b>
Agency Code: <b>403</b>	Contractor Name: <b>Regional Transportation Commission of Southern Nevada</b>
Appropriation Unit: <b>3157-00</b>	Address: <b>600 South Grand Central Pkwy Suite 350</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas , NV 89706</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-676-1500</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Inter-Governmental Transfer</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 11/2016

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: **06/30/2020**

Contract term: **4 years**

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

Contract description: **Paratransit services**

5. Purpose of contract:

**This is a new interlocal revenue agreement to receive inter-governmental transfer funds to support paratransit services for Medicaid eligible recipients per the Nevada Medicaid State Plan.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,872,130.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Nevada Medicaid State Plan, Attachment 3.1-A, Section 9 and the Medicaid Services Manual, services will be provided to Medicaid eligible recipients who have been assessed and deemed eligible for paratransit rides.

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

The State does not have transportation services in place to provide paratransit rides.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies 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 RTC currently provides eligibility assessments for the State and services are satisfactory.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	06/21/2016 09:30:41 AM
Division Approval	ecreceli	10/20/2016 10:19:50 AM
Department Approval	ecreceli	10/20/2016 10:19:53 AM
Contract Manager Approval	aree2	10/26/2016 08:37:54 AM
Budget Analyst Approval	dstoddar	10/27/2016 10:41:04 AM
BOE Agenda Approval	nhovden	10/27/2016 10:42:53 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL  
*Governor*



RICHARD WHITLEY, MS  
*Director*

MARTA JENSEN  
*Acting Administrator*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH CARE FINANCING AND POLICY  
1100 East William Street, Suite 101  
Carson City, Nevada 89701  
Telephone (775) 684-3676 • Fax (775) 687-3893  
<http://dhcfp.nv.gov>

## MEMORANDUM

**Date:** June 21, 2016  
**TO:** Debi Reynolds, Budget Analyst IV  
**FROM:** Ambra Reed, Certified Contract Manager DHCFP  
**RE:** RTC of Southern Nevada

---

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2016. This contract was delayed due to negotiations between the Counties and the State and to allow the Counties to take the contract to their Commission Meeting for approval.

### 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: **17957**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Regional Transportation Commission of Washoe County
Agency Code:	<b>403</b>	Contractor Name:	<b>Regional Transportation Commission of Washoe County</b>
Appropriation Unit:	<b>3157-00</b>	Address:	<b>P.O. Box 30002</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89520</b>
If "No" please explain:	Not Applicable	Contact/Phone:	David Jickling 775-348-0400
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Inter-Governmental Transfer</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 10/2016

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: **06/30/2020**

Contract term: **4 years**

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

Contract description: **Paratransit services**

5. Purpose of contract:

**This is a new interlocal revenue agreement to receive inter-governmental transfer funds to support paratransit services for Medicaid eligible recipients per the Nevada Medicaid State Plan.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,101,838.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Nevada Medicaid State Plan, Attachment 3.1-A, Section 9 and the Medicaid Services Manual, services will be provided to Medicaid eligible recipients who have been assessed and deemed eligible for paratransit rides.

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

The State does not have transportation services in place to provide paratransit rides.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies 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 RTC currently provides eligibility assessments for the State and services are satisfactory.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	06/21/2016 10:56:30 AM
Division Approval	ecreceli	11/01/2016 11:06:18 AM
Department Approval	ecreceli	11/01/2016 11:06:21 AM
Contract Manager Approval	aree2	11/01/2016 12:20:59 PM
Budget Analyst Approval	laaron	11/02/2016 08:58:50 AM
BOE Agenda Approval	nhovden	11/03/2016 17:55:47 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL  
*Governor*



RICHARD WHITLEY, MS  
*Director*

MARTA JENSEN  
*Acting Administrator*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH CARE FINANCING AND POLICY  
1100 East William Street, Suite 101  
Carson City, Nevada 89701  
Telephone (775) 684-3676 • Fax (775) 687-3893  
<http://dhcfp.nv.gov>

## MEMORANDUM

**Date:** June 21, 2016  
**TO:** Debi Reynolds, Budget Analyst IV  
**FROM:** Ambra Reed, Certified Contract Manager DHCFP  
**RE:** RTC of Washoe County

---

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2016. This contract was delayed due to negotiations between the Counties and the State and to allow the Counties to take the contract to their Commission Meeting for approval.

### 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: **18262**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: Health Management Systems, Inc.
Agency Code: <b>403</b>	Contractor Name: <b>Health Management Systems, Inc.</b>
Appropriation Unit: <b>3158-04</b>	Address: <b>827 E Park Blvd Suite 260</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Boise, ID 83712</b>
If "No" please explain: Not Applicable	Contact/Phone: Marnie Basom 208-639-8202
	Vendor No.:
	NV Business ID: NV20091229345

To what State Fiscal Year(s) will the contract be charged? **2017-2022**

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

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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 **01/01/2017**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2021**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **RAC Audit/Recovery**

5. Purpose of contract:

**This is a new contract to provide audit and recovery of inappropriate Medicaid payments in compliance with the Centers for Medicare and Medicaid Services Final Rule.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,400,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Mandated by 42 CFR 455.500 Subpart F.

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

State employees are performing this work but Federal regulations require that each state contract with a Recovery Audit Contractor to perform these functions that will supplement the effort of State employees.

9. Were quotes or proposals solicited? Yes

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

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

Health Management Systems, Inc

b. Solicitation Waiver: **Not Applicable**

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

HMS is the only vendor that proposed.

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

HMS has been a contractor with DHC FP and their work has been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	11/03/2016 09:58:12 AM
Division Approval	ecreceli	11/03/2016 13:27:17 PM
Department Approval	ecreceli	11/03/2016 13:27:21 PM
Contract Manager Approval	aree2	11/03/2016 14:19:15 PM
Budget Analyst Approval	laaron	11/09/2016 11:54:44 AM
BOE Agenda Approval	nhovden	11/12/2016 10:23:17 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18247**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Aetna Better Health Nevada, Inc.</b>
Agency Code: <b>403</b>	Contractor Name: <b>Aetna Better Health Nevada, Inc.</b>
Appropriation Unit: <b>3243-12</b>	Address: <b>4500 E. Cotton Center Blvd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Pheonix, AZ 85040</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Laurie Brubaker 602-659-1160</b>
	Vendor No.: <b></b>
	NV Business ID: <b>NV20161477081</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

<input checked="" type="checkbox"/> General Funds	<b>17.10 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>82.90 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Managed Care**

5. Purpose of contract:

**This is a new contract to provide risk-based capitated Managed Care Organization services designed in support of the Title XIX and Title XXI medical assistance programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,598,968,175.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Managed care services are an effective cost containment strategy to provide health care services approved by CMS.**

