

Governor Steve Sisolak
Chairman

Susan Brown
Clerk of the Board



Attorney General Aaron D. Ford
Member

Secretary of State Barbara K. Cegavske
Member

STATE OF NEVADA BOARD OF EXAMINERS

209 E. Musser Street, Room 200 / Carson City, NV 89701-4298
Phone: (775) 684-0222 / Fax: (775) 684-0260
<http://budget.nv.gov/Meetings>

REVISED

PUBLIC MEETING NOTICE AND AGENDA

Date and Time: May 14, 2019, 10:00 AM

Location: Old Assembly Chambers of the Capitol Building
101 N. Carson Street
Carson City, Nevada 89701

Video Conference Location: Grant Sawyer Building
555 E. Washington Avenue, Ste. 5100
Las Vegas, Nevada 89101

AGENDA

- 1. Call to Order / Roll Call**
- 2. Public Comment** (The first public comment is limited to comments on items on the agenda. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes).
- 3. Approval of the April 9, 2019 Minutes** (For possible action)

4. Review and Consideration of Victims of Crime Appeal (For possible action)

Pursuant to NRS 217.117, Section 3, the Board may review the case and either render a decision within 15 days of the Board meeting, or, if they would like to hear the case with the appellant present, they can schedule the case to be heard at their next meeting. The Board may affirm, modify or reverse the decision of the Appeals Officer. The Board will hear the appeal of Ms. Veronica Nixon.

5. State Vehicle Purchases (For possible action)

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Colorado River Commission	1	\$71,034
Department of Conservation and Natural Resources – Sagebrush Ecosystem Technical Team	1	\$2,500
Department of Public Safety – Capitol Police	1	\$1,500
Total	3	\$75,034

6. Authorization to Contract with a Current and/or Former State Employee (For possible action)

Board action under this item only grants permission to the employing agency. Current and former employees are still subject to all ethical requirement of NRS chapter 281A, specifically including subsection 550 which restricts certain former employees and state agencies.

A. Department of Corrections (2)

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Sheryl Drew, a current Supply Technician I with the Nevada Department of Corrections, to deliver packages to inmates.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Karl Grimmer, a current Senior Correctional Officer with the Nevada Department of Corrections, to deliver packages to inmates.

B. Department of Public Safety – Division of Parole and Probation

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with Emily Salisbury a current Associate Professor of Criminal Justice with the University of Nevada, Las Vegas, to provide Effective Practices in Community Supervision training to Parole and Probation staff. Relates to Agenda Item #8, Contract # 26 – 21714.

C. Department of Taxation – Marijuana Regulation and Control Account

Pursuant to NRS 333.705, subsection 1, the Department requests to retroactively contract with a former employee, Janet Murphy, from April 22, 2019 through June 30, 2019. Ms. Murphy will be assisting in the review and evaluation of critical application data to create documents intended for public disclosure as introduced in the amendment of SB 32. Ms. Murphy will also assist with the processing of marijuana license transfer interest requests.

D. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests to contract with a former employee, Robert Bratzler. Caviola Anson Group, Inc. has hired Mr. Bratzler and would like to utilize him on the I-15 South National Environmental Policy Act Re-Evaluation project to perform alternatives analysis and conceptual design services.

7. **Approval of Proposed Leases** (For possible action)
8. **Approval of Proposed Contracts** (For possible action)
9. **Approval of Proposed Master Service Agreements** (For possible action)
10. **Clerk of the Board Contracts** (Informational only)

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from March 19, 2019 through April 22, 2019.

11. Reports (Informational only)

A. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, Subsection 2, the Department shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in the statute. This report is for the period beginning January 1, 2019 and ending March 31, 2019.

B. Department of Conservation and Natural Resources – Division of State Lands

Pursuant to NRS 321.5954, Subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 3rd quarter of Fiscal Year 2019.

