

### 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: **18309**

Agency Name: **MSA MASTER SERVICE AGREEMENTS**

Agency Code: **MSA**

Appropriation Unit: **9999 - All Categories**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Board of Regents, NSHE, obo University of Nevada Reno (UNR)

Contractor Name: **Board of Regents, NSHE, obo University of Nevada Reno (UNR)**

Address: **1664 North Virginia Street  
204 Ross Hall/Mail Stop325**

City/State/Zip: **Reno, NV 89557-0240**

Contact/Phone: Thomas Landis 775-784-4040

Vendor No.:

NV Business ID: NV20161295653

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/10/2017**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/12/2019**

Contract term: **2 years and 91 days**

4. Type of contract: **MSA**

Contract description: **Grant Eval. Services**

5. Purpose of contract:

**This is a new contract to provide grant project evaluator services to agencies statewide on an as needed basis. The contractor will be available to assist State of Nevada agencies in evaluating programs and projects including, but not limited to, developing data and evaluation plans, developing performance measures and providing quantitative and qualitative program assessments of federal and state grant activities.**

6. NEW CONTRACT

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

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The contractor will be available to assist State of Nevada agencies in evaluating programs and projects.

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

The State does not employ grant project evaluators.

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):

Hornby Zeller  
Garrett Consulting  
H. Gil Peach

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3210 and in accordance with NRS 333, this vendor met the qualifications of the RFP and is one of 9 vendors selected by the appointed eval. committee.  
Indirect rate is built into the hourly rates being charged and cannot be determined as a percentage of the cost.

d. Last bid date: 11/10/2015 Anticipated re-bid date: 12/14/2018

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Other **002 Exemption**

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

Yes

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

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	12/07/2016 08:09:42 AM
Division Approval	mstewa10	12/07/2016 08:09:45 AM
Department Approval	mstewa10	12/07/2016 08:09:47 AM
Contract Manager Approval	nfese1	12/07/2016 08:14:30 AM
Budget Analyst Approval	laaron	12/09/2016 13:55:56 PM
BOE Agenda Approval	sbrown	12/13/2016 06:44:42 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18320**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: COLLECTO INC DBA EOS CCA
Agency Code: <b>MSA</b>	Contractor Name: <b>COLLECTO INC DBA EOS CCA</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>700 LONGWATER DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORWELL, MA 02061-1624</b>
If "No" please explain: Not Applicable	Contact/Phone: Peter V. Doolan 781-753-4139
	Vendor No.: T29031998
	NV Business ID: NV20051758666

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

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: **MSA**

Contract description: **Debt Collections**

5. Purpose of contract:

**This is a new contract which will allow state agencies, as well as, political subdivisions (with permission from the State Controller's Office) to use debt collection companies.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

Other basis for payment: Payment will be made in accordance with the fee structure outlined in the Contractor's responses, dated 09/19/16.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Chapter 353C of Nevada Revised Statutes authorizes the collection of debts owed to state agencies. The State may contract with a private debt collector for the assignment of the collection of a debt owing a State agency pursuant to NRS 353C.200.

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

The State has neither the resources nor the expertise to collect the amount of debt that is expected to be collected under this contract.

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, along with two other vendors, was selected by an evaluation committee through a competitive selection process.

d. Last bid date: 08/04/2016 Anticipated re-bid date: 06/01/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

State of Nevada Controller's Office 07/13/12 to present. Performance was satisfactory.

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

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

Not Applicable

14. The contractor is 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	mstewa10	12/08/2016 16:11:31 PM
Division Approval	mstewa10	12/08/2016 16:11:33 PM
Department Approval	mstewa10	12/08/2016 16:11:36 PM
Contract Manager Approval	cjanes	12/08/2016 16:14:14 PM
Budget Analyst Approval	laaron	12/09/2016 09:20:58 AM
BOE Agenda Approval	sbrown	12/13/2016 06:49:20 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18280**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Crescent Staffing, Inc. dba Crescent Solutions
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Crescent Staffing, Inc. dba Crescent Solutions</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>7871 Mitchell Drive N, Ste 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Irvine, CA 92614</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Cynthia E. Lopez 702-824-6693
		Vendor No.:	
		NV Business ID:	NV20081109792

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

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

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

Agency Reference #: RFP 3259 - MT

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/11/2017**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2019**

Contract term: **2 years and 20 days**

4. Type of contract: **MSA**

Contract description: **PC/LAN Tech Svcs**

5. Purpose of contract:

**This is a new contract to provide desktop and local area network services to using agencies throughout the state.**

6. NEW CONTRACT

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

Other basis for payment: \$40/hour for telephone consult; \$57/hour for business hours svcs; \$75/hour emergency svcs; 3% materials markup

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Agencies require desktop support and do not have trained staff available to provide the necessary services.