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

**The State does not have resources available to provide these services.**

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

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

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

**Aetna Better Health of Nevada, Inc  
SilverSummit Healthplan, Inc  
Health Plan of Nevada, Inc  
Amerigroup Nevada, Inc**

b. Solicitation Waiver: **Not Applicable**

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

It is required by Statute to maintain two vendor contracts for these services. It was determined to be in the State's best interest to enter into negotiations with four vendor's.

d. Last bid date: 07/01/2016 Anticipated re-bid date: 06/30/2020

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	aree2	11/01/2016 09:30:34 AM
Division Approval	ecreceli	11/03/2016 09:22:47 AM
Department Approval	ecreceli	11/03/2016 09:22:51 AM
Contract Manager Approval	aree2	11/03/2016 09:36:23 AM
Budget Analyst Approval	laaron	11/08/2016 13:06:07 PM
BOE Agenda Approval	nhovden	11/12/2016 10:27:57 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18244**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Amerigroup Nevada, Inc.</b>
Agency Code: <b>403</b>	Contractor Name: <b>Amerigroup Nevada, Inc.</b>
Appropriation Unit: <b>3243-12</b>	Address: <b>9133 Russell Road Building 9</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas , NV 89148</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Eric Lloyd 702-228-1308</b>
	Vendor No.:
	NV Business ID: <b>NV20051537996</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

<input checked="" type="checkbox"/> General Funds	<b>17.10 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>82.90 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Managed Care**

5. Purpose of contract:

**This is a new contract to provide risk-based capitated Managed Care Organization services designed in support of the Title XIX and Title XXI medical assistance programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,598,968,175.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Managed care services are an effective cost containment strategy to provide health care services approved by CMS.**

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

**The State does not have resources available to provide these services.**

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

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

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

**Aetna Better Health of Nevada, Inc  
SilverSummit Healthplan, Inc  
Health Plan of Nevada, Inc  
Amerigroup Nevada, Inc**

b. Solicitation Waiver: **Not Applicable**

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

It is required by Statute to maintain two vendor contracts for these services. It was determined to be in the State's best interest to enter into negotiations with four vendor's.

d. Last bid date: 07/01/2016 Anticipated re-bid date: 06/01/2020

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 by DHCFP for several years and the service has been satisfactory.

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

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

Not Applicable

14. The contractor is 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	aree2	11/01/2016 08:47:13 AM
Division Approval	ecreceli	11/03/2016 09:22:00 AM
Department Approval	ecreceli	11/03/2016 09:22:03 AM
Contract Manager Approval	aree2	11/03/2016 09:36:36 AM
Budget Analyst Approval	laaron	11/08/2016 11:41:20 AM
BOE Agenda Approval	nhovden	11/12/2016 10:29:00 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: **18245**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: Health Plan of Nevada, Inc.
Agency Code: <b>403</b>	Contractor Name: <b>Health Plan of Nevada, Inc.</b>
Appropriation Unit: <b>3243-12</b>	Address: <b>2720 Tenaya Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89128</b>
If "No" please explain: Not Applicable	Contact/Phone: Kelly Simonson 702-242-7200
	Vendor No.:
	NV Business ID: NV19841007076

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

<input checked="" type="checkbox"/> General Funds	<b>17.10 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>82.90 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Managed Care**

5. Purpose of contract:

**This is a new contract to provide risk-based capitated Managed Care Organization services designed in support of the Title XIX and Title XXI medical assistance programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,598,968,175.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Managed care services are an effective cost containment strategy to provide health care services approved by CMS.

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

The State does not have resources available to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

SilverSummit Healthplan, Inc  
Health Plan of Nevada, Inc  
Amerigroup Nevada, Inc  
Aetna Better Health of Nevada, Inc

b. Solicitation Waiver: **Not Applicable**

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

It is required by Statute to maintain two vendor contracts for these services. It was determined to be in the State's best interest to enter into negotiations with four vendor's.

d. Last bid date: 07/01/2016 Anticipated re-bid date: 06/01/2020

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 by DHCFP for several years and the service has been satisfactory.

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

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

Not Applicable

14. The contractor is 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	aree2	11/01/2016 09:04:15 AM
Division Approval	ecreceli	11/03/2016 09:22:27 AM
Department Approval	ecreceli	11/03/2016 09:22:29 AM
Contract Manager Approval	aree2	11/03/2016 09:35:34 AM
Budget Analyst Approval	laaron	11/08/2016 13:55:14 PM
BOE Agenda Approval	nhovden	11/12/2016 10:26:43 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18246**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: SilverSummit Healthplan, Inc.
Agency Code: <b>403</b>	Contractor Name: <b>SilverSummit Healthplan, Inc.</b>
Appropriation Unit: <b>3243-12</b>	Address: <b>3753 Howard Hughes Parkway Suite 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas , NV 89169</b>
If "No" please explain: Not Applicable	Contact/Phone: Brent Layton 702-784-5921
	Vendor No.:
	NV Business ID: NV20061600559

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

<input checked="" type="checkbox"/> General Funds	<b>17.10 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>82.90 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Managed Care**

5. Purpose of contract:

**This is a new contract to provide risk-based capitated Managed Care Organization services designed in support of the Title XIX and Title XXI medical assistance programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,598,968,175.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Managed care services are an effective cost containment strategy to provide health care services approved by CMS.

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

The State does not have resources available to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

Aetna Better Health of Nevada, Inc  
SilverSummit Healthplan, Inc  
Health Plan of Nevada, Inc  
Amerigroup Nevada, Inc

b. Solicitation Waiver: **Not Applicable**

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

It is required by Statute to maintain two vendor contracts for these services. It was determined to be in the State's best interest to enter into negotiations with four vendor's.

d. Last bid date: 07/01/2016 Anticipated re-bid date: 06/01/2020

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	aree2	11/01/2016 09:17:10 AM
Division Approval	ecreceli	11/03/2016 09:23:10 AM
Department Approval	ecreceli	11/03/2016 09:23:12 AM
Contract Manager Approval	aree2	11/03/2016 09:36:10 AM
Budget Analyst Approval	laaron	11/04/2016 12:58:45 PM
BOE Agenda Approval	nhovden	11/12/2016 10:29:46 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18259**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Netsmart Technologies, Inc.
Agency Code:	<b>406</b>	Contractor Name:	<b>Netsmart Technologies, Inc.</b>
Appropriation Unit:	<b>3168-26</b>	Address:	<b>4950 College Blvd.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Overland Park, KS 66211</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Julie Meyer 913-272-2468
		Vendor No.:	PUR0003686
		NV Business ID:	NV20101021052

To what State Fiscal Year(s) will the contract be charged? **2017-2022**

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

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP 3249/C 15849

2. Contract start date:

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

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/12/2021**

Contract term: **5 years and 12 days**

4. Type of contract: **Lease/Purchase Agreement**

Contract description: **Pharmaceutical Equip**

5. Purpose of contract:

**This is a new contract to provide leased pharmaceutical dispensing equipment to Department of Health and Human Services run pharmacies which include: Rawson Neal Psychiatric Hospital, Stein Hospital, Desert Willow Treatment Center, Dini Townsend Psychiatric Hospital and Lake's Crossing Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,400,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pharmaceutical dispensing equipment is required at state run facilities to reduce human error and increase patient safety.