12. Public Comment (This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes.

13. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at daluzzi@finance.nv.gov. Supporting materials for this meeting are available at: 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at daluzzi@finance.nv.gov

Agenda Posted at the Following Locations:

1. Blasdel Building, 209 E. Musser Street, Carson City, NV 89701
2. Capitol Building, 101 North Carson Street, Carson City, NV 89701
3. Legislative Building, 401 N. Carson Street, Carson City, NV 89701
4. Nevada State Library & Archives, 100 North Stewart Street, Carson City, NV 89701
5. Grant Sawyer Building, Capitol Police, 555 E. Washington, Las Vegas, NV 89101

Notice of this meeting was posted on the Internet:

<http://budget.nv.gov/Meetings/Meetings-new/> and <https://notice.nv.gov>

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MEETING MINUTES

Date and Time: April 9, 2019, 10:00 AM

Location: Old Assembly Chambers of the Capitol Building
101 N. Carson Street
Carson City, Nevada 89701

Video Conference Location: Grant Sawyer Building
555 E. Washington Avenue, Ste. 5100
Las Vegas, Nevada 89101

MEMBERS PRESENT:

Governor Steve Sisolak
Attorney General Aaron Ford
Secretary of State Barbara Cegavske – Present in Las Vegas

STAFF PRESENT:

Paul Nicks, Clerk of the Board
Greg Ott, Board Counsel, Deputy Attorney General
Dale Ann Luzzi, Board Secretary

OTHERS PRESENT:

George Togliatti, Director, Department of Public Safety
Scott MacDonald, Chief Deputy, Gaming Control Board
Ward Patrick, Division Administrator, Department of Administration
Brenda Nebesky, Acting Director, Department of Tourism and Cultural Affairs
Sharon Williams, Member of the Public

1. Call to Order / Roll Call

Governor: Good morning. I would like to call today's meeting for April 9, 2019, 10:00 AM, of the Board of Examiners (BOE) to order. Welcome, everyone.

Secretary: Good morning. Let the record reflect we do have a quorum.

Governor: Thank you very much.

2. Public Comment (The first public comment is limited to comments on items on the agenda. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes).

Governor: This is the first time set aside for public comment. Anyone wishing to address the Board, on any item on today's agenda, please step forward and identify yourself for the record. Comments will be limited to three minutes.

Seeing no one, do we have anyone in Las Vegas?

Secretary of State: We do not, Governor.

3. Approval of the March 12, 2019 Minutes (For possible action)

Governor: Moving on, item number 3, *Approval of the March 12, 2019 Minutes*. Do we have a motion?

Secretary of State: Move for approval.

Governor: We have a motion for approval, any discussion on that motion?

Governor: Hearing and seeing none, all in favor signify by saying aye. Are there any opposed? That motion passes, thank you.

4. Request to Adopt Written Findings and Designate Positions in Government as Critical Labor Shortages (For possible action)

Department of Public Safety (DPS) – Capitol Police

Pursuant Nevada Revised Statute (NRS) 286.523, the Department requests that the Board of Examiners continue DPS Officer I and DPS Officer II position classifications as "critical labor shortages" and grant a Public Employees Retirement System exception for the Capitol Police Division. This designation is requested for a period of one year and will allow for the reemployment of qualifying retired employees to fill the DPS Officer I and DPS Officer II positions for which a critical labor shortage has been appropriately identified.

Governor: Item number 4, *Request to Adopt Written Findings and Designate Positions in Government as Critical Labor Shortages*.

Clerk: Good morning, Governor. Pursuant to NRS 286.523, it is the policy of the State to ensure that the reemployment of retired public employees is limited to positions of extreme need. An employer who desires to employ a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon the appropriate and necessary delivery of services to the public in an open meeting. The Board of Examiners has the authority to designate positions in State Government for which there are critical labor shortages.

In determining whether to designate a position as a critical labor shortage, the Board is to consider and make findings on, the efforts made to fill the positions through other means, the turnover rate for the position, the number of openings and number of qualified candidates, the length of time the positions have been vacant, any special circumstances, education or experience requirements for the positions and the history and success of recruitment efforts.

The Department of Public Safety (DPS) requested and the Board approved the designation of DPS Officer I and DPS Officer II classifications as critical labor shortage positions in January 2016, and again in January 2018 BOE Meetings. This item includes a report from the Department on the use and effectiveness of the critical labor shortage designation and a request to continue the designation of DPS Officer I and DPS Officer II classifications as critical labor shortage positions and a Public Employees Retirement System exception for Capitol Police. This will allow the Department to continue to reemploy retired public employees who require little or no training to perform important peace officer duties.

Should the Board approve the designation, it may delegate to its Clerk, the notice of the designation to Public Employees' Retirement System of Nevada (PERS) and I will work with Director Togliatti and his staff to ensure it is submitted timely. Director Togliatti and staff are here to present this item and answer any questions the Board Members may have.

Governor: Thank you. Are there questions?

Secretary of State: No questions, Governor.

Governor: We're going on four years of this being designated and obviously, what I'm reading is they've all left for better wages.

