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: 18306

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>ATTORNEY GENERAL'S OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Code</td>
<td>030</td>
</tr>
<tr>
<td>Appropriation Unit</td>
<td>1040-25</td>
</tr>
</tbody>
</table>

Is budget authority available?: Yes

If "No" please explain: Not Applicable

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.

<table>
<thead>
<tr>
<th>Source</th>
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<tbody>
<tr>
<td>General Funds</td>
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<tr>
<td>Fees</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>100.00 %</td>
</tr>
<tr>
<td>Bonds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Highway Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Other funding</td>
<td>0.00 %</td>
</tr>
</tbody>
</table>

2. Contract start date:
   a. Effective upon Board of Examiner's approval? Yes

   Anticipated BOE meeting date: 01/2017

   Retroactive? No

   If "Yes", please explain: Not Applicable

3. Termination Date: 09/30/2017

4. Type of contract: Contract

   Contract description: Attorney

5. Purpose of contract:

   This is a new contract to provide training to prosecutors to assist in evaluating and prosecuting DUI and DUI related vehicular homicide cases and provide data and reports relating to those cases for future training needs.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: $85,818.00

   Payment for services will be made at the rate of $9,535.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Traffic Safety Resource Prosecutor (TSRP) position is designed to improve the ability of Nevada's prosecutors to effectively evaluate and prosecute DUI and DUI-related vehicular homicide cases, thereby reducing the incidence of driving under the influence and highway fatalities within Nevada. The TSRP will provide intense and specialized DUI prosecution training statewide to better hold impaired driving perpetrators accountable.

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

   We do not have ongoing funding for a full time employee in this agency for this position. Additionally, the Traffic Safety Prosecutor trainer needs to be specialized in DUI prosecution.

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):

Contract #: 18306

Page 1 of 2
b. Solicitation Waiver: Professional Service (As defined in NAC 333.150)

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

14 years experience prosecuting DUI cases.

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

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:

<table>
<thead>
<tr>
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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: 16992
   Amendment Number: 2
   Legal Entity Name: DVS Technologies, LLC

   Agency Name: DEPARTMENT OF TAXATION
   Contractor Name: DVS Technologies, LLC
   Address: 150 N DURANGO DRIVE SUITE 250
   City/State/Zip: Las Vegas, NV 89145
   Vendor No.: T27037866
   NV Business ID: NV20131102313

   Agency Code: 130
   Appropriation Unit: 2361-04

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

   To what State Fiscal Year(s) will the contract be charged? 2016-2020

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

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

   Agency Reference #: 61015

2. Contract start date:
   a. Effective upon Board of Examiner's approval? No
   Anticipated BOE meeting date 01/2017
   Retroactive? No
   If "Yes", please explain
   Not Applicable

3. Previously Approved
   Termination Date: 09/30/2019
   Contract term: 4 years

4. Type of contract: Contract
   Contract description: Hosted Call Center

5. Purpose of contract:

   This is the second amendment to the original contract, which provides hosted call center services to the Nevada Department of Taxation. This amendment increases the maximum amount from $133,688 to $188,688 due to an increased volume of calls and clarifies certain language.

6. CONTRACT AMENDMENT

   Trans $  Info Accum $  Action Accum $  Agenda
   1. The max amount of the original contract: $88,000.00  $88,000.00  $88,000.00  Yes - Action
      a. Amendment 1: $45,688.00  $133,688.00  $133,688.00  Yes - Info
   2. Amount of current amendment (2): $55,000.00  $55,000.00  $100,688.00  Yes - Action
   3. New maximum contract amount: $188,688.00

II. JUSTIFICATION

7. What conditions require that this work be done?

   The 2009 Legislature funded the Taxation Call Center in recognition of the department's inability to satisfactorily address taxpayer service needs, particularly related to timely response to their calls and correspondence. The Call Center has enabled the department to successfully address these areas and meet taxpayer service needs.
8. Explain why State employees in your agency or other State agencies are not able to do this work:

The department does not have the expertise or resources to develop and maintain the technology and software provided by a hosted call center provider. Other state agencies are unable to provide hosted call center services, including the ability to track call center statistics, generate a variety of reports, provide regular updates to the caller on his placement in the queue, provide agent/supervisor connectivity, provide automated caller distribution, and record calls and maintain copies for 90 days.

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?

DVS Technologies, LLC was the only vendor to submit a bid.

d. Last bid date: 06/10/2015 Anticipated re-bid date: 03/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

   No

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

   No

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

   No If "Yes", please explain

   Not Applicable

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

   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)?

   No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

   Yes

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

   Yes

18. Agency Field Contract Monitor:

19. Contract Status:

   Contract Approvals:

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<thead>
<tr>
<th>Approval Level</th>
<th>User</th>
<th>Signature Date</th>
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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: 15026

   Amendment Number: 2

   Legal Entity Name: INTERNATIONAL BUSINESSS MCHNS

   Agency Name: ADMIN - ENTERPRISE IT SERVICES

   Contractor Name: INTERNATIONAL BUSINESSS MCHNS

   Agency Code: 180

   Address: CORP DBA IBM CORPORATION

   Appropriation Unit: 1385-26

   City/State/Zip: ATLANTA, GA 30353-4151

   Is budget authority available?: Yes

   Contact/Phone: Jelita Holmesly 714/270-3437

   Vendor No.: PUR0000395E

   NV Business ID: NV20031004664

   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.

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<th>Percentage</th>
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</tr>
<tr>
<td>Fees</td>
<td>100.00 %</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Bonds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Highway Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Other funding</td>
<td>0.00 %</td>
</tr>
</tbody>
</table>

2. Contract start date:
   a. Effective upon Board of Examiner's approval? No
   b. other effective date 10/21/2013

   Anticipated BOE meeting date 01/2017

   Retroactive? Yes

   Due to concerns regarding a new Master Lease Agreement that was presented to the State along with the order for the equipment upgrade, and the challenges in negotiating the new agreement in a short time, the deadline to have the lease agreement in place by December was delayed. IBM Finance agreed to use the existing Master Lease Agreement on 11/29/16, for the addition of the upgrade equipment. Additionally, December approval was required to guarantee the State’s pricing at a lower cost.

3. Previously Approved Termination Date: 03/31/2018

4. Type of contract: Contract

   Contract description: Mainframe Storage

5. Purpose of contract:

   This is the second amendment to the original Master Lease Agreement No. 6403000 providing IBM Mainframe Storage Equipment required to upgrade/replace existing storage that cannot perform parallel access volumes or encryption of data at rest. This amendment is for a capacity upgrade to the DS8870 disk subsystem and increases the maximum amount from $1,348,708.73 to $1,438,771.33.

6. CONTRACT AMENDMENT

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<tr>
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<th>Info Accum $</th>
<th>Action Accum $</th>
<th>Agenda</th>
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<tr>
<td>$1,438,771.33</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

II. JUSTIFICATION

7. What conditions require that this work be done?
The current equipment will not fulfill the requirements of the IRS audit of Health and Human Services which requires that all data leaving the State IBM mainframe via Wide Area Network (WAN) or Local Area Network (LAN) be encrypted by October 1, 2013, a deadline established by Obama Healthcare for data at rest to be stored.

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

9. Were quotes or proposals solicited?
No
Was the solicitation (RFP) done by the Purchasing Division?
No
a. List the names of vendors that were solicited to submit proposals (include at least three):
Not Applicable
b. Solicitation Waiver: Sole Source Contract (As Approved by Chief of Purchasing)
   Approval #: 130806B1
   Approval Date: 12/06/2016
   Approval #: 130806B1
   Approval Date: 12/06/2016
   c. Why was this contractor chosen in preference to other?
   WSCA contract terms have been competitively bid and the operating lease terms are better than the contract WSCA prices, the competitive bid is not necessary.
   d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
   No
   b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
   No
   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:
   2013 to current, Enterprise IT Services, 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
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   Division Approval amarangi 12/06/2016 15:05:19 PM
   Department Approval amarangi 12/06/2016 15:05:29 PM
   Contract Manager Approval amarangi 12/06/2016 15:28:23 PM
   DoIT Approval csweeney 12/09/2016 14:11:51 PM

Contract #: 15026
## 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:** CONV5718
   - **Amendment Number:** 7
   - **Legal Entity Name:** Special Education Data Service

   - **Agency Name:** DEPARTMENT OF EDUCATION
   - **Contractor Name:** Special Education Data Service
   - **Address:** 5425 Liberty Road

   - **Appropriation Unit:** 2715-14
   - **Is budget authority available?:** Yes
   - **City/State/Zip:** Dallas, OR 97338

   - **If "No" please explain:** Not Applicable

   - **To what State Fiscal Year(s) will the contract be charged?** 2008-2019

   - **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.**

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

2. **Contract start date:**
   - **a. Effective upon Board of Examiner's approval?** No
   - **b. other effective date** 05/13/2008

   - **Anticipated BOE meeting date:** 01/2017

   - **Retroactive?** No

   - **If "Yes", please explain** Not Applicable

3. **Previously Approved** 01/31/2017
   - **Termination Date:** 10 years and 265 days

4. **Type of contract:** Contract
   - **Contract description:** Computer Related Services

5. **Purpose of contract:**

   **This is the seventh amendment to the original contract which provides for enhancements for content and technical data consulting to the department on integrating special education data collections into student level collection into BigHorn and maintenance and support of the original Nevada Special Education Accountability and Reporting System. This amendment extends the termination date from January 31, 2017 to January 31, 2019 and increases the maximum amount from $1,231,760 to $1,358,760 due to the continued need for these services.**

6. **CONTRACT AMENDMENT**

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<th>Info Accum $</th>
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<td>3. New maximum contract amount:</td>
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</table>
II. JUSTIFICATION

7. What conditions require that this work be done?
   The current data collection methods for acquiring these federally required data are inefficient and result in data that does not meet desired levels of validity and reliability.

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 staffing or skill set necessary to enhance NV SEARS.