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

State employees have the knowledge to operate the equipment, however it is more cost effective for the state to lease the equipment rather than purchasing.

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):

Carefusion  
Netsmart  
Clinical Solutions

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3249, 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: 05/04/2016 Anticipated re-bid date: 05/04/2021

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:

With the Division of Public and Behavioral Health and Division of Child and Family Services since 2006 - 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	11/04/2016 10:12:17 AM
Division Approval	chadwic1	11/04/2016 10:12:19 AM
Department Approval	ecreceli	11/04/2016 11:40:29 AM
Contract Manager Approval	rmorse	11/04/2016 13:14:37 PM
Budget Analyst Approval	dstoddar	11/07/2016 09:10:59 AM
BOE Agenda Approval	nhovden	11/14/2016 11:16:19 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18234**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Nevada Department of Motor Vehicles
Agency Code:	<b>406</b>	Contractor Name:	<b>Nevada Department of Motor Vehicles</b>
Appropriation Unit:	<b>4547-10</b>	Address:	<b>555 Wright Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89711-0400</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775 684-4368
		Vendor No.:	D81000000
		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 %	<b>X</b>	Fees	<b>100.00 % PART</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: C 15508

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 11/2016

Retroactive? **Yes**

If "Yes", please explain

**The purpose of this contract is to fund the development of an interface between the Medical Marijuana Registry (MMR) online patient registration system and the DMVs identification card processing system. The interface is critical to reducing MMR foot traffic in the participating DMVs, as well as eliminating the unnecessary burden on patients to visit a DMV to obtain their MMR cards. Unanticipated delays forced some of the interface work into SFY 17.**

3. Termination Date: **06/30/2019**

Contract term: **4 years**

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

Contract description: **MMW Cards**

5. Purpose of contract:

**This is a new interlocal agreement to create a secure web interface to compare the medical marijuana patient and caregiver card applicants from Department of Health and Human Services with the Department of Motor Vehicles (DMV) database, create the cards for a successful match and mail the cards to the applicant through the DMV vendor.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$92,400.00**

Payment for services will be made at the rate of \$105.00 per Hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The DMV shall process medical marijuana patient and caregiver card requests electronically received from DPBH if the applicant has an existing driver's license (DL), identification card (ID) or drivers authorization card (DAC) within the DMVs database. This will be through a batch process and will not be a real-time system.

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

State employees are performing the work.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	10/27/2016 16:06:48 PM
Division Approval	chadwic1	10/27/2016 16:06:50 PM
Department Approval	ecreceli	11/01/2016 11:07:43 AM
Contract Manager Approval	rmorse	11/01/2016 13:26:49 PM
Budget Analyst Approval	dstoddar	11/02/2016 11:02:22 AM
BOE Agenda Approval	nhovden	11/03/2016 18:10:10 PM
BOE Final Approval	Pending	

**BRIAN SANDOVAL**  
*Governor*

STATE OF NEVADA

**CODY L. PHINNEY, MPH**  
*Administrator*

**RICHARD WHITLEY, MS**  
*Director*



**JOHN DIMURO, D.O., MBA**  
*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 27, 2016

**MEMORANDUM**

**TO:** *Bessie Wooldridge*  
*Budget Analyst*  
*Budget Division*

**THROUGH:** *Mark Winebarger*  
*Administrative Services Officer IV*  
*Division of Public and Behavioral Health*

**FROM:** *Chad Warren Westom*  
*Bureau Chief*  
*Preparedness, Assurance, Inspections and Statistics Bureau*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – Department of Motor Vehicles (CETS #TBD)**

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The purpose of this contract between DPBH and DMV is to fund the development of an interface between the Medical Marijuana Registry (MMR) online patient registration system and the DMV's identification card processing system. The interface is critical to reducing MMR foot traffic in the participating DMVs, as well as eliminating the unnecessary burden on patients to visit a DMV in order to obtain their MMR cards. DPBH and DMV expected the development and implementation of the interface would be completed before the end of SFY 16, however, unanticipated delays forced some of the interface work into SFY 17.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2015. If the contract is not approved, DPBH will not be able to reimburse DMV for development work they have already completed during SFY 17.

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: **18257**

Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**

Agency Code: **431**  
Appropriation Unit: **3650-07**

Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: ANYTIME PLUMBING, INC., DBA ABES PLUMBING AIR REPAIR FAST WATER

Contractor Name: **ANYTIME PLUMBING, INC., DBA ABES PLUMBING AIR REPAIR FAST WATER**

Address: **4690 W POST RD STE 130**

City/State/Zip: **LAS VEGAS, NV 89118-4345**

Contact/Phone: Scott Jester 702/362-9300

Vendor No.: PUR0005090A

NV Business ID: NV19991205584

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

<input checked="" type="checkbox"/>	General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>50.00 %</b>	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 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2020**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Plumbing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing plumbing services on an "as needed" basis at Nevada Army Guard locations in Las Vegas and Henderson.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,960.00**

Payment for services will be made at the rate of \$24,990.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Plumbing services are required throughout the year as maintenance or repairs are needed.

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

State employees do not have all necessary equipment to perform adequate plumbing repair and maintenance.

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

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

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

Butter Plumbing  
Anytime Plumbing  
Larkin Plumbing

b. Solicitation Waiver: **Not Applicable**

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

Anytime Plumbing was one of the vendors chosen based on the bidding process.

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	ctyle1	11/01/2016 16:39:48 PM
Division Approval	ctyle1	11/01/2016 16:39:50 PM
Department Approval	ctyle1	11/01/2016 16:39:52 PM
Contract Manager Approval	twollan1	11/01/2016 16:40:25 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:36:43 AM
BOE Agenda Approval	pnicks	11/02/2016 17:21:46 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18253**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>Avalon Electric</b>
Agency Code: <b>431</b>	Contractor Name: <b>Avalon Electric</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>4310 Cameron St., Ste. 12B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89103</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Christian Peterson 7026366181</b>
	Vendor No.: <b>T27037109</b>
	NV Business ID: <b>NV20131356733</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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: 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2020**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

**This is a new contract to provide ongoing electrical maintenance services on an "as needed" basis at Nevada Army Guard locations in Las Vegas, Henderson and Ely.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,960.00**

Payment for services will be made at the rate of \$24,990.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical services are required throughout the year as maintenance or repairs are needed.

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

State employees do not have all necessary equipment to perform adequate electrical repair and maintenance.