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

There are frequently no trained staff members available to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

Crescent Solutions  
Intelligent Technical Solutions  
Computer Technical Services

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3259 and in accordance with NRS 333, this selected vendor was among the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 08/15/2016 Anticipated re-bid date: 08/15/2018

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	mstewa10	11/16/2016 11:06:57 AM
Division Approval	mstewa10	11/16/2016 11:07:00 AM
Department Approval	mstewa10	11/16/2016 11:07:03 AM
Contract Manager Approval	mtroesch	11/17/2016 08:52:44 AM
DoIT Approval	bbohm	11/17/2016 08:58:47 AM
Budget Analyst Approval	dstoddar	11/18/2016 15:56:10 PM
BOE Agenda Approval	sbrown	12/01/2016 09:46:02 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18287**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Intelligent Technical Solutions, Inc.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Intelligent Technical Solutions, Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>3330 W Desert Inn Road, Ste B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89102</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ryan Deneau 702-869-3636</b>
	Vendor No.:
	NV Business ID: <b>NV20031358307</b>

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

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

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

Agency Reference #: **RFP 3259 - MT**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/11/2017**

Anticipated BOE meeting date **01/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2019**

Contract term: **2 years and 20 days**

4. Type of contract: **MSA**

Contract description: **PC/LAN Tech Svcs**

5. Purpose of contract:

**This is a new contract to provide desktop and local area network services to using agencies throughout the state.**

6. NEW CONTRACT

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

Other basis for payment: \$120/hour for telephone consult; \$120/hour for business hours services; \$180/hour for emergency services; 20% materials markup

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Agencies require desktop support and do not have trained staff available to provide the necessary services.**

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

**There are frequently no trained staff members available to provide these services.**

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

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

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

**Crescent Solutions  
Intelligent Technical Solutions  
Computer Technical Services**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3259 and in accordance with NRS 333, this selected vendor was among the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 08/15/2016 Anticipated re-bid date: 08/15/2018

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:  
Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	11/16/2016 11:07:26 AM
Division Approval	mstewa10	11/16/2016 11:07:29 AM
Department Approval	mstewa10	11/16/2016 11:07:31 AM
Contract Manager Approval	mtroesch	11/17/2016 08:51:49 AM
DoIT Approval	bbohm	11/17/2016 08:59:13 AM
Budget Analyst Approval	dstoddar	11/18/2016 16:18:29 PM
BOE Agenda Approval	sbrown	12/01/2016 09:48:01 AM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18304**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Penn Credit Corporation</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>916 S. 14th Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Harrisburg, PA 17104</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Maria Johnson 612-636-8724
		Vendor No.:	
		NV Business ID:	NV20041355542
To what State Fiscal Year(s) will the contract be charged?			<b>2017-2021</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

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: **MSA**Contract description: **Debt Collections**

5. Purpose of contract:

**This is a new contract which will allow state agencies, as well as, political subdivisions (with permission from the State Controller's Office) to use debt collection companies.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

Other basis for payment: Payment will be made in accordance with the fee structure outlined in the Contractor's responses, dated 09/19/16 and 10/17/16 and included as Attachment DD.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Chapter 353C of Nevada Revised Statutes authorizes the collection of debts owed to state agencies. The State may contract with a private debt collector for the assignment of the collection of a debt owing a State agency pursuant to NRS 353C.200.

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

The State has neither the resources nor the expertise to collect the amount of debt that is expected to be collected under this contract.

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, along with two other vendors, was selected by an evaluation committee through a competitive selection process.

d. Last bid date: 08/04/2016 Anticipated re-bid date: 06/01/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

No b. If "No", please explain:

**Penn Credit Corporation performs business as Penn Credit.**

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	mstewa10	12/02/2016 09:25:41 AM
Division Approval	mstewa10	12/02/2016 09:25:43 AM
Department Approval	mstewa10	12/02/2016 09:25:45 AM
Contract Manager Approval	cjanes	12/02/2016 09:26:56 AM
Budget Analyst Approval	laaron	12/06/2016 11:41:25 AM
BOE Agenda Approval	sbrown	12/15/2016 12:58:47 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16083** Amendment Number: **1**  
 Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **i3Tech Data Solutions, Inc.**  
 Agency Code: **MSA** Contractor Name: **i3Tech Data Solutions, Inc.**  
 Appropriation Unit: **9999 - All Categories** Address: **2201 Francisco Drive**  
 Is budget authority available?: **Yes** City/State/Zip: **El Dorado Hills, CA 95762**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Jason Schwartz 760-805-3089**  
 Vendor No.: **T27013548**  
 NV Business ID: **NV20101275411**

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

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

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

Agency Reference #: **RFQ #2074 LD**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/12/2014**  
 Anticipated BOE meeting date **02/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2019**  
 Contract term: **4 years and 230 days**

4. Type of contract: **MSA**  
 Contract description: **Professional Service**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides assistance in a variety of information technology consulting and technical specialist levels on an hourly basis to State agencies. This amendment increases the maximum amount from \$5,000,000 to \$10,000,000 due to the need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Yes - Action
2. Amount of current amendment (#1):	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Yes - Action
3. New maximum contract amount:	\$10,000,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
IT consultant services will be utilized when existing State personnel cannot meet required customer needs and/or timeframes.

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

State agencies do not always have the staffing capacity, availability, expertise and/or resources to fulfill IT application modifications and/or project timelines.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFQ #2074, and in accordance with NRS 333, twenty (20) vendors were selected to provide IT Staff Augmentation services as determined by an independently appointed evaluation committee.

d. Last bid date: 02/04/2010 Anticipated re-bid date: 01/15/2019

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:

(1) FY11-FY15, MSA Contract for IT Temporary Consultants; and  
(2) FY07-FY10, MSA Contract for IT Temporary Consultants.

Services have been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	12/12/2016 11:28:10 AM
Division Approval	mstewa10	12/12/2016 11:28:12 AM
Department Approval	mstewa10	12/12/2016 11:28:15 AM
Contract Manager Approval	ldeloach	12/12/2016 11:46:58 AM
Budget Analyst Approval	laaron	12/14/2016 09:14:48 AM
BOE Agenda Approval	sbrown	12/15/2016 13:00:57 PM