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: Sole Source Contract (As Approved by Chief of Purchasing)
   Approval #: 157
   Approval Date: 11/01/2016
   c. Why was this contractor chosen in preference to other?

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada? No

   b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months? No

   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 amccalla 11/21/2016 07:38:02 AM

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# CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

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<thead>
<tr>
<th>Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Agency:</strong> Nevada Department of Education</td>
</tr>
<tr>
<td><strong>Contact Name(s) and Titles:</strong> Will Jensen, Director, Office of Special Education,</td>
</tr>
<tr>
<td><strong>Telephone Number(s):</strong> Will Jensen 775-687-9146</td>
</tr>
<tr>
<td><strong>Email Address(s):</strong> <a href="mailto:wjensen@doe.nv.gov">wjensen@doe.nv.gov</a></td>
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<table>
<thead>
<tr>
<th>Contractor Information:</th>
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<tr>
<td><strong>Contact Name:</strong> Bruce Bull</td>
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<tr>
<td><strong>Address:</strong> 5425 Liberty Road</td>
</tr>
<tr>
<td><strong>Phone Number:</strong> 503-831-0151</td>
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<tr>
<td><strong>Email Address:</strong> <a href="mailto:bruce.bull@spedsis.com">bruce.bull@spedsis.com</a></td>
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<table>
<thead>
<tr>
<th>Ongoing relationship disclosure – List all previous contract information:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procurement method:</strong></td>
</tr>
<tr>
<td><strong>CETS #:</strong></td>
</tr>
<tr>
<td><strong>Contract “not to exceed amount”:</strong></td>
</tr>
<tr>
<td><strong>Contract term:</strong></td>
</tr>
<tr>
<td><strong>Start date:</strong></td>
</tr>
<tr>
<td><strong>End date:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procurement method used to award the current contract:</th>
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<tbody>
<tr>
<td><strong>RFP, solicitation # if applicable:</strong> RFP 1674</td>
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<tr>
<td><strong>Quote, solicitation # if applicable:</strong></td>
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<tr>
<td><strong>Waiver, provide number:</strong></td>
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<td><strong>Other:</strong></td>
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<table>
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<tr>
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<tr>
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<td><strong>Initial contract “not to exceed amount”:</strong> $571,972.00</td>
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<td><strong>Contract term:</strong></td>
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<td><strong>Start date:</strong></td>
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<td><strong>End date:</strong></td>
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<tr>
<td><strong>5/13/08:</strong></td>
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<tr>
<td><strong>1/31/11:</strong></td>
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</table>
Amendment information – List all previously approved amendments:

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<tr>
<th>Amd #</th>
<th>Brief synopsis of what amendment accomplished</th>
<th>Change in “not to exceed” amount:</th>
<th>Change in end date: mm/dd/yy</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td></td>
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<tr>
<td>2</td>
<td>Increase Contract Amount</td>
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<tr>
<td>3</td>
<td>Increase Contract Term</td>
<td></td>
<td>05/12/12</td>
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<tr>
<td>4</td>
<td>Increase Contract Term</td>
<td></td>
<td>1/12/13</td>
</tr>
<tr>
<td>5</td>
<td>Increase Contract Term</td>
<td></td>
<td>3/15/13</td>
</tr>
<tr>
<td>6</td>
<td>Increase Contract Amount and Increase Contract Term</td>
<td>$1,231,760.00</td>
<td>1/31/17</td>
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</table>

Proposed amendment information:

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<th>Brief synopsis of what the requested amendment will accomplish</th>
<th>Change in “not to exceed” amount:</th>
<th>Change in end date: mm/dd/yy</th>
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<tbody>
<tr>
<td>7</td>
<td>Increase Contract Amount and Increase Contract Term</td>
<td>$1,358,760.00</td>
<td>1/31/19</td>
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</tbody>
</table>

What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):

In 2008, Purchasing completed an RFP for the Nevada Special Education Accountability and Reporting System (NVSEARS). SpedSis was awarded the contract at that time and has since built, implemented and maintained this robust and complex web-base application that securely collects, enters, processes, and reports selected student data and district IDEA required data. The initial cost of building and implementing NVSEARS was $600,000.00. It is truly in the best interest of the State at this time to continue to utilize SpedSis as the contractor for this system due to the amount of money spent in having the system developed/built along with the fact that this system is currently implemented effectively in all 17 school districts and the state public charter school authority. SpedSis continues to be essential with the implementation and maintenance of the current system. This contract extension is primarily to provide for maintenance of the existing data system along with any potential modifications, enhancements or expansions based on changes in reporting requirements for the NDE.

What are the potential consequences to the State if the contract extension request is denied?

The time and cost involved in implementing a new special education data system would be extreme in a time where money is already limited. It would likely require 6-12 months for another vendor to become fluent enough with the existing system and code to fully support the day-to-day needs of NV SEARS. This learning curve would be steep for the vendor and put the NDE and districts at risk for not having a functional system in place. The current system is utilized by all 17 school districts in the state and staff in those districts have been trained through many professional development activities over the course of the past eight years and are proficient in using NV SEARS at this time. Potentially having to switch to a new system will impact personnel statewide and highly impact an already limited budget.

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.
Will Jensen
Signature of Agency Representative Initiating Request

Will Jensen
Print Name of Agency Representative Initiating Request

Date
9/19/16

Signature of Agency Head Authorizing Request

Steve Canaveru
Print Name of Agency Head Authorizing Request

9/26/16

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

Date
11/1/2016
I. DESCRIPTION OF CONTRACT

1. Contract Number: 16917  
   Amendment Number: 1  
   Legal Entity Name: MYERS AND STAUFFER, LC  
   Contractor Name: MYERS AND STAUFFER, LC  
   Agency Name: DHHS - HEALTH CARE FINANCING & POLICY  
   Address: 4400 Cox Road, Suite 110  
   City/State/Zip: Glen Allen, VA 23060  
   Agency Code: 403  
   Appropriation Unit: 3158-04  
   Is budget authority available?: Yes  
   Contact/Phone: 804-270-2200  
   Vendor No.: T81098965  
   NV Business ID: NV20001070243  

To what State Fiscal Year(s) will the contract be charged? 2016-2020  
What is the source of funds that will be used to pay the contractor?  
<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Fees</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>50.00 %</td>
</tr>
<tr>
<td>Bonds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Highway Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Other funding</td>
<td>50.00 %</td>
</tr>
<tr>
<td>County Funds</td>
<td></td>
</tr>
</tbody>
</table>

2. Contract start date:  
   a. Effective upon Board of Examiner’s approval? No  
      or    b. other effective date 10/01/2015  
   Anticipated BOE meeting date 12/2016  
   Retroactive? No  
   If "Yes", please explain Not Applicable

3. Previously Approved Termination Date: 09/30/2019  
   Contract term: 4 years

4. Type of contract: Contract  
   Contract description: CPE County Audits

5. Purpose of contract:  
   This is the first amendment to the original contract which provides reviews of the cost allocation plans and cost reports submitted by governmental entities that provide services such as targeted case management, school based services and administrative services among others. This amendment increases the maximum amount from $548,453 to $1,305,453 to add reviews of cost reports for fire districts in 20 counties.

6. CONTRACT AMENDMENT
   
<table>
<thead>
<tr>
<th>Trans $</th>
<th>Info Accum $</th>
<th>Action Accum $</th>
<th>Agenda</th>
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<td>Yes - Action</td>
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<td>Yes - Action</td>
</tr>
<tr>
<td>$1,305,453.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. JUSTIFICATION

7. What conditions require that this work be done?  
   Necessity to ensure accuracy in certified public expenditure (CPE) reimbursement to the counties for targeted case management, school based services, and administrative services among others.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
   DHCFP does not have the resources to conduct these reviews annually.
9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
      Not Applicable
   b. Solicitation Waiver: Professional Service (As defined in NAC 333.150)
   c. Why was this contractor chosen in preference to other?
   d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada? No
    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months? No
    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government? No If "Yes", please explain
        Not Applicable

12. Has the contractor ever been engaged under contract by any State agency? Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:
    The vendor has been engaged under contract by DHCFP for several years and service has been satisfactory

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

14. The contractor is 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                     aree2    10/18/2016 14:16:06 PM
   Division Approval                           mlewi7   11/28/2016 11:43:11 AM
   Department Approval                         ecreceli 11/29/2016 08:47:44 AM
   Contract Manager Approval                   aree2    11/29/2016 11:14:23 AM
   Budget Analyst Approval                    laaron   12/02/2016 14:54:03 PM
   BOE Agenda Approval                         nhovden  12/14/2016 13:46:02 PM
CONTRACT SUMMARY
(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT
1. Contract Number: 18298

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH
Agency Code: 406
Appropriation Unit: 3161-07
Is budget authority available?: Yes
If "No" please explain: Not Applicable
Contact/Phone: Kathia Winchell 702/355-3895
City/State/Zip: LAS VEGAS, NV 89143-4403
Address: 8920 COLORFUL PINES AVE
Appropriation Unit: 3161-07
Is budget authority available?: Yes
If "No" please explain: Not Applicable
Contact/Phone: Kathia Winchell 702/355-3895
City/State/Zip: LAS VEGAS, NV 89143-4403
Address: 8920 COLORFUL PINES AVE

Legal Entity Name: XCEL MAINTENANCE SERVICES INC
Contractor Name: XCEL MAINTENANCE SERVICES INC

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.

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

Agency Reference #: RFP 3275/C 15859

2. Contract start date:
   a. Effective upon Board of Examiner's approval? No
   Anticipated BOE meeting date 01/2017
   Retroactive? No
   If "Yes", please explain
   Not Applicable

3. Termination Date: 01/31/2021
4. Type of contract: Contract
5. Purpose of contract:
   This is a new contract to provide janitorial services for the West Charleston campus.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: $408,492.00
   Payment for services will be made at the rate of $0.00 per month
   Other basis for payment: $7,985.00 per month first year; $7,985.00 per month second year; $8,225.00 per month third year;
   $8,225.00 per month fourth year; 5% in contingency for unexpected needs.