Director Togliatti: Thank you, Governor. The attrition rate is, I think of it as being astounding. Some years ago when I was, again, Director of Department of Public Safety, it was pretty bad then and not much has improved.

We've had discussions before and I think some of the issues are due to pay and another is from the ability for people in law enforcement to move from agency to agency based on the ability to take along their PERS and retirement with them. Some agencies can look at some

quality folks that we have at the Highway Patrol and Parole and Probation and look at them basically as a base where they can start recruiting.

Again, having that issue, we look at the Capitol Police and there's a bill out there now, Assembly Bill 143, to move them to a DPS Officer II, which I think will help our retention with Capitol Police, but as for right now, it's the ability to pay them equitably in order to retain them.

In January of last year, we had a request to go 17 months for the critical need. As I look at it now, we've had 15 positions within critical need. I anticipate when this expires in June, I believe, June 6th, that the only area of concern will remain the Capitol Police and that will be four positions. The other 11 positions should be filled by other employees. For example, our background investigative team, we're going to use recruits of non-sworn people to continue with that effort and same with Training Division and Parole and Probation. So, those positions we will no longer be in critical need.

My concern is that our attrition problems may not be solved by June of this year, which would put the Capitol Police positions in jeopardy.

Governor: Thank you. Do we have any further questions?

Is there a motion?

Secretary of State: I move for approval.

Governor: We have a motion on the floor. Is there any discussion on that motion? Seeing none. All in favor, signify by saying aye. Are any opposed? The motion passes. Thank you very much.

5. Request for Designations of Bad Debts (For possible action)

Nevada Gaming Control Board – Nevada Gaming Commission

Pursuant to NRS 463.123(2), the Board requests the approval to remove delinquent debt from the Nevada Gaming Commission's records. The amount requested to be deemed as bad debt is \$8,040.55. A listing of the debt is included in the attached schedule.

Governor: Item number 5, *Request for Designation of Bad Debts*.

Clerk: Most State agencies turn their uncontrollable or their uncollectable debt over to the State Controller, who has the authority to request the Board of Examiners to write off bad debt that has become impossible or impractical to collect. Bad debt under the purview of the State Controller cannot be removed from the State's books unless the Board of Examiners designates the bad debt as uncollectable.

Prior to the passage and approval of Assembly Bill 14 from the 2015 Legislative Session, the Division of Industrial Relations' (DIR) Advisory Council and the Nevada Gaming Commission, by the affirmative vote of a majority of their respective members, could remove from their records, the name of a debtor and the amount of tax, penalty or interest owed by a debtor, if after a period of three years for DIR, or five years for Gaming Commission, they remained impossible or impractical to collect. Assembly Bill 14 amended NRS 463.123 and requires the Gaming Commission to report the bad debt determined to be impossible or impractical to collect to the Board of Examiners for the designation of bad debt. Upon such designation, the Clerk shall notify the State Controller to remove the debt from the State's books.

This item includes one request to designate debts as bad debts under the provisions of NRS 463.123. The request is from the Nevada Gaming Control Board to designate \$8,040.55 as bad debt for the purpose of removing the three debts from the State's books. Last year, this agency requested the designation of \$5,131.25 as bad debts for the purpose of removing the debts from the State's books.

Representatives from the agency are available to answer any questions the Board Members may have.

Governor: I have one. The question is, do we keep track of these bad debts, so if they come and apply for a license in two or three years?

Scott MacDonald: Yes.

Governor: We do, great.

Do you have any questions, Secretary Cegavske?

Secretary of State: I do, Governor, thank you very much. Inside our packet, there's a letter from Sandra Morgan, the Chairwoman and we've got some information on an email from Lance Ferrato. This one states that the two of the three owners, own Eclipse Flooring Company which is inactive status on the Secretary of State's website, so I wonder if anything has been done with the other two owners about repaying this?

Scott MacDonald: We've tried to reach out to all three owners and haven't been successful from the Gaming Control Board's standpoint. We turned the debt over to the Controller's Office for collection purposes.

Governor: Why don't we table this item until we've heard from Lance Ferrato. How's that?

Secretary of State: That would be great. Thank you, Governor.

Governor: Thank you and I've got a follow-up from General Ford.

Attorney General: Thank you. So, you turn the debt over to the Controller's Office and I don't know what the Controller's Office perspective is on the collectability of this particular

debt. Is this something that you have presented to the Board of Examiners in concert with the Controller's Office?