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

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

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

Southwest Electric  
American Southwest  
Helix Electric

b. Solicitation Waiver: **Not Applicable**

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

Avalon Electric was one of the vendors chosen based on the bidding process.

d. Last bid date: 07/22/2016 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	ctyle1	11/01/2016 16:10:29 PM
Division Approval	ctyle1	11/01/2016 16:10:31 PM
Department Approval	ctyle1	11/01/2016 16:10:33 PM
Contract Manager Approval	twollan1	11/01/2016 16:11:55 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:41:50 AM
BOE Agenda Approval	pnicks	11/02/2016 17:23:22 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18256**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>Butter Building &amp; Development Inc.</b>
Agency Code: <b>431</b>	Contractor Name: <b>Butter Plumbing</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>4130 Artic Spring Ave., Ste. A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89115</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Shawn Butter 7026555214</b>
	Vendor No.:
	NV Business ID: <b>NV19981332063</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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: 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2020**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Plumbing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing plumbing services on an "as needed" basis at Nevada Army Guard locations statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,960.00**

Payment for services will be made at the rate of \$24,990.00 per year

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Plumbing services are required throughout the year as maintenance or repairs are needed.

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

State employees do not have all necessary equipment to perform adequate plumbing repair and maintenance.

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

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

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

Larkin Plumbing  
Anytime Plumbing  
Butter Plumbing

b. Solicitation Waiver: **Not Applicable**

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

Butter Plumbing and Heating was one of the vendors chosen based on the bidding process.

d. Last bid date: 07/22/2016 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?

No b. If "No", please explain:

The vendor's registered name is Butter Building & Development Inc. but their State Contractor's Board has listed Butter Plumbing.

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	ctyle1	11/01/2016 16:23:50 PM
Division Approval	ctyle1	11/01/2016 16:23:53 PM
Department Approval	ctyle1	11/01/2016 16:23:55 PM
Contract Manager Approval	twollan1	11/01/2016 16:39:07 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:33:51 AM
BOE Agenda Approval	pnicks	11/02/2016 17:17:51 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18252**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: Helix Electric of Nevada, LLC
Agency Code: <b>431</b>	Contractor Name: <b>Helix Electric of Nevada, LLC</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>3078 E. Sunset Rd. Ste. #9</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89120</b>
If "No" please explain: Not Applicable	Contact/Phone: Earl Ward 7027321188
	Vendor No.: T29030678
	NV Business ID: NV20011076993

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2020**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

**This is a new contract to provide ongoing electrical maintenance services on an "as needed" basis at Nevada Air and Army Guard locations statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,960.00**

Payment for services will be made at the rate of \$24,990.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical services are required throughout the year as maintenance or repairs are needed.

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

State employees do not have all necessary equipment to perform adequate electrical repair and maintenance.

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

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

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

Southwest Electric  
Avalon Electric  
American Southwest Electric

b. Solicitation Waiver: **Not Applicable**

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

Helix Electric was one of the vendors chosen based on the bidding process.

d. Last bid date: 07/22/2016 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:

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	ctyle1	11/01/2016 15:35:11 PM
Division Approval	ctyle1	11/01/2016 15:35:13 PM
Department Approval	ctyle1	11/01/2016 15:35:17 PM
Contract Manager Approval	twollan1	11/01/2016 15:51:11 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:47:51 AM
BOE Agenda Approval	pnicks	11/02/2016 17:26:40 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18255**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>LARKIN PLUMBING &amp; HEATING CO</b>
Agency Code: <b>431</b>	Contractor Name: <b>LARKIN PLUMBING &amp; HEATING CO</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>INC</b>
Is budget authority available?: <b>Yes</b>	<b>1801 INDUSTRIAL RD</b>
If "No" please explain: <b>Not Applicable</b>	<b>LAS VEGAS, NV 89102</b>
	Contact/Phone: <b>Rich Robinson 702/382-2410</b>
	Vendor No.: <b>T80904083</b>
	NV Business ID: <b>NV19511000064</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2020**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Plumbing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing plumbing services on an "as needed" basis at Nevada Army Guard locations in the Las Vegas area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,960.00**

Payment for services will be made at the rate of \$24,990.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Plumbing services are required throughout the year as maintenance or repairs are needed.

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

State employees do not have all necessary equipment to perform adequate plumbing repair and maintenance.

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

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

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

Larkin Plumbing  
Anytime Plumbing  
Butter Plumbing

b. Solicitation Waiver: **Not Applicable**

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

Larkin Plumbing and Heating was one of the vendors chosen based on the bidding process.

d. Last bid date: 07/22/2016 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	ctyle1	11/01/2016 16:16:28 PM
Division Approval	ctyle1	11/01/2016 16:16:30 PM
Department Approval	ctyle1	11/01/2016 16:16:32 PM
Contract Manager Approval	twollan1	11/01/2016 16:17:00 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:11:20 AM
BOE Agenda Approval	pnicks	11/02/2016 17:27:58 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: **18258**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: Southwest Electric
Agency Code: <b>431</b>	Contractor Name: <b>Southwest Electric</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>921 American Pacific Dr. Unit 307</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89014</b>
If "No" please explain: Not Applicable	Contact/Phone: Tom Sarnelli 7025645003
	Vendor No.:
	NV Business ID: NV20151095644

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2020**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

**This is a new contract to provide ongoing electrical maintenance services on an "as needed" basis at Nevada Air and Army Guard locations statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,960.00**

Payment for services will be made at the rate of \$24,990.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical services are required throughout the year as maintenance or repairs are needed.

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

State employees do not have all necessary equipment to perform adequate electrical repair and maintenance.

9. Were quotes or proposals solicited? Yes

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

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

American Southwest  
Helix Electric  
Southwest Electric  
Avalon Electric

b. Solicitation Waiver: **Not Applicable**

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

Southwest Electric was one of the vendors chosen based on the bidding process.

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	ctyle1	11/01/2016 16:44:24 PM
Division Approval	ctyle1	11/01/2016 16:44:26 PM
Department Approval	ctyle1	11/01/2016 16:44:28 PM
Contract Manager Approval	twollan1	11/01/2016 17:10:43 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:39:29 AM
BOE Agenda Approval	pnicks	11/02/2016 17:22:24 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18251**

Agency Name:	<b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name:	Thomson, James F. Jr., DBA American Southwest Electric
Agency Code:	<b>431</b>	Contractor Name:	<b>Thomson, James F. Jr., DBA American Southwest Electric</b>
Appropriation Unit:	<b>3650-07</b>	Address:	
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>4485 Riviera Ridge, NV 89115</b>
If "No" please explain:	Not Applicable	Contact/Phone:	James F. Thomson Jr. 7026432900
		Vendor No.:	
		NV Business ID:	NV20101199025

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

<input checked="" type="checkbox"/>	General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>50.00 %</b>	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 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2020**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

**This is a new contract to provide ongoing electrical maintenance services on an "as needed" basis at Nevada Air and Army Guard locations statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,960.00**

Payment for services will be made at the rate of \$24,990.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical services are required throughout the year as maintenance or repairs are needed.