II. JUSTIFICATION
7. What conditions require that this work be done?
   NRS 331.080 authorizes expenditures for maintenance and repair for the health and well being of staff, clients, families, and visitors. It is necessary to have janitorial services to keep the buildings clean and germ free.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   Southern Nevada Adult Mental Health Services does not have the staff or resources available to provide this after hours 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?
This vendor's proposal was scored the highest by the evaluation committee.
d. Last bid date: 08/16/2016  Anticipated re-bid date: 08/01/2020

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 vendor currently holds several contracts with Buildings and Grounds for janitorial services and has provided excellent service.

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

14. The contractor is registered with the Nevada Secretary of State's Office as a:
   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:
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<tr>
<th>Approval Level</th>
<th>User</th>
<th>Signature Date</th>
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<tr>
<td>BOE Final Approval</td>
<td>Pending</td>
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</table>
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: 17998

Legal Entity Name: MAXIMUS HUMAN SERVICES INC
Contractor Name: MAXIMUS HUMAN SERVICES INC

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES
Address: 2755 Pence Loop Southeast

Contractor Name: MAXIMUS HUMAN SERVICES INC
City/State/Zip: Salem, OR 97302

Agency Code: 407
Vendor No.: T32002765

Appropriation Unit: 3238-04
NV Business ID: NV20091030881

Is budget authority available?: Yes
Contact/Phone: 971-915-5151

If "No" please explain: Not Applicable

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 %
- Federal Funds 66.00 %
- Highway Funds 0.00 %
\( \times \) Other funding 34.00 % State Share of Collections

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

   Anticipated BOE meeting date 09/2016
   Retroactive? No

   If "Yes", please explain

   Not Applicable

3. Termination Date: 09/30/2020
   Contract term: 4 years and 30 days

4. Type of contract: Contract
   Contract description: Employer Web Service

5. Purpose of contract:

This is a new contract providing web hosting and maintenance of the web based electronic system for the Nevada Child Support Employer Services Center. Trouble-shooting services include access to telephone support and in-person support on an as-needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: $500,000.00
Payment for services will be made at the rate of $125,000.00 per Fiscal Year
Other basis for payment: $100,000 in annual maintenance not to exceed 350 hours and $25,000 in web hosting costs.

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal regulations allow the Child Support Enforcement Program to obtain employment verification information on non-custodial parents for the purpose of enforcing child support court orders.

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

State employees do not have the resources nor expertise to provide this service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable
b. Solicitation Waiver: **Not Applicable**
c. Why was this contractor chosen in preference to other?

(Per purchasing, a solicitation waiver is not required for ongoing maintenance and/or support for a system already purchased/installed and in use by the State. See Addl. Info - do not print)
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

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:

   *Previously under contract with DWSS and provided satisfactory 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:**

<table>
<thead>
<tr>
<th>Approval Level</th>
<th>User</th>
<th>Signature Date</th>
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<tbody>
<tr>
<td>Budget Account Approval</td>
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</tr>
<tr>
<td>Division Approval</td>
<td>msmilt5</td>
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</tr>
<tr>
<td>Department Approval</td>
<td>ecreceli</td>
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</tr>
<tr>
<td>Contract Manager Approval</td>
<td>sjon23</td>
<td>11/28/2016 15:29:32 PM</td>
</tr>
<tr>
<td>Budget Analyst Approval</td>
<td>dstoddar</td>
<td>11/30/2016 12:58:14 PM</td>
</tr>
<tr>
<td>BOE Agenda Approval</td>
<td>nhovden</td>
<td>11/30/2016 15:32:32 PM</td>
</tr>
<tr>
<td>BOE Final Approval</td>
<td>Pending</td>
<td></td>
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</table>
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: 18242

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Legal Entity Name: PBS LEARNING INSTITUTE, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Code</td>
<td>PBS LEARNING INSTITUTE, INC.</td>
</tr>
<tr>
<td>Appropriation Unit</td>
<td>3148-04</td>
</tr>
<tr>
<td>Is budget authority available?</td>
<td>Yes</td>
</tr>
<tr>
<td>If &quot;No&quot; please explain:</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Address</td>
<td>639 GRANITE ST STE 112</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>BRAINTREE, MA 02184-5367</td>
</tr>
<tr>
<td>Contact/Phone</td>
<td>Diane McLevedge 781/843-2663</td>
</tr>
<tr>
<td>Vendor No.</td>
<td>T32002603</td>
</tr>
<tr>
<td>NV Business ID</td>
<td>NV20131595617</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Funds</td>
<td>100.00 %</td>
</tr>
<tr>
<td>Fees</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Bonds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Highway Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Other funding</td>
<td>0.00 %</td>
</tr>
</tbody>
</table>

2. Contract start date:
   a. Effective upon Board of Examiner's approval? Yes or b. other effective date: NA
   Anticipated BOE meeting date: 01/2017
   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: Quality Improvement

5. Purpose of contract:
   This is a new contract to provide continuing identification, monitoring and improvement of youth correctional facility conditions and treatment services to incarcerated youth using national standards and outcome measures.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: $120,000.00
   Payment for services will be made at the rate of $10,000.00 per facility per year

II. JUSTIFICATION
7. What conditions require that this work be done?
   DCFS Juvenile Services must ensure that youth under our care and custody receive quality care and supervision in a safe and secure manner. PbS for Youth Correction and Detention Facilities is a system for agencies and facilities to identify, monitor and improve conditions and treatment services provided to incarcerated youths using national standards and outcome measures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   PbS is a specific, nationally recognized improvement program developed by the Council of Juvenile Correctional Administrators (CJCA). State employees in our agency and other State agencies are not trained in delivering this program.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
b. Solicitation Waiver: Exempt (Per statute)

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

Per NRS 332.195 - Join a contract of another state’s contract. The contract being joined is with the State of New Mexico and expires in June 2017.

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

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, this vendor was contracted with DCFS from January 2014 through December 2016. Service was satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada? No If “Yes”, please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

Foreign Corporation

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

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

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

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

<table>
<thead>
<tr>
<th>Approval Level</th>
<th>User</th>
<th>Signature Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>dander16</td>
<td>11/09/2016 08:32:43 AM</td>
</tr>
<tr>
<td>Division Approval</td>
<td>dkluever</td>
<td>11/29/2016 16:18:46 PM</td>
</tr>
<tr>
<td>Department Approval</td>
<td>jkolenut</td>
<td>11/30/2016 15:38:22 PM</td>
</tr>
<tr>
<td>Contract Manager Approval</td>
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<td>11/30/2016 16:07:08 PM</td>
</tr>
<tr>
<td>DoIT Approval</td>
<td>bbohm</td>
<td>12/05/2016 06:15:24 AM</td>
</tr>
<tr>
<td>Budget Analyst Approval</td>
<td>dstoddar</td>
<td>12/06/2016 10:10:37 AM</td>
</tr>
<tr>
<td>BOE Agenda Approval</td>
<td>nhovden</td>
<td>12/14/2016 13:37:53 PM</td>
</tr>
<tr>
<td>BOE Final Approval</td>
<td>Pending</td>
<td></td>
</tr>
</tbody>
</table>
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: 14128  Amendment Number: 2

Legal Entity Name: Renown Regional Medical Center

Contractor Name: Renown Regional Medical Center

Agency Name: DEPARTMENT OF CORRECTIONS

Address: 1316 Capital Blvd

Appropriation Unit: 3706-50

Is budget authority available?: Yes

If "No" please explain: Not Applicable

City/State/Zip: Reno, NV 89502

Contact/Phone: Michele Tarantino, VP Supply Chain Operations 775-982-4748

Vendor No.: T41975000

NV Business ID: NV19851012417

To what State Fiscal Year(s) will the contract be charged? 2013-2021

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.

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Funds</td>
<td>100.00 %</td>
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<tr>
<td>Fees</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Bonds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Highway Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Other funding</td>
<td>0.00 %</td>
</tr>
</tbody>
</table>

2. Contract start date:

   a. Effective upon Board of Examiner's approval? No or b. other effective date 05/01/2013

   Anticipated BOE meeting date 12/2016

   Retroactive? No

   If "Yes", please explain Not Applicable

3. Previously Approved Termination Date: 04/30/2017

   Contract term: 8 years and 1 day

4. Type of contract: Contract

   Contract description: HIV/AIDS Services

5. Purpose of contract:

   This is the second amendment to the original contract which continues ongoing on-site specialty health clinics for HIV/AIDS and other infectious diseases to prescribe and provide drugs from a 340B pharmacy for inmates statewide. This amendment extends the termination date from April 30, 2017 to April 30, 2021 and increases the maximum amount from $5,600,000 to $17,153,906 due to an increase in inmate population need and the cost of drugs.

6. CONTRACT AMENDMENT

   Trans $ | Info Accum $ | Action Accum $ | Agenda
   -------|-------------|---------------|----
   1. The max amount of the original contract: $5,600,000.00 | $5,600,000.00 | $5,600,000.00 | Yes - Action
   a. Amendment 1: $0.00 | $5,600,000.00 | $5,600,000.00 | No
   2. Amount of current amendment (#2): $11,553,906.00 | $11,553,906.00 | $11,553,906.00 | Yes - Action
   3. New maximum contract amount: $17,153,906.00

   and/or the termination date of the original contract has changed to: 04/30/2021

II. JUSTIFICATION

Contract #: 14128  Page 1 of 3
7. What conditions require that this work be done?
The on-site specialty health care clinics provide treatment and drugs through a 340B pharmacy program for individuals incarcerated in the department facilities statewide. This program is the primary means of access to life saving drugs and treatment for inmates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Historically the department has outsourced the purchase of life saving drugs to a provider with access to 340B drug pricing in order to reduce treatment and/or drug costs for inmates with infectious diseases.