Scott MacDonald: From the Gaming Control Board's viewpoint, it's uncollectable in that they no longer have a gaming license. At that point, it's deemed uncollectable and we turn it over to the Controller for collection.

Governor: I don't think they pursue it to any other companies, if they can be held liable but if you could bring Lance over, if you could give him a call, I'd appreciate that.

Scott MacDonald: Yes, alright.

Governor: I'm going to table this item until we've heard from the Lance Ferrato. Thank you.

6. Approval of Proposed State Administrative Manual Changes (For possible action)

Pursuant to NRS 353.040 the Governor's Finance Office – Budget Division requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following section of the State Administrative Manual, which revises the stale claims section to allow the Clerk of the Board of Examiners or designee to approve all stale claims.

1. SAM Section 2622 – Stale Claims

Governor: Moving ahead to item number 6, *Approval of Proposed State Administrative Manual Changes*.

Clerk: Item 6 seeks approval to revise one chapter of the State Administrative Manual. Chapter 2622, Stale Claims. Chapter 2622 has been revised to remove the requirement for Stale Claims greater than \$50,000 to be submitted to the Board of Examiner's for action and allows for the approval of these stale claims by the Clerk of the Board. I am available to answer any questions Board Members may have.

Governor: Do we have any questions on the changes to the State Administrative Manual?

Do we have a motion?

Attorney General: Move approval.

Governor: We have a motion for approval, is there any discussion on that motion? Seeing none, all in favor signify by saying aye. Are there any opposed? That motion passes. Thank you.

7. Approval of Proposed Leases (For possible action)

Governor: Item number 7, *Approval of Proposed Leases*.

Clerk: There are four leases in agenda item 7 for approval by the Board this morning. No additional information has been requested by any of the Members.

Governor: Thank you. I've got a question on this, that is, I did in my staff briefing – who checks on the comparative leases on the comparability of these rent payments?

Clerk: That is a function of Leasing Services, when they're negotiating the leases.

Governor: Thank you, could Leasing Services please come forward?

Ward Patrick: Good morning.

Governor: Good morning, welcome. My question is, on some of these, for example, the L&R Partners, LLC with the market rate worth \$2.00/foot – who does the comps on these to see if these are reasonable square footage charges?

Ward Patrick: We do a market analysis and its in-house staff and we're looking towards getting comps from the community, from the real estate community.

Governor: When you say "in-house staff," we have someone on staff that's trained in these comps?

Ward Patrick: We would have to look into the level of training those people have and get that to you.

Governor: Okay. Well, the obvious concern is, it's a \$10 million lease. We've just got somebody that looks at what? How much emphasis do they put on this negotiation and looking at if this is a fair and reasonable lease?

Ward Patrick: We have a broker involved when we look at these leases when there's a big tenant improvement associated with it.

Governor: We have a broker, a broker that's representing the property?

Ward Patrick: A broker representing the State.

Governor: The concern I have is that we're talking about millions of dollars, in every one of these meetings, in leases that we're approving. I want to make sure that we are getting value for the money and maybe it should say \$1.80/foot instead of \$2.00/foot. Who is looking to see if this is a fair price? If the staff doesn't have that training, I don't know that it's really on the broker. The broker wants to consummate the lease because that's how they earn. So, do we have a procedure in place to do this?

Ward Patrick: We will come back to you with a procedure for assuring value on these leases.

Governor: Thank you, I would appreciate that. It's been my experience in my 20 years of public service that a lot of landlords view the State government as the best tenant you can possibly have because we're never late, we always pay, it's secure and we don't default on leases. So, you can't get a better tenant than government or quasi-governmental agencies. I'm not disputing the lease. I just want to make sure that it's a good value for what we're getting. If you could come back at the next meeting with an explanation or a plan on how we're doing this, it would be helpful for me.

Ward Patrick: Thank you.

Governor: Are there any other questions?

Secretary of State: No, I think you hit the nail on the head, thank you, Governor.

Governor: Thank you. Do I have a motion?

Attorney General: So moved.

Governor: We have a motion on the floor. Is there any discussion on that motion? Seeing none, all in favor signify by saying aye. Any opposed? Motion passes. Thank you gentlemen, appreciate it.

8. Approval of Proposed Contracts (For possible action)

Governor: Item number 8, *Approval of Proposed Contracts*.

Clerk: There are 35 contracts in agenda item 8 for approval by the Board this morning. No additional information has been requested by any of the Members.