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

State employees do not have all necessary equipment to perform adequate electrical repair and maintenance.

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

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

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

Southwest Electric  
Helix Electric  
Avalon Electric

b. Solicitation Waiver: **Not Applicable**

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

American Southwest Electric was one of the vendors chosen based on the bidding process.

d. Last bid date: 07/22/2016 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

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

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

Not Applicable

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

Sole Proprietor

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	11/01/2016 15:32:49 PM
Division Approval	ctyle1	11/01/2016 15:32:52 PM
Department Approval	ctyle1	11/01/2016 15:32:54 PM
Contract Manager Approval	twollan1	11/01/2016 15:34:39 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:44:01 AM
BOE Agenda Approval	pnicks	11/02/2016 17:25:24 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18238**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: Board of Regents, University of Nevada, Reno
Agency Code: <b>440</b>	Contractor Name: <b>Board of Regents, University of Nevada, Reno</b>
Appropriation Unit: <b>3711-22</b>	Address: <b>1664 Virginia St. MS 313</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Reno, NV 89557</b>
If "No" please explain: Pending approval of WP C38293 scheduled for IFC Meeting on December 15, 2016	Contact/Phone: Dr. Veronica Dahir 775-784-6272

Vendor No.:  
NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: DHHS RFP 3106

2. Contract start date:

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

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2017**Contract term: **302 days**4. Type of contract: **Interlocal Agreement**Contract description: **Re-Entry Programs**

5. Purpose of contract:

**This is a new interlocal agreement to evaluate the effectiveness of the Nevada's Strategic Recidivism Grant goals.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$232,296.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Department was provided a grant through the Bureau of Justice Assistance Second Chance Act to provide re-entry services to reduce recidivism rates. The Department is contracting with UNLV to evaluate the effectiveness of the grant goals.

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

An outside party is required for this service and therefore services cannot be provided by the Department.

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 Any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of its public agencies is authorized by law to perform.

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	sewart	10/31/2016 15:08:02 PM
Division Approval	sewart	10/31/2016 15:08:05 PM
Department Approval	jborrowm	11/04/2016 11:52:16 AM
Contract Manager Approval	vfajota	11/04/2016 14:38:50 PM
Budget Analyst Approval	dstoddar	11/07/2016 11:27:27 AM
BOE Agenda Approval	pnicks	11/08/2016 08:20:34 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 CONTRACT**

1. Contract Number: **18254**

Agency Name: <b>DPS-HIGHWAY PATROL</b>	Legal Entity Name: <b>TASER International</b>
Agency Code: <b>651</b>	Contractor Name: <b>TASER International</b>
Appropriation Unit: <b>4713-10</b>	Address: <b>17800 N. 85th Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Scottsdale, AZ 85255</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Alissa McDowell 480-905-2038</b>
	Vendor No.: <b>PUR0004851</b>
	NV Business ID: <b>NV20131641254</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2017-2022</b>

What is the source of funds that will be used to pay the contractor? 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 %
<b>X Highway Funds</b>	<b>100.00 %</b>	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 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2021**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Body Worn Cameras**

5. Purpose of contract:

**This is a new contract to provide body worn cameras and in-car video services to the Nevada Highway Patrol to assist officers in the field.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,252,000.00**

Payment for services will be made at the rate of \$1,414.19 per camera

Other basis for payment: \$1,980.36 per docking station, \$15,000.00 for training, \$0.75 in overage per GB.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Senate Bill 111, passed by the 78th Nevada Legislative Session, mandated the Department of Public Safety Highway Patrol Division implement body worn cameras for sworn personnel by January 1, 2017

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

There are no employees qualified to do this work

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

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

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

Not Applicable

14. The contractor is 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	bmarti8	11/01/2016 16:28:31 PM
Division Approval	jdibasil	11/01/2016 16:31:31 PM
Department Approval	jdibasil	11/01/2016 16:37:45 PM
Contract Manager Approval	kdefe1	11/01/2016 16:37:54 PM
Budget Analyst Approval	dstoddar	11/02/2016 10:28:02 AM
BOE Agenda Approval	pnicks	11/02/2016 15:17:28 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: **18250**

Agency Name: **DPS-FIRE MARSHAL**  
 Agency Code: **656**  
 Appropriation Unit: **3816-25**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **TS HAZMAT CONSULTING SERVICES**  
 Contractor Name: **TS HAZMAT CONSULTING SERVICES**  
 Address: **LLC DBA SIGNET NORTH AMERICA**  
**195 Sunflower Loop**  
 City/State/Zip: **Carbondale, CO 81623-9880**  
 Contact/Phone: 970-319-3819  
 Vendor No.: T29032255  
 NV Business ID: NV20131612196

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>50% Transfer from SERC (Hazmat Fees), 50% NDEP</b>
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 **01/01/2017**  
 Anticipated BOE meeting date 12/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Hazmat Training**

5. Purpose of contract:

**This is a new contract that continues ongoing services to provide classroom and hands-on instruction/training of the Hazardous Material Technician Level curriculum. It is anticipated that classes will be held in Elko, Reno, Carson City, and Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: \$156,757.00 per class: books, equipment, materials, curriculum, printing, etc (\$34,210); instruction (\$58,100); and miscellaneous for travel, lodging, meals, support services, overhead and taxes (\$64,447).

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 477.045, the State Fire Marshal shall establish a statewide training program for the response to spills of hazardous materials and related fires. The division has received an increase in requests for hazardous materials training from local jurisdictions. This contract will provide for the hazardous material technician training throughout the state.

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

State agencies do not have the resources or expertise to develop the curriculum and instruct the 160 hour courses.