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 #: 130204B
      Approval Date: 12/06/2016
   c. Why was this contractor chosen in preference to other?
      Renown Regional Medical Center is the only Disproportionate Share Hospital (DSH) in Nevada that can provide this program to the department statewide.
   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:
    FY10 with the Nevada Department of Corrections. Service has been verified as satisfactory.

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

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

15. a. Is the Contractor Name the same as the legal Entity Name? Yes
       Not Applicable

16. Not Applicable

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

18. Agency Field Contract Monitor:

19. Contract Status:
    Contract Approvals:
    
    | Approval Level               | User  | Signature Date       |
    |------------------------------|-------|----------------------|
    | Budget Account Approval      | sewart| 12/01/2016 09:59:04 AM|
    | Division Approval            | sewart| 12/01/2016 09:59:07 AM|
    | Department Approval          | sewart| 12/01/2016 09:59:10 AM|
    | Contract Manager Approval    | jhardy| 12/08/2016 09:47:21 AM|
    | Budget Analyst Approval      | laaron| 12/08/2016 11:21:47 AM|

Contract #: 14128
Page 2 of 3
SOLICITATION WAIVER REQUEST FORM

1. a. Identify State agency and the contact person's name, title, telephone number and email address for this request:

   Nevada Department of Corrections (NDOC)
   Janet Hardy, Contracts Manager, (775) 887-3333, jahardy@doc.nv.gov

b. Vendor contact information:

   Renown Regional Medical Center, Kirk Gillis, VP of Workers' Compensation

c. Type of waiver requested: ☑ Sole or single source ☐ Professional Service Exemption

2. Description of work/services to be performed or commodity/good to be purchased:

   Renown Regional Medical Center will provide HIV treatment and drugs to inmates within NDOC through their 340B Drug Pricing Program. Generally inmates do not have access to federally funded programs. 340B Drug Pricing Program is available for outpatient drugs to "covered entities" that provide outpatient services to disadvantaged clients. Covered entities include: Federally qualified health centers, disproportionate share hospitals and Ryan White grantees. NDOC inmates previously had access to the 340B Drug Pricing Program with Northern Nevada HOPES (a Ryan White grantee) through a subgrant from the Health Division of the Department of Health and Human Services. DHHS was informed by the federal Health Resources and Services Administration (HRSA) that inmates are prohibited from participating in a 340B Drug Pricing Program from a Ryan White grantee. The Ryan White program specifically prohibits inmates from participating. Nationally, the only model that permits inmate participation in a 340B Drug Pricing Program utilizes a Disproportionate Share Hospital (DSH) as the covered entity. Renown is a DSH.

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

   Renown Regional Medical Center pharmacy is eligible to participate in the 340B Drug Pricing Program because they are a DSH (Disproportionate Share Hospital).

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

   Renown Regional Medical Center and University Medical Center (UMC) in Las Vegas are the only Disproportionate Share Hospitals in Nevada. UMC by their charter cannot provide services outside of Clark County and this program with NDOC is statewide. UMC has indicated that they have no interest in this project. The covered entity not only supplies the drugs, but also must
utilize their own providers and keep their own medical records, so that the patients participating in these clinics are their patients. NDOC reimburses Renown for the drugs and services provided.

5. What are the potential consequences to the State of Nevada if the waiver request is denied and the service or good is competitively bid:

The Department will pay significantly higher drug prices if forced to procure drugs through their normal channels with Cardinal Health and the Minnesota Multisate Contracting Alliance for Pharmaceuticals (MMCAP). In FY10, NDOC paid approximately $700,000 more for the drugs alone procuring the drugs from Cardinal through MMCAP versus the cost of the clinics providing drugs and services through Renown in FY11 for a similar number of patients.

6. What market research was conducted to substantiate that there is no competition for the service or good? Please include an evaluation of other items considered, and provide documentation.

There has been no change in available service since our last approved waiver Request #100212.

The Department previously utilized the 340B Pharmacy at Northern NV HOPES through a subgrant with the Department of Health and Human Services, Health Division to provide the services and drugs for NDOC inmate patients as part of the Ryan White HIV/AIDS program. Approximately four years ago, DHHS was informed by the federal Health Resources and Services Administration (HRSA) that inmates are prohibited from participating in the 340B drug purchase program from a Ryan White grantee. Inmates are allowed to access the 340B drug pricing program through a Disproportionate Share Hospital if certain requirements are met. Renown is a DSH and they have investigated this process through Office of Pharmacy Affairs and determined that a contract with NDOC for HIV/AIDS inmates utilizing the 340B drug pricing program is permissible.

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

The 340B program is a federal program where providers may purchase prescription medications at significantly reduced prices. The prices in the 340B program are not advertised, so a direct comparison is not available. NDOC uses MMCAP for prescription medication purchases and MMCAP was selected by the State based on a competitive bid. HIV drugs supplied to NDOC inmates by Renown through their 340B Drug Pricing Program cost significantly less than MMCAP procured HIV drugs. In FY10, NDOC paid approximately $700,000 more for the drugs alone procuring the drugs from Cardinal through MMCAP versus the cost of the clinics providing drugs and services through Renown in FY11 for a similar number of patients.

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

Contract will be for four (4) years at an estimated value of $5,600,000.00

a. New contract Y ☒ N ☐ This new contract waiver request is being initiated before the end of the 4 year approved solicitation waiver request #100212. (See attached memo)

b. Amendment Y ☐ N ☐ Amendment No. _____

(provide copy of previous waiver(s))
Nevada Department of Corrections hereby requests approval for Renown Regional Medical Center

Requesting agency Proposed vendor

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

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

Signed:

<table>
<thead>
<tr>
<th>X</th>
<th>2/19/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janet L. Hardy, Contracts Manager</td>
<td>Date</td>
</tr>
<tr>
<td>Agency Representative Initiating Request</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X</th>
<th>2-19-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deborah L. Reed, Deputy Director Support Services</td>
<td>Date</td>
</tr>
<tr>
<td>Agency Head Authorizing Request</td>
<td></td>
</tr>
</tbody>
</table>

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

Signed:

<table>
<thead>
<tr>
<th>X</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewing Agency/Entity Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

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

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

Approving Authority:

<table>
<thead>
<tr>
<th>X</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator, Purchasing Division</td>
<td>Date</td>
</tr>
</tbody>
</table>
Nevada Department of Corrections hereby requests approval for Renown Regional Medical Center to provide the service/good for the amount and term as described above.

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

Signed:  

<table>
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<tr>
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<td>Janet L. Hardy, Contracts Manager Agency Representative Initiating Request</td>
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Signed:  

<table>
<thead>
<tr>
<th>X</th>
<th>N/A</th>
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If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Approving Authority:  

<table>
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<th>2/27/13</th>
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<tbody>
<tr>
<td>Administrator, Purchasing Division</td>
<td>Date</td>
</tr>
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</table>
### SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

**Agency Contact Information** - Note: Approved copy will be sent to only the contact(s) listed below:

<table>
<thead>
<tr>
<th>State Agency:</th>
<th>Nevada Department of Corrections (NDOC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Name and Title</strong></td>
<td><strong>Phone Number</strong></td>
</tr>
<tr>
<td>Venus Fajota, Chief of Purchasing/Inmate Services</td>
<td>775/887-3234</td>
</tr>
<tr>
<td>Janet Hardy, Contracts Manager</td>
<td>775/887-3333</td>
</tr>
</tbody>
</table>

**Vendor Information:**

<table>
<thead>
<tr>
<th>Identify Vendor:</th>
<th>Renown Regional Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Name:</strong></td>
<td>Megan Landon, Contract Director</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>1155 Mill Street, Z-7, Reno, NV 89502</td>
</tr>
<tr>
<td><strong>Telephone Number:</strong></td>
<td>775/982-5709</td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td><a href="mailto:mlandon@renown.org">mlandon@renown.org</a></td>
</tr>
</tbody>
</table>

**Type of Waiver Requested – Check the appropriate type:**

| Solo or Single Source: | X |
| Professional Service Exemption: | |

**Contract Information:**

<table>
<thead>
<tr>
<th>Is this a new Contract?</th>
<th>Yes</th>
<th>No</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amendment:</strong></td>
<td>#2</td>
<td></td>
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</tr>
<tr>
<td><strong>CITS:</strong></td>
<td>#14128</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Term:**

| One (1) Time Purchase: | |
| Contract: | Start Date: 05/01/2013 | End Date: 04/30/2021 |

**Funding:**

<table>
<thead>
<tr>
<th>State Appropriated:</th>
<th>BA 3706 CAT 50</th>
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<tbody>
<tr>
<td>Federal Funds:</td>
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<tr>
<td>Grant Funds:</td>
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</tr>
<tr>
<td>Other (Explain):</td>
<td></td>
</tr>
</tbody>
</table>

**Total Estimated Value of this Service Contract, Amendment or Purchase:**

| Original Contract Amount: | $5,600,000; Amount of Amendment: $0.00; Amount of this request: $11,553,906; new total contract amount: $17,153,906. |

---

*Solicitation Waiver Revised: November 2016*
Provide a description of work/services to be performed or commodity/good to be purchased:

Renown Regional Medical Center provides HIV treatment and drugs to inmates within NDOC through their 340B Drug Pricing Program. Generally inmates do not have access to federally funded programs. 340B Drug Pricing Program is available for outpatient drugs to "covered entities" that provide outpatient services to disadvantaged clients. Covered entities include: Federally qualified health centers, disproportionate share hospitals and Ryan White grantees. Previous to this contract, NDOC inmates had access to the 340B Drug Pricing Program with Northern Nevada HOPES (a Ryan White grantee) through a subgrant from the Health Division of the Department of Health and Human Services. DHHS was informed by the federal Health Resources and Services Administration (HRSA) that inmates are prohibited from participating in a 340B Drug Pricing Program from a Ryan White grantee. The Ryan White program specifically prohibits inmates from participating. Nationally, the only model that permits inmate participation in a 340B Drug Pricing Program utilizes a Disproportionate Share Hospital (DSH) as the covered entity. Renown is a DSH.