Governor: Well, I've got some additional information I need on this one too, so sorry. My question is, if you look at page 13, 1 of 3, this is a contract to promote Nevada in tourism in China and we hired a California company to do that; then looking further to page 14, 1 of 3, this is to promote tourism in Latin America and we selected a Florida company to do this. So, I don't want to go through all of these but first off, I would like a list of how many of these we have, where we're promoting Nevada and why are we hiring out-of-state companies when you would think that Nevada, I can guarantee you, has no shortage of public relations firms that represent Nevada and know it well.

Brenda Nebesky: When we solicit requests for proposal for these contracts, we're looking for expertise in the country. So, though many Nevada firms may have those qualifications domestically, they don't necessarily meet those criteria in the countries that we're looking for representation in.

Governor: Well, I know that we have companies in Nevada that have offices in Latin America. Not only do they know the area, they actually have physical offices there. Do they get a priority? Do we look at Nevada companies?

Brenda Nebesky: We do. We absolutely weight Nevada companies within the scoring process through the Purchasing Division. Yes, we do.

There's also the matter of who responds to the proposal, which we don't have any power over. So, quite often, we don't have responses from Nevada firms.

Governor: Alright but these are million dollar contracts, again. So, I'm kind of surprised. Maybe we need to reach out more to try to get Nevada companies. How many of these do we have for promotions in other countries?

Brenda Nebesky: We currently have eight.

Governor: How many of them are out-of-state firms advocating for us?

Brenda Nebesky: At this time, it's all of them.

Governor: So, we have eight contracts promoting Nevada around the world and we use eight out-of-state firms to do the promotion.

Brenda Nebesky: Correct.

Governor: I have a big problem with that. So, what I would like is a list of the eight countries; I would like a list of the eight companies and where they are located; and I want to do more to try to reach out to Nevada companies that understand Nevada and understand the country that we're promoting it in – to try to keep as many of these tax dollars in-state as we possibly can and that's a priority for me. I would assume my colleagues feel the same way.

Brenda Nebesky: Yes, I could get you a list of who has responded to our solicitation from the Purchasing Division.

Governor: Perfect, thank you.

Governor: You could forward that to me. Secretary Cegavske, you want the list too?

Secretary of State: I would really like the list.

Governor: Thank you. If we could get it to the Secretary as well. I can tell by the look on her face, she is intrigued, so that would be good.

Secretary of State: I look at if they have a State Business License, so you know how that goes.

Governor: Yes, I do. I looked at all that, and I didn't bring that up, you're absolutely right. Thank you.

Do we have any further questions?

Secretary of State: I have a disclosure, Governor, on Item 6, if I could read into the record please. I just want it to be noted for Contract 6, which is the Secretary of State's contract with Opportunity Village. I am disclosing the fact that I currently serve as a member of the Opportunity Village Art Board of Directors and in that capacity, I have no involvement with the contract process, nor the preferred vendor status of Opportunity Village. I plan on voting on this item because it does not affect me any differently than any other person. Thank you.

Governor: Perfect, thank you. Do we have a motion?

Attorney General: So moved.

Governor: We have a motion for approval. Do we have any discussion on that motion? Seeing none, all in favor, signify by saying aye. The motion passes.

9. Approval of Proposed Master Service Agreements (For possible action)

Governor: Item number 9, *Approval of Master Service Agreements*.

Clerk: There are 20 master service agreements in agenda item 9 for approval by the Board this morning. No additional information has been requested by any of the Members.

Governor: Thank you. Do we have any questions or discussion on item number 9? Do I have a motion?

Attorney General: Move approval.

Governor: We have a motion for approval. Is there any discussion on the motion? All in favor, signify by saying aye. Are there any opposed? The motion passes.

10. Clerk of the Board Contracts (Informational only)

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from February 16, 2019 through March 18, 2019.

Governor: Item number 10, *Clerk of the Board Contracts*.

Clerk: There were 33 contracts under the \$50,000 threshold approved by the Clerk between February 16, 2019 and March 18, 2019. This item is informational only. No additional information has been requested by any of the Members.

Governor: Thank you. Do we have any questions on item number 10? Seeing none. Appreciate it.

11. Reports (Informational only)

Compact with Pyramid Lake Paiute Indian Tribe Governing Class III Gaming

Pursuant to Public Law 100-497, the Indian Gaming Regulatory Act, codified at 25 U.S.C. §§ 2701-2721 and 18 U.S.C. §§ 1166-1168, a fifth amendment has been made to the compact between the Pyramid Lake Paiute Indian Tribe and the State of Nevada. The amendment extends the compact for an additional two-year period to expire on February 23, 2021.