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 #3278, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? 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	jdibasil	11/02/2016 14:51:09 PM
Division Approval	jdibasil	11/02/2016 14:51:13 PM
Department Approval	kdefe1	11/02/2016 15:41:48 PM
Contract Manager Approval	mcar2	11/02/2016 15:45:56 PM
Budget Analyst Approval	dstoddar	11/09/2016 15:17:39 PM
BOE Agenda Approval	pnicks	11/09/2016 17:40:18 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>12090</b>	Amendment Number: <b>4</b>
Agency Name: <b>PARKS DIVISION</b>	Legal Entity Name: <b>Outdoor Immersion, Inc</b>
Agency Code: <b>704</b>	Contractor Name: <b>Outdoor Immersion, Inc</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>PO Box 1675</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Tahoe City, CA 96145</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>530-581-4336</b>
	Vendor No.:
	NV Business ID: <b>NV20111039695</b>

To what State Fiscal Year(s) will the contract be charged? **2011-2018**

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 %	<b>X</b> Other funding	<b>100.00 % Revenue Contract</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2011**  
 Anticipated BOE meeting date **12/2016**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **05/10/2018**  
 Contract term: **7 years and 2 days**  
 4. Type of contract: **Revenue Contract**  
 Contract description: **Watersports Concess**

5. Purpose of contract:  
**This is the fourth amendment to the original contract which provides watersports rental concession at Lake Tahoe Nevada State Park at Sand Harbor. This amendment increases the maximum amount from \$301,000 to \$532,000 due to the concession exceeding revenue expectations.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$72,030.00	\$72,030.00	\$72,030.00	Yes - Action
a. Amendment 1:	\$13,970.00	\$13,970.00	\$13,970.00	Yes - Info
b. Amendment 2:	\$215,000.00	\$215,000.00	\$228,970.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#4):	\$231,000.00	\$231,000.00	\$231,000.00	Yes - Action
3. New maximum contract amount:	\$532,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
The watersports concession will provide a much requested service to the visitors of Lake Tahoe-Nevada State Park.

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

The operation of this concession is beyond the scope and capability of the State Park 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?

The vendor submitted a reasonable percentage offer and good operational plan.

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	sdecrona	10/12/2016 15:02:10 PM
Division Approval	sdecrona	10/12/2016 15:02:16 PM
Department Approval	sdecrona	10/12/2016 15:02:19 PM
Contract Manager Approval	sdecrona	10/12/2016 15:02:23 PM
Budget Analyst Approval	laaron	10/20/2016 10:12:08 AM
BOE Agenda Approval	cmurph3	10/21/2016 09:48:27 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: **18202**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>DESERT RESEARCH INSTITUTE, DBA DRI RESEARCH FOUNDATION</b>
Agency Code: <b>709</b>	Contractor Name: <b>DESERT RESEARCH INSTITUTE, DBA DRI RESEARCH FOUNDATION</b>
Appropriation Unit: <b>3175-74</b>	Address: <b>2215 RAGGIO PKWY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89512-1095</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/673-7379</b>
	Vendor No.: <b>T29034539</b>
	NV Business ID: <b>N/A</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Settlement Income</b>

Agency Reference #: **DEP#17-010**

2. Contract start date:

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

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/12/2018**

Contract term: **2 years and 11 days**

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

Contract description: **DRI Groundwater-NERT**

5. Purpose of contract:

**This is a new Interlocal Agreement to assist a management effort to remove perchlorate from the Las Vegas Wash originating with the Black Mountain Industrial complex. This agreement will provide NDEP with additional data on surface water/groundwater interactions and groundwater flow. Additional data is needed regarding the hydrogeologic conditions and groundwater flow to the Las Vegas Wash to understand the migration of perchlorate.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$181,040.00**

Payment for services will be made at the rate of \$181,040.00 per 2 years

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Black Mountain Industrial (BMI) complex in Henderson, Nevada has been the site of industrial chemical production since 1942 by various companies including the U.S. Government for the World War 2 effort. A contaminant from these activities, perchlorate, was discovered in the Las Vegas Wash and prompted further investigation by NDEP. NDEP's planned future remediation activities will require the data from USGS that will be provided through this agreement.

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

The NV Division of Environmental Protection does not have the staffing, instrumentation or expertise to perform these services. The Desert Research Institute has the scientists, equipment and expertise to provide the products, data and services required.

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?

Desert Research Institute has the necessary equipment, background and scientific staffing in place to deliver the desired product and information required for 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:

The Division has executed many agreements with the Desert Research Institute that have resulted in many products widely used by governmental agencies and the public. The results 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 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	lfleming	10/24/2016 07:24:08 AM
Division Approval	lfleming	10/24/2016 07:24:12 AM
Department Approval	demme	10/24/2016 13:24:57 PM
Contract Manager Approval	sgotta	10/25/2016 11:26:01 AM
Budget Analyst Approval	laaron	11/08/2016 11:35:38 AM
BOE Agenda Approval	cmurph3	11/08/2016 12:59:51 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18229**

Agency Name: <b>DETR - EMPLOYMENT SECURITY DIVISION</b> Agency Code: <b>902</b> Appropriation Unit: <b>4770-12</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: State of Nevada - Department of Business & Industry Contractor Name: <b>State of Nevada - Department of Business &amp; Industry</b> Address: <b>1830 College Pkwy</b> City/State/Zip: <b>Carson City, NV 89706</b> Contact/Phone: Marcel F. Schaefer & Karen Schnog 702-486-4492 Vendor No.: NV Business ID: N/A
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To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % CEP</b>

Agency Reference #: 2083-19-ESD\_BI

2. Contract start date:

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

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **2 years and 210 days**

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

Contract description: **2083-19-ESD\_BI**

5. Purpose of contract:

**This is a new interlocal contract to provide a loan program operated by private, non-profit entities to assist small business development among veterans and senior citizens.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

Payment for services will be made at the rate of \$100,000.00 per Fiscal Year

Other basis for payment: Business and Industry agrees to provide the services set forth in paragraph (6) at a cost not to exceed the amount indicated per State Fiscal Year (SFY): SFY17 - \$100,000; SFY18 - \$100,000; SFY19 - \$100,000. DETR will provide payment via Billing Claim in the amount of \$100,000 each year, minus any unobligated amounts from the prior fiscal year(s). Payment for SFY17 will be made after contract approval. Payment for SFY18 and SFY19 will be done after the start of each SFY. DETR does not agree to reimburse B&I for expenses unless otherwise specified in the incorporated attachments in paragraph (6) with the total Contract not to exceed \$300,000.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NAC 612.673-612.685

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

The Employment Security Division (ESD) does not have the expertise to run a loan program as authorized in NRS 612.685, nor are there any other loan programs operated by any division in DETR. The division has worked closely with Business and Industry (B&I) and believes the program is in alignment with other business services provided by B&I.

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

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

Not Applicable

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

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

The Department of Business and Industry has experience managing loan programs.

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?

**Yes**

See the attached Authorization to Contract form for details.

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

**Yes**

See the attached Authorization to Contract form for details.

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

**Yes** If "Yes", please explain

The contractor/vendor is the Department of Business & Industry, Office of Business Finance & Planning, a State Agency.