Amendment #1 to Solicitation Waiver #130204 was not sent to State Purchasing for approval because Shannon Berry advised NDOC that an amendment for scope of work only did not need to have an amendment to the existing waiver approved by State Purchasing. Therefore, Amendment #1 was only sent to the Budget Office for approval.

This amendment #2 will extend the contract termination date from 4/30/17 to 4/30/21 and will increase the maximum contract amount from $5,600,000 to $17,153,906 due to an increase in inmate population need and the cost of drugs.

What are the unique features/qualifications required for this service or good that are not available from any other vendor:

Renown Regional Medical Center pharmacy is eligible to participate in the 340B Drug Pricing Program because they are a DSH (Disproportionate Share Hospital).

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

Renown Regional Medical Center and University Medical Center (UMC) in Las Vegas are the only Disproportionate Share Hospitals in Nevada. UMC by their charter cannot provide services outside of Clark County and this program with NDOC is statewide. UMC has indicated that they have no interest in providing this service to NDOC. The covered entity not only supplies the drugs, but also must utilize their own providers and keep their own medical records, so that the patients participating in these clinics are their patients. NDOC reimburses Renown for the drugs and services provided.
Were alternative services or commodities evaluated? Check One.  
Yes: X  No:  

a. If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.  

There is only one other DSH provider in Nevada which is the University Medical Center (UMC) in Las Vegas and by their charter cannot provide services outside of Clark County and this program with NDOC requires statewide service to all their inmate facilities. UMC also has no interest in contracting with NDOC for this service.  

b. If not, why were alternatives not evaluated?  

Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.  
Yes: X  No:  

a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:  

<table>
<thead>
<tr>
<th>Term Start and End Dates</th>
<th>Value</th>
<th>Short Description</th>
<th>Type of Procurement (RFP#, RFQ#, Waiver #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/08/14 - 04/30/17</td>
<td>$0.00</td>
<td>HIV/AIDS Services</td>
<td>N/A per State Purchasing</td>
</tr>
<tr>
<td>05/01/13 - 04/30/17</td>
<td>$5,600,000.00</td>
<td>HIV/AIDS Services</td>
<td>Waiver #130204</td>
</tr>
</tbody>
</table>

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

The Department will pay significantly higher drug prices if the agency procures these services through Cardinal Health/Minnesota Multistate Contracting Alliance for Pharmaceuticals (MMCAP). In FY10, NDOC paid approximately $700,000 more for the drugs alone procuring the drugs from Cardinal through MMCAP versus the cost of the clinics providing drugs and services through Renown in FY11 for a similar number of patients.  

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?  

Previous to this contract, the department utilized the 340B Pharmacy at Northern NV HOPES through a sub-grant with the Department of Health and Human Services, Health Division. They provided the department with drugs for NDOC inmate patients as part of the Ryan White HIV/AIDS program. Approximately over seven (7) years ago, DHHS was informed by the federal Health Resources and Services Administration (HRSA) that inmates are prohibited from participating in the 340B drug purchase program from a Ryan White grantee. Inmates are allowed to access the 340B drug pricing program through a Disproportionate Share Hospital (DSH) if certain requirements are met. Renown is a DSH and they have investigated this process through Office of Pharmacy Affairs and determined that a contract with NDOC for HIV/AIDS and other infectious diseases drug and treatment for inmates to utilize the 340B drug pricing program is permissible.
<table>
<thead>
<tr>
<th>Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</th>
<th>Yes: X  No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If yes, please provide details regarding future obligations or needs.</td>
<td></td>
</tr>
</tbody>
</table>

| 9 | When the contract expires, it is the intent of the Department to enter into a new contract/extend current contract. Participation in a 340B Drug Pricing Program to purchase the much needed lifesaving treatment and drugs associated with HIV and other infectious disease for inmates incarcerated with the department statewide, is an ongoing need and this program is the most cost effective for the state and the department. |
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

Janet Hardy, Contracts Manager

Print Name of Agency Representative Initiating Request

Signature of Agency Head Authorizing Request

Scott Bwart, Chief of Fiscal Services

Print Name of Agency Head Authorizing Request

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Signed:

Administrator, Purchasing Division or Designee

Date
# CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

<table>
<thead>
<tr>
<th>Agency Contact Information -- Note: Copy(s) will be sent to only the contact(s) listed below:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Agency:</strong></td>
<td>Nevada Department of Corrections (NDOC)</td>
</tr>
<tr>
<td><strong>Contact Name(s) and Titles:</strong></td>
<td>Janet Hardy, Contracts Manager</td>
</tr>
<tr>
<td><strong>Telephone Number(s):</strong></td>
<td>(775) 887-3333</td>
</tr>
<tr>
<td><strong>Email Address(s):</strong></td>
<td><a href="mailto:jahardy@doc.nv.gov">jahardy@doc.nv.gov</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contractor Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contractor:</strong></td>
<td>Renown Regional Medical Center</td>
</tr>
<tr>
<td><strong>Contact Name:</strong></td>
<td>Megan Landon, Contract Director</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>1155 Mill Street Z-7, Reno, NV 89502</td>
</tr>
<tr>
<td><strong>Phone Number:</strong></td>
<td>(775) 982-5709</td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td><a href="mailto:mlandon@renown.org">mlandon@renown.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ongoing relationship disclosure -- List all previous contract information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Procurement method:</strong></td>
<td>Solicitation Waiver #130204</td>
</tr>
<tr>
<td><strong>CETS #:</strong></td>
<td>14128</td>
</tr>
<tr>
<td><strong>Contract “not to exceed amount”:</strong></td>
<td>$5,600,000.00</td>
</tr>
<tr>
<td><strong>Contract term:</strong></td>
<td>Start date: 05/01/13, End date: 04/30/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procurement method used to award the current contract:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RFP, solicitation # if applicable:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Quote, solicitation # if applicable:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Waiver, provide number:</strong></td>
<td>130204</td>
</tr>
<tr>
<td><strong>Other:</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current contract information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CETS #:</strong></td>
<td>14128</td>
</tr>
<tr>
<td><strong>Initial contract “not to exceed amount”:</strong></td>
<td>$5,600,000.00</td>
</tr>
<tr>
<td><strong>Contract term:</strong></td>
<td>Start date: 05/01/13, End date: 04/30/17</td>
</tr>
</tbody>
</table>
Amendment Information – List all previously approved amendments:

<table>
<thead>
<tr>
<th>Amd #</th>
<th>Brief synopsis of what amendment accomplished</th>
<th>Change in “not to exceed” amount</th>
<th>Change in end date: mm/dd/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase services to scope of work</td>
<td>$0.00</td>
<td>none</td>
</tr>
</tbody>
</table>

Proposed amendment information:

<table>
<thead>
<tr>
<th>Amd #</th>
<th>Brief synopsis of what the requested amendment will accomplish</th>
<th>Change in “not to exceed” amount</th>
<th>Change in end date: mm/dd/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Increase contract authority and time</td>
<td>17,153,906.00</td>
<td>04/30/21</td>
</tr>
</tbody>
</table>

What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):

Renown Regional Medical Center continues to be the only Disproportionate Share Hospital (DSH) in Nevada that will provide the Nevada Department of Corrections with the required life savings drugs and on-site clinics for treatments statewide.

What are the potential consequences to the State if the contract extension request is denied?

The Department will pay significantly higher drug prices if agency procures these services through Cardinal Health/Minnesota Multi-State Contracting Alliance for Pharmaceuticals (MMCAP). In FY10, NDOC paid approximately $700,000 more for the drugs alone procuring the drugs from Cardinal through MMCAP versus the cost of the clinics providing drugs and services through Renown in FY11 for a similar number of patients.

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]
Signature of Agency Representative Initiating Request

Janet Hardy, Contracts Manager
Print Name of Agency Representative Initiating Request

Date

[Signature]
Signature of Agency Head Authorizing Request

Scott Ewart, Chief of Fiscal Services
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 

Date: 12-6-2016
I. DESCRIPTION OF CONTRACT

1. Contract Number: 16616
   Amendment Number: 1
   Legal Entity Name: Environmental Protection Services
   Contractor Name: Environmental Protection Services
   Agency Name: COMMISSION ON MINERAL RESOURCE
   Address: PO BOX 21025
   City/State/Zip: CARSON CITY, NV 89721-1025
   Agency Code: 500
   Appropriation Unit: 4219-39
   Is budget authority available?: Yes
   Contact/Phone: Brian Breiter 775/220-6687
   Vendor No.: T27022506A
   NV Business ID: NV20151733629
   To what State Fiscal Year(s) will the contract be charged? 2016-2019
   What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.
   - General Funds: 0.00%
   - Fees: 100.00%
   - Dangerous Mine Fees and Abandoned Mine Land Securing Fees: 0.00%
   Agency Reference #: 500

2. Contract start date:
   a. Effective upon Board of Examiner's approval? No
   b. other effective date 07/01/2015
   Anticipated BOE meeting date 01/2017
   Retroactive? No
   If "Yes", please explain

   Not Applicable

3. Previously Approved Termination Date: 06/30/2017
   Contract term: 4 years

4. Type of contract: Contract
   Contract description: Abandoned Mine Lands

5. Purpose of contract:
   This is the first amendment to the original contract which continues ongoing field services of inventory and securing of dangerous conditions resulting from mining practices which took place at mines no longer operating. This amendment extends the termination date from June 30, 2017 to June 30, 2019 and increases the maximum amount from $120,000 to $252,000 due to the continued need for these services and increased labor and equipment rates.

6. CONTRACT AMENDMENT

   1. The max amount of the original contract: $120,000.00
   2. Amount of current amendment (#1): $132,000.00
   3. New maximum contract amount: $252,000.00
      and/or the termination date of the original contract has changed to: 06/30/2019

II. JUSTIFICATION
7. What conditions require that this work be done?
NRS 513 requires the discovery and securing of dangerous conditions resulting from practices which took place at mine that are no longer operating. This work will ensure the mines remain secure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
NDOM employees do not have the time. Employees of other state agencies do not have the knowledge.