Governor: Moving on, item number 11, *Reports*. Compact with Pyramid Lake Paiute Indian Tribe, Governing Class III Gaming.

Clerk: Item 11 is an information item on the Fifth Amendment to the Tribal-State Gaming Compact between the Pyramid Lake Paiute Tribe and the State of Nevada. This amendment extends the compact for an additional two-year period, to expire on February 23, 2021.

Governor: Alright, do we have any questions on item number 11, the compact? Seeing none, thank you.

12. Public Comment (This public comment period is for any matter that is specifically included on the agenda as an action item. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes).

Governor: That brings us to item number 12, *Public comment*. This is the second time set aside for public comment. Anyone wishing to address the Board on any item, please step forward and identify yourself for the record, comments will be limited to three minutes.

Welcome, good morning.

Sharon Williams: Good morning, Governor. My name is Sharon Williams, I'm with the Northern Nevada Electrical Apprenticeship Program. You just signed our grant contract. We really appreciate it. The apprenticeship program is a great opportunity for employment in Northern Nevada. Thank you again.

Governor: We appreciate it, thank you. Looking forward to educating people and getting them into work. Thank you.

Is there anyone else wishing to speak during public comment? Seeing no one, we'll close public comment.

13. Adjournment (For possible action)

Governor: Do I have a motion to adjourn?

Attorney General: So moved.

Governor: We have a motion on the floor, any discussion? All in favor, signify by saying aye. Any opposed? The motion passes. Thank you all, appreciate it.

Steve Sisolak
Governor



Susan Brown
Director

Paul Nicks
Deputy Director

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

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

Date: April 11, 2019

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Handwritten initials "CB" in blue ink.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

Department of Administration – Victims of Crime Program

Agenda Item Write-up:

Pursuant to NRS 217.117, Section 3, the Board may review the case and either render a decision within 15 days of the Board meeting, or, if they would like to hear the case with the appellant present, they can schedule the case to be heard at their next meeting. The Board may affirm, modify or reverse the decision of the Appeals Officer. The Board will hear the appeal of Ms. Veronica Nixon.

Additional Information:

The issue before the Board is an appeal filed pursuant to NRS 217.117 by Veronica Nixon for a case dismissed by the Victims of Crime Program (VOCP). Ms. Nixon's son was shot on June 13, 2017 in Las Vegas, Nevada. Ms. Nixon filed an Application for Compensation and was denied July 17, 2017 due to the victim's action contributing to the injury and being injured while committing a crime. September 12, 2017, a Hearing Officer remanded the matter in order to gather further explanation from the Las Vegas Metro Police Department regarding the circumstances of the shooting. Information was received that confirmed the belief the victim was involved in illegal activity and a denial letter was issued on September 20, 2017.

November 7, 2017 a hearing was scheduled with an Appeals Officer; however, Ms. Nixon was not present at the hearing. There was also an attempt to contact Ms. Nixon on the phone during the hearing but there was no answer at the phone numbers listed for her. The Appeals Officer requested another notice be sent by mail and if no reply was received the matter would be closed.

A new hearing was schedule on January 16, 2018. The Appeals Officer reset the case for 30 days from then to see if the VOCP could get additional information on the events that lead to the crime and other information the police department was reluctant to share due to the ongoing investigation and trial of the assailant, as well as allow time for the VOCP to review the new information Ms. Nixon had faxed that day.

On April 10, 2018, an Appeals Officer reversed the decision to deny the claim application and that the VOCP shall determine and provide the Applicant the specific benefits under her accepted claim to which she is entitled by the program. Ms. Nixon was to submit the receipts for the expenses she paid for funeral expenses and counseling. The receipt submitted by Ms. Nixon for funeral expense was found to be falsified. The receipt showed Ms. Nixon had signed for the transaction; however, the funeral home sent the original receipt with the signature of someone else and confirmed she did not make the payment for the funeral expenses. On April 17, 2018, Ms. Nixon was notified her claim was being closed due to fraud.

On April 24, 2018, Ms. Nixon requested to appeal the determination to close her claim. May 30, 2018 a Hearing Officer affirmed the closure of the claim due to a lack of proof of payment by Ms. Nixon. Ms. Nixon appealed the Hearing Officer's decision. On August 21, 2018 a hearing before an Appeals Officer was scheduled and they were unable to get a hold of Ms. Nixon by telephone and email. They attempted to further contact Ms. Nixon to reschedule the hearing, but were unsuccessful.