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	jbende2	10/26/2016 15:12:08 PM
Division Approval	rolso1	10/26/2016 15:49:14 PM
Department Approval	jmcentee	10/31/2016 08:48:27 AM
Contract Manager Approval	jmcentee	10/31/2016 08:48:31 AM
Budget Analyst Approval	laaron	11/01/2016 08:33:30 AM
BOE Agenda Approval	lfree1	11/09/2016 10:46:54 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>16789</b>	Amendment Number: <b>4</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY DIVISION</b>	Legal Entity Name: <b>WORKFORCE CONNECTIONS</b>
Agency Code: <b>902</b>	Contractor Name: <b>WORKFORCE CONNECTIONS</b>
Appropriation Unit: <b>4770-11</b>	Address: <b>6330 W CHARLESTON BLVD STE 150</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89146-1183</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/638-8750</b>
	Vendor No.: <b>T81079028</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2017</b>

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **PY15-DW-02**

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 **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2017**

Contract term: **2 years**

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

Contract description: **WIOA DW Funds**

5. Purpose of contract:

**This is the fourth amendment to the original interlocal agreement which provides employment and training services to Dislocated Workers in southern Nevada as required by the Workforce Innovation and Opportunity Act of 2014 (Code of Federal Regulations Part 652 et al). This amendment revises Attachment AAAA's budget detail by introducing Attachment AAAAA to transfer \$1,200,000 from the Dislocated Worker Grant Program to the Adult Program necessitating a modification of the consideration.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,448,425.00	\$4,448,425.00	\$4,448,425.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	-\$10,557.00	-\$10,557.00	-\$10,557.00	Yes - Info
c. Amendment 3:	\$10,557.00	\$10,557.00	\$0.00	Yes - Info
2. Amount of current amendment (#4):	-\$1,200,000.00	-\$1,200,000.00	-\$1,200,000.00	Yes - Action
3. New maximum contract amount:	\$3,248,425.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Innovation and Opportunity Act (WIOA) of 2014.

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

The Governor's Workforce Investment Board designated the Local Workforce Investment Boards to facilitate the required employment and training services in compliance with WIOA.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Workforce Connections has been under contract with the Department of Employment, Training and Rehabilitation since 1999 and has performed satisfactorily.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	10/11/2016 09:56:27 AM
Division Approval	rolso1	10/13/2016 08:24:44 AM
Department Approval	jmcentee	10/26/2016 19:03:53 PM
Contract Manager Approval	jmcentee	10/26/2016 19:03:56 PM
Budget Analyst Approval	sbrown	10/28/2016 11:10:53 AM
BOE Agenda Approval	sbrown	10/28/2016 11:10:57 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: <b>16785</b>	Amendment Number: <b>4</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY DIVISION</b>	Legal Entity Name: <b>WORKFORCE CONNECTIONS</b>
Agency Code: <b>902</b>	Contractor Name: <b>WORKFORCE CONNECTIONS</b>
Appropriation Unit: <b>4770-11</b>	Address: <b>6330 W CHARLESTON BLVD STE 150</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89146-1183</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/638-8750</b>
	Vendor No.: <b>T81079028</b>
	NV Business ID: <b>Governmental Entity</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **PY15-A-02**

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 **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2017**

Contract term: **2 years**

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

Contract description: **WIOA Adult Funds**

5. Purpose of contract:

**This is the fourth amendment to the original interlocal agreement which provides employment and training services to adults in Southern Nevada as required by the Workforce Innovation and Opportunity Act of 2014 (Code of Federal Regulations Part 652 et al). This amendment revises Attachment AAAA's budget detail by introducing Attachment AAAAA to transfer \$1,200,000 from the Dislocated Worker Grant Program to the Adult Program necessitating a modification of the consideration.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,375,010.00	\$7,375,010.00	\$7,375,010.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	-\$11,480.00	-\$11,480.00	-\$11,480.00	Yes - Info
c. Amendment 3:	\$11,480.00	\$11,480.00	\$0.00	Yes - Info
2. Amount of current amendment (#4):	\$1,200,000.00	\$1,200,000.00	\$1,200,000.00	Yes - Action
3. New maximum contract amount:	\$8,575,010.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Workforce Innovation and Opportunity Act (WIOA) of 2014.

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

The Governor's Workforce Investment Board designated the Local Workforce Investment Boards to facilitate the required employment and training services in compliance with WIOA.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Workforce Connections has been under contract with the Department of Employment, Training and Rehabilitation since 1999 and has performed satisfactorily.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	10/11/2016 09:56:39 AM
Division Approval	rolso1	10/13/2016 08:26:39 AM
Department Approval	jmcentee	10/26/2016 18:59:36 PM
Contract Manager Approval	jmcentee	10/26/2016 19:02:48 PM
Budget Analyst Approval	sbrown	10/28/2016 11:09:12 AM
BOE Agenda Approval	sbrown	10/28/2016 11:09:16 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: **18222**

Agency Name: **ADMIN - VICTIMS OF CRIME**  
Agency Code: **931**  
Appropriation Unit: **4895-04**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **COST CONTAINMENT STRATEGIES**  
Contractor Name: **COST CONTAINMENT STRATEGIES INC**  
Address: **PO BOX 94525**  
City/State/Zip: **LAS VEGAS, NV 89193-4525**  
Contact/Phone: 702/433-3145  
Vendor No.: T80984462A  
NV Business ID: NV19921037032

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Fines, fees and assessments</b>
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 **01/01/2017**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Review Medical Claim**

5. Purpose of contract:

**This is a new contract to provide ongoing medical billing review, claims administration and software programming. As well as scanning, data-input, vendor management, vendor portal, document storage and retrieval services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,993,317.20**

Other basis for payment: \$119,380.40 per Month 01/01/2017 through 12/31/2017; \$122,961.80 per Month 01/01/2018 through 12/31/2018; \$126,650.70 per Month 01/01/2019 through 12/31/2019; \$130,450.20 per Month 01/01/2020 through 12/31/2020

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Victims of Crime Program is authorized by NRS 217.010 to provide assistance with medical expenses to individuals who are victims of violent crime within the State of Nevada.

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

The agency does not have the expertise or the resources 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 160902**

**Approval Date: 09/19/2016**

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

The proprietary claims management software provided by Cost Containment Strategies (CCSI) was custom built to meet the needs of the Nevada Victims of Crime Program. The system contains features and built in parameters that allow us to ensure compliance with the statues and policies that govern our program. The specialized software design elements allow us to manage claims process with limited staffing levels. CCSI has partnered with the program to provide direct support for all back room operations. This allows the program to focus on the victim while CCSI handles all systems and vendor issues, performs all data entry, and handles all document processing.

d. Last bid date: 09/01/2016 Anticipated re-bid date: 08/31/2020

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:

Since 2011 to current date, Cost Containment has worked with VOC satisfactorily.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	10/25/2016 09:16:39 AM
Division Approval	csweeney	10/25/2016 09:16:42 AM
Department Approval	csweeney	10/25/2016 09:16:55 AM
Contract Manager Approval	ssands	10/25/2016 09:32:20 AM
DoIT Approval	csweeney	10/26/2016 08:47:14 AM
Budget Analyst Approval	laaron	10/26/2016 10:50:01 AM
BOE Agenda Approval	sbrown	10/28/2016 11:13:48 AM
BOE Final Approval	Pending	