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):
   Environmental Protection Services
   URS Corporation
   Hergon Mine Securing Solutions
b. Solicitation Waiver: Not Applicable
c. Why was this contractor chosen in preference to other?
Pursuant to RFP #3173, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.
d. Last bid date: 02/25/2015 Anticipated re-bid date: 02/25/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION
11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
   No
b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
   No
c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
   No If "Yes", please explain
   Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?
   Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:
   Division of Minerals, beginning in May 2009 to present. Work has been satisfactory.
   Department of Wildlife beginning in August 2010 to present. 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:
   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:
<table>
<thead>
<tr>
<th>Approval Level</th>
<th>User</th>
<th>Signature Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Account Approval</td>
<td>dvisher</td>
<td>12/02/2016 13:31:12 PM</td>
</tr>
<tr>
<td>Division Approval</td>
<td>dvisher</td>
<td>12/02/2016 13:31:15 PM</td>
</tr>
<tr>
<td>Department Approval</td>
<td>dvisher</td>
<td>12/02/2016 13:31:19 PM</td>
</tr>
<tr>
<td>Contract Manager Approval</td>
<td>dvisher</td>
<td>12/02/2016 13:31:22 PM</td>
</tr>
</tbody>
</table>
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: 16484
   Amendment Number: 2
   Legal Entity Name: EWELL EDUCATIONAL SERVICES, INC.
   Contractor Name: EWELL EDUCATIONAL SERVICES, INC.
   Agency Name: DEPARTMENT OF AGRICULTURE
   Address: PO BOX 15924
   Agency Code: 550
   Appropriation Unit: 4545-26
   Is budget authority available?: Yes
   City/State/Zip: COLLEGE STATION, TX 77841-5125
   Contact/Phone: 979/446-0865
   Vendor No.: T2703933A
   NV Business ID: NV20141454399

To what State Fiscal Year(s) will the contract be charged? 2015-2019

2. Contract start date:
   a. Effective upon Board of Examiner's approval? No or b. other effective date 09/22/2014
   Anticipated BOE meeting date 01/2017
   Retroactive? No

3. Previously Approved Termination Date: 10/30/2018
   Contract term: 4 years and 39 days

4. Type of contract: Contract
   Contract description: Pesticide Automation

5. Purpose of contract:
   This is the second amendment to the original contract that developed and maintains a web-based Pesticide Product Registration data system for farm registration and producer certificates. This amendment increases the maximum contract amount from $212,352.98 to $252,352.98.

6. CONTRACT AMENDMENT

<table>
<thead>
<tr>
<th>Trans $</th>
<th>Info Accum $</th>
<th>Action Accum $</th>
<th>Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The max amount of the original contract:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Amendment 1:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30,190.74</td>
<td>$212,352.98</td>
<td>$212,352.98</td>
<td>Yes - Info</td>
</tr>
<tr>
<td>2. Amount of current amendment (3):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$40,000.00</td>
<td>$39,999.74</td>
<td>$70,190.74</td>
<td>Yes - Action</td>
</tr>
<tr>
<td>3. New maximum contract amount:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$252,352.98</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. JUSTIFICATION

7. What conditions require that this work be done?

   The project will streamline and modernize the process of registering and collecting fees for the Pesticide Product Registration program by using a relational database with program and fiscal reporting as well as data mining capabilities. The system will increase efficiency, reduce errors, and will improve the ability to collect fees and issue certificates through a web-based system.
8. Explain why State employees in your agency or other State agencies are not able to do this work:
The employees of the Department of Agriculture do not have the programing skills to create this web-based data system, nor maintain it.

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 #: 141005
      Approval Date: 10/14/2014
   c. Why was this contractor chosen in preference to other?
      Low cost, web-based and expandable into other divisions within the department.
   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   | mston1  | 12/09/2016 15:06:55 PM |
    | Division Approval         | mston1  | 12/09/2016 15:06:58 PM |
    | Department Approval       | mston1  | 12/09/2016 15:10:24 PM |
    | Contract Manager Approval | mwhitney| 12/09/2016 15:21:05 PM |
    | DoIT Approval             | bbohm   | 12/12/2016 07:14:08 AM |
    | Budget Analyst Approval   | dstoddar| 12/14/2016 08:57:52 AM |
    | BOE Agenda Approval       | cmurph3 | 12/17/2016 15:52:48 PM |

Contract #: 16484
SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<table>
<thead>
<tr>
<th>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Agency: Nevada Department of Agriculture</td>
</tr>
<tr>
<td>Contact Name and Title</td>
</tr>
<tr>
<td>Debra Crowley</td>
</tr>
</tbody>
</table>

Vendor Information:

| Identify Vendor: | Ewell Educational Services, Inc. |
| Contact Name: | Russell Ewell |
| Address: | P.O. Box 15924, College Station, TX 77841 |
| Telephone Number: | 979-446-0865 |
| Email Address: | info@judgingeard.com |

Type of Waiver Requested – Check the appropriate type:

| Sole or Single Source: | x |
| Professional Service Exemption: | |

Contract Information:

| Is this a new Contract? | Yes | No | x |
| Amendment: | #2 |
| CETS: | #16484 |

Term:

| One (1) Time Purchase: |
| Contract: | Start Date: 11/2016 | End Date: 10/30/2018 |

Funding:

| State Appropriated: | |
| Federal Funds: | |
| Grant Funds: | x |
| Other (Explain): | |

Total Estimated Value of this Service Contract, Amendment or Purchase:

| $35,000 |
Provide a description of work/services to be performed or commodity/good to be purchased:
The Food and Drug Administration (FDA) was mandated under the Food Safety Modernization Act (FSMA), Produce Safety Rule (PSR) to establish science-based, minimum standards for the safe growing, harvesting, packing, and holding of produce on farms to minimize contamination that could cause serious adverse health consequences or death. The final rule (21 CFR) came into effect January 26, 2016. FDA is requesting support from individual states to enforce requirements outlined in the FSMA, PSR mandate. The Nevada Department of Agriculture (NDA) will be serving under a cooperative agreement to oversee the mandated program in Nevada.

The NDA was awarded a grant under FDA’s Health and Human Services to develop a Nevada Produce Safety Program that will facilitate compliance with the FSMA, PSR. Each state was extended the opportunity to provide support on the mandated program. A primary objective of the grant is to obtain farm inventory data that will allow program staff to identify the following: who will be required to comply with the federal regulations, farm practices as they relate to food safety, a list of crops and quantities produced, etc. A feasible means of obtaining this information would be to develop a farm registration IT system that encompasses the NDA’s current Producer’s Certificate Program. This program is currently not processed electronically, however does request similar information. Creating a system that merges the information gathering for both the producer certificate and FSMA, PSR programs will lessen the burden on growers in spending excessive time registering with regulatory agencies and in paying fees.

The producer certificate program serves as a traceability mechanism for Nevada produce. Anyone growing and selling produce is required to obtain a producer certificate with NDA which requires a site inspection validating crop varieties and relative quantities grown. The IT program will generate a certificate, collect an annual fee, and obtain farm information that will meet FSMA, PSR compliance and education needs. Ewell is the desired contractor for this project in order to maintain uniformity among NDA IT programs that are currently being utilized by our clients and NDA staff as well as future projects that are on contract to be developed by Ewell; this will facilitate the registration process for Nevada agriculture stakeholders. In addition, the proper application of pesticides is a critical component of farm food safety and having a mechanism for linking the farm registration/producer certificate program to the existing pesticide system, already developed by Ewell, would be beneficial to inspection staff. Inspectors would then be able to verify proper registration and label use of pesticides during produce safety inspections.

With farm compliance dates approaching, obtaining timely farm inventory data is imperative to creating an education and inspection program that will support compliance. To meet the required compliance timelines, the farm registration/producer certificate program must be operable by spring of 2017.

What are the unique features/qualifications required for this service or good that are not available from any other vendor:
Ewell is currently the contractor being used for Nevada Pesticide Registrations, Livestock Inspections, Brand Re-Recording, Livestock Assessments, Commercial Feed Registrations, Fertilizer and Anti-Freeze Registrations. Uniformity among NDA IT programs is critical as it streamlines the registration and payment processes for multiple NDA programs. The farm registration/producer certificate program would operate more efficiently for registrants and inspection staff if there is an interface with the Nevada Pesticide Registration system. Further, having the farm registration/producer certificate system developed by the same contractor will minimize confusion to members of the public that participate in multiple programs and utilize current NDA automated registration systems.
Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

Uniformity among IT programming is critical to simplifying registration processes for agriculture stakeholders. Farm businesses often must comply with regulations under multiple NDA programs and having systems that function similarly does simplify registration processes. It would be very confusing to the public to have multiple websites to pay for different fees within the same Division. The NDA’s mission statement includes providing effective service and education so establishing paperless systems that are easily navigated and similar in function will further promote this objective. In addition, having a farm registration/producer certificate program that can be linked to the pesticide registration program will prove beneficial to inspection staff. This will be accomplished if the same contractor is utilized to create similar platforms with the capability of sharing information. It would be costly to start from scratch to build a new website. Further, there are proprietary rights held by Ewell that do not allow NDA to share the existing database with competitors. This would create issues in linking existing programs developed by Ewell, to a program created by another vendor. Going through two separate vendors and trying to link the different systems at a later date may create future issues, prove ineffective, and may result in additional maintenance costs.

The vendor will be paid to develop the program, however they have agreed to accept a percentage of producer certificate registration fees processed through the web based system to offset maintenance costs. In addition, a price comparison was made during the original Ewell contract analysis and it was found that Ewell was more economical. Please see attached comparison.