On March 13, 2019 an Appeals Officer issued a dismissal due to not being able to contact Ms. Nixon and no further contact being received from her. On March 18, 2019 Ms. Nixon appealed the dismissal by the Appeals Officer to the Board.

Ms. Nixon's appeal to the Board is attached for your review and consideration.

Statutory Authority:
NRS 217.117

REVIEWED:

ACTION ITEM:



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Victims of Crime Program

Northern Nevada:
1050 E. William St. Ste. 400
Carson City, Nevada 89701
(775) 687-8428 | Fax (775) 687-8411

voc.nv.gov

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

March 28, 2019

To: Susan Brown, Clerk, Board of Examiners
From: Michelle Morgando, Coordinator
Re: Appeal of Veronica Nixon for Justin Brooks
Claim No. 18-10036144-NR

Case Summary

Veronica Nixon, mother of deceased victim [REDACTED], appeals the Appeals Officer's Order Dismissing Appeals dated March 13, 2019.

The history of the application includes a Victims of Crime Program (VOCP) denial for contributory conduct that was overturned by the Appeals Officer on April 10, 2018. A request for reimbursement of funeral costs was submitted by Ms. Nixon, which, when verified, was revealed to be a falsified document. VOCP then closed the claim due to fraudulent activity. That closure was upheld by the Hearing Officer on May 30, 2018 and was appealed by Ms. Nixon. Ms. Nixon failed to appear at the appeal hearing scheduled for August 21, 2018 and a dismissal was rendered on March 13, 2019.

Recommendation

It is recommended that the Board uphold Appeals Officer Paul Lychuk's Order Dismissing Appeals dated March 13, 2019.

- 1. Proper notice of the hearing was provided to both parties by the Hearings Division. The Appeals Officer called Ms. Nixon at the phone number that was on file, which is where she'd been reached previously, and there was no answer. The Appeals Officer held the record open for many months to allow time for contact from Ms. Nixon, eventually dismissing the appeals when there was no contact made.**

Victims of Crime Program Policy, Section Fourteen. Appeal Rights and Procedures

6. Appeal to a Hearing Officer

A. If an applicant disagrees with a written determination of the compensation officer, which includes appeal rights as provided in these policies, the applicant may appeal the determination to a Hearing Officer as provided in NRS 217.112. This section requires the appeal to be filed within 15 days and states:

000004

1. *An applicant who is subject to the provisions of this chapter may request a hearing before a hearing officer on any matter within the hearing officer's authority. The compensation officer shall provide with his decision the necessary information for requesting such a hearing.*
2. *An applicant aggrieved by a compensation officer's decision may appeal the decision by filing a request for a hearing before a hearing officer. Such a request must be filed within 15 days after the decision was mailed by the Director or compensation officer.*
3. *Failure to file a request for a hearing within the period specified in subsection 2 may be excused if the applicant shows by a preponderance of the evidence that he did not receive the notice of the decision and the information necessary to request a hearing.*
4. *The applicant shall notify the compensation officer and the hearing officer in writing of a change of address within a reasonable time after that change."*

2. **VOCP closed the claim when a receipt for funeral services, submitted by Ms. Nixon and indicating she made payment for those services, was revealed to be fraudulent. When VOCP verified the payment with the funeral home, the funeral home provided the actual receipt, which indicated someone else paid the charge. VOCP informed Ms. Nixon that the program was willing to reimburse the actual payor, to which Ms. Nixon declined and demanded payment be issued to her instead.**

Victims of Crime Program Policy, Section Ten. Claim Limits and Payment Policies

B. The VOCP may reimburse applicants for specified expenses incurred as a result of the crime, which are not reimbursed by other sources. Requests for reimbursement must be accompanied by verifiable receipts. Handwritten receipts for compensable expenses may be denied without corroborating evidence of payment.

Section Twelve. Claim Acceptance, Denial and Closure, and Reconsideration

7. Inactive Claims and Claim Closure

C. Claims may be closed for payment of further benefits when any of the following has occurred:

- 1) All known, crime related expenses, as approved by the compensation officer have been paid.
- 2) Newly discovered information indicates the claim was accepted in error or in violation of these policies.
- 3) Suspected fraud, dishonesty or deceit.
- 4) Harassment of VOCP staff or VOCP contractors.
- 5) Failure to cooperate with VOCP staff or its contractors, or
- 6) The applicant has violated any of the provisions of NRS 217 or the policies adopted herein.