State of Nevada  
 Department of Administration  
 Purchasing Division  
 515 E. Musser Street, Suite 300  
 Carson City, NV 89701



Brian Sandoval  
 Governor  
 Patrick Cates  
 Director  
 Jeffrey Haag  
 Administrator

<b>Purchasing Use Only:</b>	
Approval#:	160902

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency: <i>Victims of Crime Program</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Bryan Nix Esq., Senior Appeals Officer</i>	<i>702-290-8719</i>	<i>bnix@admin.nv.gov</i>

<b>Vendor Information:</b>	
Identify Vendor:	<i>Cost Containment Strategies Inc.</i>
Contact Name:	<i>Barry Siskind</i>
Address:	<i>PO Box 94525 Las Vegas NV 89193-4525</i>
Telephone Number:	<i>702-433-3145</i>
Email Address:	<i>bsiskind@ccsinv.com</i>

<b>1c Type of Waiver Requested – Check the appropriate type:</b>	
Sole or Single Source:	<input checked="" type="checkbox"/>
Professional Service Exemption:	<input type="checkbox"/>

<b>1d Contract Information:</b>			
Is this a new Contract?	Yes	No	<input checked="" type="checkbox"/>
Amendment:	#		
CETS:	#		

<b>1e Term:</b>				
One (1) Time Purchase:	<input type="checkbox"/>			
Contract:	Start Date:	<i>01/01/2017</i>	End Date:	<i>12/31/2020</i>

<b>1f Funding:</b>	
State Appropriated:	<input type="checkbox"/>
Federal Funds:	<input type="checkbox"/>
Grant Funds:	<input checked="" type="checkbox"/>
Other (Explain):	<i>Fund for the Compensation of Crime Victims</i>

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<i>\$5,500,000- \$6,000,000</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>See attached Exhibit A - Scope of Work</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The proprietary claims management software provided by Cost Containment Strategies (CCSI) was custom designed to meet the needs of the Nevada Victims of Crime Program. The system contains features and built in parameters that allow us to ensure compliance with the statutes and policies that govern our program. The specialized software design elements allow us to manage the claims process with limited staffing levels. CCSI has partnered with the program to provide direct support for all back room operations. This allows the program to focus on the victim while CCSI handles all systems and vendor issues, performs all data entry, and handles all document processing.</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>Standard claims management software does not provide the flexibility needed to manage and process victim claims. Custom designed software is very expensive, and not reasonably available to small agencies like the Victims of Crime Program. The software developed by CCSI was uniquely designed for use by a VOCA compensation program, and specifically designed to comply with Nevada statues and policies.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input 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>	<i>We have reviewed many of the programs implemented by other VOC programs. None had the desired multiple security levels built into the payment process. None had the ability to limit and manage the benefits paid on both a program level and individual claim level. And no other program provider was willing to consider setting up shop in Nevada to handle our backroom operational needs.</i>			
	b. <i>If not, why were alternatives not evaluated?</i>				

6	Has the agency purchased this service or commodity in the past? Check One. Note: <i>If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i>			Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP, RFQ, Waiver #)		
	01/01/2013	12/31/2016	\$5,000,000	Medical Billing Review & Claims Management Software	RFP 1993		

				<b>&amp; Services</b>	
	01/01/2009	12/31/2012	\$6,000,000	Medical Billing Review & Claims Management Software & Services	RFP 1682
	01/01/2004	12/31/2008	\$8,000,000	Medical Billing Review & Claims Management Software & Services	RFP 1347
	04/14/1999	12/30/2003	Maximum \$375,000/month	Medical Bill Review – Paid 10 percent of Savings	RFP
			\$		

7 What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?

*The software needs of a VOCA compensation program are somewhat unique. We were fortunate to find a contractor who was willing to absorb the software development costs and willing to take on our back room operations. The partnership we have created has allowed the Nevada VOC Program to become a national leader in our field. We cannot use a shelf product without significant staff increases, so reviewing responses to the RFP is a waste of resources. We believe direct negotiation with our current contractor will lead to the best pricing for the State, and will allow us to continue providing an outstanding level of service to victims of crime.*

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?

*We have solicited RFP's for these services for almost 20 years. Other than our current contractor, the few responses we received focused on the Medical Bill Review component. These responders have assumed that an insurance claims management system will satisfy our needs but a VOCA Compensation Program does not operate the same as an insurance company. We would lose our built in system parameters, our multi-level security and approval process, and our backroom services component. Losing these features and services would require us to develop in-house methods to track compliance with statutes and program policies, increasing our personnel expenses and reducing our productivity.*

*Exhibit B documents our cost analysis of various operating processes: our current process; reverting to paper files; performing all services in-house; and outsourcing the entire program. This cost analysis shows that our current operating procedures provide the best financial benefit to the program.*

*The VOC program continually reviews our operations to ensure we are using the most efficient, cost effective processes available. We have the opportunity to compare our results against other states, and have been consistently rated one of the best programs in the nation. We attribute a great deal of our success to the implementation of our contractor's claim management software.*

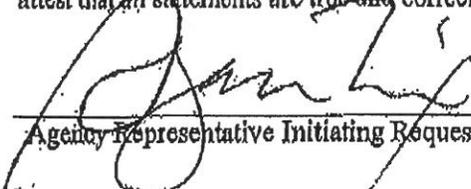
9 Will this purchase obligate the State to this vendor for future purchases?  
Check One.

Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
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a. *If yes, please provide details regarding future obligations or needs.*

775 684 0188

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



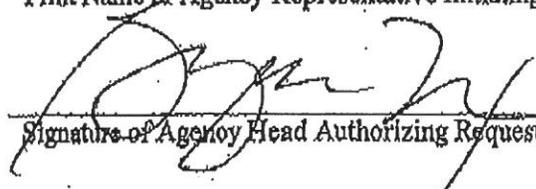
Agency Representative Initiating Request

Bryan Nix

9/13/16

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

Bryan Nix

9/13/16

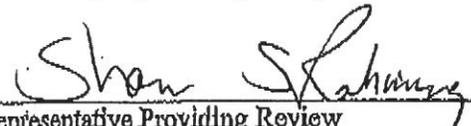
Print Name of Agency Head Authorizing Request

Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

Enterprise IT Services

Name of agency or entity who provided information or review:



Representative Providing Review

Shawn Skahm

9/16/16

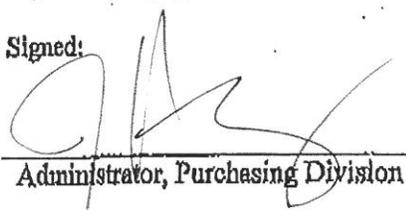
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:



Administrator, Purchasing Division or Designee

9-19-2016

Date