<table>
<thead>
<tr>
<th>Were alternative services or commodities evaluated? Check One.</th>
<th>Yes: x</th>
<th>No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. <strong>If yes</strong>, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</td>
<td></td>
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</tr>
<tr>
<td>NDA has contacted other states to identify strategies for establishing similar systems intended to be used to gather information for the mandated FSMA-PSR. At this point, all states are in the initial program development stages since the final rules for FSMA, PSR were recently released. As a result, it is difficult to find existing program services that could be evaluated. Further, having the same contractor develop NDA IT programming would create uniformity and streamline NDA registration processes and future maintenance needs.</td>
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</tr>
<tr>
<td>b. <strong>If not</strong>, why were alternatives not evaluated?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the agency purchased this service or commodity in the past? Check One.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note</strong>: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</td>
</tr>
</tbody>
</table>
a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:

<table>
<thead>
<tr>
<th>Term Start and End Dates</th>
<th>Value</th>
<th>Short Description</th>
<th>Type of Procurement (RFP#, RFQ#, Waiver #)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/22/2014 - 10/30/2018</td>
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<td>Pesticide Product Registration</td>
<td>141005</td>
</tr>
<tr>
<td>8/12/14 - 6/30/2019</td>
<td>$132,830.63</td>
<td>Online Brand Book</td>
<td>15360</td>
</tr>
<tr>
<td></td>
<td>$</td>
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</tbody>
</table>

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

The initial cost of utilizing a different vendor, creating similar programming that already exists with this vendor, would be significantly more expensive. Data storage would also be more expensive with a different vendor. There would be a significant delay in automating our fee collection ability, as recommended by internal audits, due to the time involved for a new vendor’s programming requirements.

It would be very confusing to the public to have multiple websites for different fees within the same Division. In addition, it would be costly to start from scratch to build a new website and there are proprietary rights held by Ewell that do not allow us to share the existing database with competitors. When the original contract was issued, a research and price comparison was completed and provided to State Purchasing for consideration of a sole source vendor. This request was approved and information is attached.

Farm compliance to the mandated FSMA, PSR will be in effect in the near future and a key priority of the grant award is to provide education before enforcement activities. The education, outreach and regulatory program will all be centered around the information that is gleaned from the farm registration/producer certificate program. This information needs to be compiled by spring of 2017. The grant was awarded at the end of September 2016 creating a short timeline between receiving federal funds and establishing the required system. Any delays in creating the IT program will further delay education activities which will reduce the timeframe available to provide the much needed technical assistance to growers prior to compliance deadlines.

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?

NDA reached out to other states regarding similar existing systems; however, since this is a new federal requirement, none currently exist. A price comparison was made during the original Ewell contract analysis and it was found that Ewell was more economically feasible. There is a one-time cost of $35,000, which includes the initial development, testing, implementation, and enhancements. Once the system is implemented the contractor will receive 3% of the revenue processed through the system for post implementation maintenance as well as system modification.
<table>
<thead>
<tr>
<th>9</th>
<th>Will this purchase obligate the State to this vendor for future purchases? <em>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</em></th>
<th>Yes: X</th>
<th>No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>If yes, please provide details regarding future obligations or needs. <em>Due to unforeseen changes in needs for the Department, including but not limited to, Federal mandates, new fee structures or changes in scope of work, the possibility exists that future engagements may be required with this vendor.</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Agency Representative Initiating Request

Print Name of Agency Representative Initiating Request

Signature of Agency Head Authorizing Request

Print Name of Agency Head Authorizing Request

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

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

Solicitation Waiver  Revised: June 2016  Page 6
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: DPS-HIGHWAY PATROL
   Legal Entity Name: TASER International
   Agency Code: 651
   Contractor Name: TASER International
   Appropriation Unit: 4713-10
   Address: 17800 N. 85th Street
   Is budget authority available?: Yes
   City/State/Zip: Scottsdale, AZ 85255
   If "No" please explain: Not Applicable
   Contact/Phone: Alissa McDowell 480-905-2038
   Vendor No.: PUR0004851
   NV Business ID: NV20131641254

   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.

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Fees</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Bonds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Highway Funds</td>
<td>100.00 %</td>
</tr>
<tr>
<td>Other funding</td>
<td>0.00 %</td>
</tr>
</tbody>
</table>

2. Contract start date:
   a. Effective upon Board of Examiner's approval? Yes
   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:

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<tr>
<td>BOE Final Approval</td>
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<td>Pending</td>
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### I. DESCRIPTION OF CONTRACT

1. **Contract Number:** 18232

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<th>DEPARTMENT OF WILDLIFE</th>
<th>Contractor Name:</th>
<th>Brian D. Jansen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Entity Name:</td>
<td>Brian D. Jansen</td>
<td>Contractor Name:</td>
<td>Brian D. Jansen</td>
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<tr>
<td>Address:</td>
<td>3656 East Mockingbird Lane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is budget authority available?: Yes</td>
<td>Camp Verde, AZ 86322</td>
<td>City/State/Zip:</td>
<td>Camp Verde, AZ 86322</td>
</tr>
</tbody>
</table>

If "No" please explain: Not Applicable

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

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<th>Percentage</th>
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<td>Highway Funds</td>
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<tr>
<td>Fees</td>
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<td>Predator Management</td>
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<tr>
<td>Other funding</td>
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Agency Reference #: 17-26 RFP #3269

2. **Contract start date:**
   - a. Effective upon Board of Examiner's approval? Yes
   - b. other effective date: NA

   Anticipated BOE meeting date: 01/2017

   Retroactive? No

   If "Yes", please explain Not Applicable

3. **Termination Date:** 11/30/2020

   Contract term: 3 years and 334 days

4. **Type of contract:** Contract

   Contract description: Lion Removal

5. **Purpose of contract:**

   This is a new contract to provide services for the lethal removal as well as the capture and collar of mountain lions.

6. **NEW CONTRACT**

   The maximum amount of the contract for the term of the contract is: $480,000.00

   Other basis for payment:
   - Lethal Removal: $2,000 per lion, $600 per day and $1,000 equipment costs.
   - Capture and Collar: $2,000 capture of uncollared lion; $2,000 capture of lion with failed GPS/VHF ($1,500 if aircraft is required) or $1,000 capture of lion using aircraft and GPS; $600 per day and $500 equipment costs.

### II. JUSTIFICATION

7. **What conditions require that this work be done?**

   Mountain lion populations must be controlled and monitored.

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

   This is highly specialized work and requires an expert in the field.

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):

   - Canyons West
   - Currant Creek Outfitters, LLC
   - Humboldt Wildlife, LLC
b. Solicitation Waiver: **Not Applicable**
c. Why was this contractor chosen in preference to other?
Pursuant to RFP #3269, 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: 07/20/2016 Anticipated re-bid date: 07/20/2020

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:
   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:**
   
<table>
<thead>
<tr>
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<th>User</th>
<th>Signature Date</th>
</tr>
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<td>Contract Manager Approval</td>
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<td>Budget Analyst Approval</td>
<td>dstoddar</td>
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<tr>
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</tr>
<tr>
<td>BOE Final Approval</td>
<td>Pending</td>
<td></td>
</tr>
</tbody>
</table>
## 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:** 17990  
   **Amendment Number:** 1  
   **Legal Entity Name:** Canyons West Guide Service, LLC

   **Agency Name:** DEPARTMENT OF WILDLIFE  
   **Contractor Name:** Canyons West Guide Service, LLC  
   **Agency Code:** 702  
   **Address:** 827 ASHBURN DR.

2. **Is budget authority available?:** Yes  
   **City/State/Zip:** SPRING CREEK, NV 89815-5431

3. **Contact/Phone:** 775/934-2557  
   **Vendor No.:** T32002822  
   **NV Business ID:** NV20151057902

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

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Highway Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>X Fees</td>
<td>100.00 %</td>
</tr>
<tr>
<td>Predator Fees</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Bonds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Other funding</td>
<td>0.00 %</td>
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</table>

6. **Agency Reference #:** 17-01

2. **Contract start date:**
   - **Effective upon Board of Examiners approval?** No  
   - **Anticipated BOE meeting date:** 01/2017

3. **Previously Approved Termination Date:** 06/30/2017  
   **Contract term:** 3 years and 351 days

4. **Type of contract:** Contract  
   **Contract description:** Snowstorm Mtns

5. **Purpose of contract:**

   This is the first amendment to the original contract which provides mountain lion removal, collection of biological samples and a recording of all hunt route locations in the Snowstorm Mountains. This amendment extends the termination date from June 30, 2017 to June 30, 2020, increases the maximum amount from $24,300 to $95,000 due to the continued need for these services and updates the Scope of Work.

### 6. CONTRACT AMENDMENT

<table>
<thead>
<tr>
<th></th>
<th>Trans $</th>
<th>Info Accum $</th>
<th>Action Accum $</th>
<th>Agenda</th>
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<tbody>
<tr>
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<td>The max amount of the original contract:</td>
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<td>$24,300.00</td>
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<tr>
<td>2.</td>
<td>Amount of current amendment (#1):</td>
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<tr>
<td>3.</td>
<td>New maximum contract amount:</td>
<td>$95,000.00</td>
<td>06/30/2020</td>
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</table>

### II. JUSTIFICATION

7. **What conditions require that this work be done?**
To remove mountain lions, collecting biological samples, and recording all hunt routes and important locations on a handheld GPS unit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The Department of Wildlife does not have the needed equipment.

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):
      Humboldt Wildlife
      Canyons West Guide Service, LLC
      Brian Jansen, Phd.
   b. Solicitation Waiver: Not Applicable
   c. Why was this contractor chosen in preference to other?
      Vendor was chosen due to their qualifications for mountain lion removal.
   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:
      Vendor worked for NDOW and has satisfactory service.

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

14. The contractor is registered with the Nevada Secretary of State's Office as a: 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 dwendell 12/05/2016 15:23:49 PM
   Division Approval igleason 12/06/2016 08:08:45 AM
   Department Approval eobrien 12/06/2016 11:12:51 AM
   Contract Manager Approval dwendell 12/07/2016 10:21:21 AM
   Budget Analyst Approval laaron 12/07/2016 12:59:02 PM
   BOE Agenda Approval cmurph3 12/09/2016 10:37:36 AM
I. DESCRIPTION OF CONTRACT

1. Contract Number: 18040

   Amendment Number: 1
   Legal Entity Name: THE HEAD MASTER

   Agency Name: DEPARTMENT OF WILDLIFE
   Contractor Name: THE HEAD MASTER

   Agency Code: 702
   Address: 10760 SANTA FE ROAD

   Appropriation Unit: 4464-22
   City/State/Zip: RENO, NV 89508-8260

   Is budget authority available?: Yes
   Contact/Phone: Sean Shaye 775/323-9090
   Vendor No.: T29000588
   NV Business ID: NV20031433514

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

   Agency Reference #: 17-07

2. Contract start date:
   a. Effective upon Board of Examiner's approval? No or b. other effective date 08/30/2016
   Anticipated BOE meeting date 01/2017

   Retroactive? No
   If "Yes", please explain

   Not Applicable

3. Previously Approved Termination Date: 07/30/2019
   Contract term: 3 years and 335 days

4. Type of contract: Contract
   Contract description: Humboldt Lion Rmvl

5. Purpose of contract:
   
   This is the first amendment to the original contract which provides lethal removal of mountain lions, collection of biological samples and a record of all hunt routes and important locations in the Spruce and East Humboldt Mountains. This amendment extends the termination date from July 30, 2019 to July 30, 2020, increases the maximum amount from $24,999 to $95,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

   Trans $  Info Accum $  Action Accum $  Agenda
   1. The max amount of the original contract: $24,999.00  $24,999.00  $24,999.00  Yes - Info
   2. Amount of current amendment (#1): $70,001.00  $70,001.00  $95,000.00  Yes - Action
   3. New maximum contract amount: $95,000.00
   and/or the termination date of the original contract has changed to: 07/30/2020

II. JUSTIFICATION

7. What conditions require that this work be done?
   
   Predator Management Plan project 32.
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 perform such work.

9. Were quotes or proposals solicited?  Yes
   Was the solicitation (RFP) done by the Purchasing Division?  No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
      Currant Creek Outfitters
      The HeadMaster
      Canyon's West Guide Service

   b. Solicitation Waiver: Not Applicable
   c. Why was this contractor chosen in preference to other?
      This vendor was chosen due to their specialized skill in mountain lion removal.
   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?
       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 Head Master is currently under contract with NDOW and has satisfactory performance.

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

14. The contractor is registered with the Nevada Secretary of State's Office as a: 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:
   
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<tr>
<th>Approval Level</th>
<th>User</th>
<th>Signature Date</th>
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<td>Department Approval</td>
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<td>cmurph3</td>
<td>12/05/2016 13:47:49 PM</td>
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</tbody>
</table>
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: 18277

   Legal Entity Name: MASON VALLEY CONSERVATION
   Contractor Name: MASON VALLEY CONSERVATION

   Agency Name: DEPARTMENT OF WILDLIFE
   Address: 215 W BRIDGE ST 11A
   City/State/Zip: YERINGTON, NV 89447

   Agency Code: 702
   Appropriation Unit: 4467-14
   Is budget authority available?: Yes
   If "No" please explain: Not Applicable

   Contact/Phone: Ed Ryan 775-463-2265
   Vendor No.: T80989201
   NV Business ID: N/A

   Vendor No.: T80989201
   NV Business ID: N/A

   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.

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Funds</td>
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<tr>
<td>Federal Funds</td>
<td>0.00 %</td>
</tr>
<tr>
<td>Highway Funds</td>
<td>0.00 %</td>
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<tr>
<td>Fees</td>
<td>100.00 %</td>
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<tr>
<td>Habitat Conservation Fee</td>
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<tr>
<td>Bonds</td>
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<tr>
<td>Other funding</td>
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   Agency Reference #: 17-28

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

   Anticipated BOE meeting date: 01/2017

   Retroactive?: No

   If "Yes", please explain: Not Applicable

3. Termination Date: 11/30/2020

   Contract term: 3 years and 334 days

4. Type of contract: Interlocal Agreement

   Contract description: Mason Valley CD

5. Purpose of contract:

   This is a new interlocal agreement to provide a wide range of wildlife habitat and ecological restoration activities, including noxious and invasive weed treatment and other types of weed/fuel treatment methods, the purchase of seeds, seedlings and other types of restoration materials and supplies, the planting and seeding of shrubs, trees or grasses, erosion control and water quality improvement methods, and the maintenance of treatment areas within the Mason Valley Conservation District.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: $250,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

   Habitat degradation within the jurisdiction of Mason Valley Conservation District.

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

   Mason Valley Conservation District has the technical knowledge, expertise, and experienced staff to accomplish the habitat improvement projects.

9. Were quotes or proposals solicited? No

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

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

      Not Applicable
b. Solicitation Waiver: **Not Applicable**

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

This is another governmental agency.

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

10. Does the contract contain any IT components? No

III. **OTHER INFORMATION**

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

No

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

No

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 Department of Agriculture has used this vendor and had satisfactory service.

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

No

If “Yes”, please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

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# 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:** 18292  
   - **Legal Entity Name:** SMITH VALLEY CONSERVATION  
   - **Contractor Name:** SMITH VALLEY CONSERVATION  
   - **Agency Name:** DEPARTMENT OF WILDLIFE  
   - **Agency Code:** 702  
   - **Appropriation Unit:** 4467-13  
   - **Address:** 215 W BRIDGE ST STE 11A, YERINGTON, NV 89447-2554  
   - **Is budget authority available?:** Yes  
   - **If "No" please explain:** Not Applicable  
   - **Contact/Phone:** Ed Ryan 775/463-2265  
   - **Vendor No.:** T81000354  
   - **NV Business ID:** N/A  
   
   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.

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<th>Percentage</th>
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<td>Bonds</td>
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<td>Highway Funds</td>
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<tr>
<td>Other funding</td>
<td>0.00 %</td>
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   - **Agency Reference #:** 17-29

2. **Contract start date:**
   - **a. Effective upon Board of Examiner's approval?:** Yes  
   - **b. other effective date:** NA  
   - **Anticipated BOE meeting date:** 01/2017  
   - **Retroactive?:** No  
   - **If "Yes", please explain:** Not Applicable

3. **Termination Date:** 11/30/2020  
   - **Contract term:** 3 years and 334 days

4. **Type of contract:** Interlocal Agreement  
   - **Contract description:** Smith Valley CD

5. **Purpose of contract:**
   
   This is a new interlocal agreement to provide a wide range of wildlife habitat and ecological restoration activities, including noxious and invasive weed treatment and other types of weed/fuel treatment methods; the purchase of seeds, seedlings and other types of restoration materials and supplies; the planting and seeding of shrubs, trees or grasses, erosion control and water quality improvement methods; and the maintenance of treatment areas within the Smith Valley Conservation District.

6. **NEW CONTRACT**
   
   The maximum amount of the contract for the term of the contract is: $250,000.00

## II. JUSTIFICATION

7. **What conditions require that this work be done?**  
   - Habitat degradation within the jurisdiction of Smith Valley Conservation District.

8. **Explain why State employees in your agency or other State agencies are not able to do this work:**
   - Smith Valley Conservation District has the technical knowledge, expertise, and experienced staff to accomplish the habitat improvement projects.

9. **Were quotes or proposals solicited?** No  
   - **Was the solicitation (RFP) done by the Purchasing Division?** No
   - **List the names of vendors that were solicited to submit proposals (include at least three):** Not Applicable
b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
   This is another governmental agency.

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

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

### III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
   **No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
   **No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
   **No** If “Yes”, please explain

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

13. Is the contractor currently involved in litigation with the State of Nevada?
   **No** If “Yes”, please provide details of the litigation and facts supporting approval of the contract:

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:
   **Contract Approvals:**

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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: 18308

   Agency Name: DCNR - ENVIRONMENTAL PROTECTION
   Legal Entity Name: Broadbent & Associates
   Contractor Name: Broadbent & Associates
   Agency Code: 709
   Appropriation Unit: 3187-20
   Is budget authority available?: Yes
   Address: 5450 Louie Lane
   City/State/Zip: Reno, NV 89511
   #101
   Vendor No.: T80989610
   NV Business ID: NV19891031637
   Contact/Phone: Douglas Guerrant 775-322-7969

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.

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Agency Reference #: RFP #3284

2. Contract start date:
   a. Effective upon Board of Examiner's approval? No
   b. other effective date 01/10/2017
   Anticipated BOE meeting date 01/2017
   Retroactive? No
   If "Yes", please explain

   Not Applicable

3. Termination Date: 01/09/2019
   Contract term: 1 year and 364 days

4. Type of contract: Contract
   Contract description: Consulting

5. Purpose of contract:
   This is a new contract to provide consulting services associated with the Leaking Underground Storage Tank Trust Fund.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: $400,000.00
   Other basis for payment: Monthly based on work performed

II. JUSTIFICATION

7. What conditions require that this work be done?
   The agency does not have the staffing capacity to perform these duties.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   The State does not have the staffing capacity, technical expertise or resources to fulfill this work.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):
      Ninyo & Moore
      McGinley & Associates
      Stantec Consulting Services
**b. Solicitation Waiver:** Not Applicable

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

Pursuant to RFP #3284, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/03/2016  
Anticipated re-bid date: 11/02/2018

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

   No

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

   No

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

   No  
   If "Yes", please explain

   Not Applicable

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

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

   Broadbent & Associates has been contracted through NDEP, Bureau of Corrective Actions on a number of projects and has performed satisfactorily for each project.

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

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

   Not Applicable

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

   Nevada Corporation

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

   Yes

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

   No  
   b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

   Yes

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

   Yes

18. Agency Field Contract Monitor:

19. Contract Status:

   **Contract Approvals:**

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