000005

RECEIVED

MAR 22 2019

GOVERNOR'S BUDGET OFFICE
BUREAU OF BUDGET

Mother of Victim

Request appeal March 18 2019

El Veronica Riera am requesting a appeal
on March 13th 2019 denial decision.

Last March 10 2019 Judge Paul
Riznik reverse judgement order
for return of crime to pay out 5,000

Rebecca Salazar denied my official
American 26 yrs old son with
two children whom was a resident
of Nevada but a tourist visiting

8 months meet a unknown girl
Malaysia pickup only 8 months
Dating her my child then was
Kidnapped at [redacted]

Jane in Vegas on June 13 2017

unarmed no drugs taken in
the wee hours of the night at 3:30AM
to a dark alley way where two other
Blacks were dead shot 8 times a

bullet in their heads in a small sedan
Car my child then was beaten autopsy report
Medical records jaw broken skeletal muscular
injury broken shot once thrown in vehicle

With other two this racist white Rebecca Salazar
had the nerve to deny him of it he was a 9/11
Victim and drag her in court March 10 2017
and was awarded \$5,000 when she has

still refused to reimburse victim of

[redacted] \$10,000

Medical 2 million never was contacted to return
to court August 8 2018 recently received
limited appeal March 13 2019 need to file a
appeal never was compensated for my lost child

000006

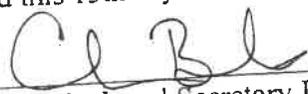
CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER DISMISSING APPEALS** was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

VERONICA NIXON

[REDACTED]
[REDACTED]
VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS NV 89102

Dated this 13th day of March, 2019.


Chris Beals, Legal Secretary II
Employee of the State of Nevada

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the
Contested Victims of
Crime Claim,

of

VERONICA NIXON,

Claimant

Claim No.: 18-10036144-NR

Appeal No.: 1816731-PL
1900551-PL

TRANSCRIPT OF PROCEEDINGS
BEFORE THE
HONORABLE PAUL LYCHUK, ESQ.
APPEALS OFFICER

AUGUST 21, 2018

11:12 AM

2200 SOUTH RANCHO DRIVE, SUITE 220
LAS VEGAS, NEVADA 89102

Ordered by: Victims of Crime Program
2200 South Rancho Drive, Suite 210A
Las Vegas, NV 89102

000009

Transcribed By: Jaime Caris, Always On Time

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On behalf of the Claimant:

[None]

On behalf of the Program:

Rebecca Salazar

Victims of Crime Program

2200 South Rancho Drive, Suite 210A

Las Vegas, Nevada 89102

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I N D E X

EXAMINATION DIRECT CROSS REDIRECT RE CROSS

[None]

E X H I B I T S

IDENTIFIED ENTERED

EVIDENCE

[None]

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APPEALS OFFICER: This is the time set for the hearing of the appeal of a Veronica Nixon. Ms. Salazar is here on behalf of the Victims of Crime Program. We've tried the telephone numbers we have for Ms. Nixon. She lives out of state, and we're not able to get through to her.

So, we'll wait to hear from her. I don't know if we have an email for her.

REBECCA SALAZAR: We do.

APPEALS OFFICER: All right, maybe we'll reach out to her by email and make sure we have a good number for her and we'll reset this for a mutually convenient time in the future. That's all I can think to do. Any other ideas?

REBECCA SALAZAR: No.

APPEALS OFFICER: Yeah, from the Victims of Crime Evidence Packet, it looks like she's seeking to have some other benefits related to her son's funeral covered and the claim could be reopened to accommodate that if that ultimately is what the issue is, but previously she—it looks like—Mr. [inaudible] also noted that she was asking to be reimbursed monies that a relative had expended and not her, but we'll hear the whole thing when we're ready to reach Ms. Dixon, okay? All right, thank you.

REBECCA SALAZAR: The number you're trying is that 405?

APPEALS OFFICER: Correct, 405--

[end of proceeding]

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CERTIFICATE OF TRANSCRIPT

I, Jaime Caris, as the Official Transcriber, hereby certify that the attached proceedings before the Judge,

In the Matter of the
Contested Victims of
Crime Claim,

of

VERONICA NIXON,

Claimant

Claim No.: 18-10036144-NR

Appeal No.: 1816731-PL
1900551-PL

were held as herein appears and that this is the original transcript thereof and that the statements that appear in this transcript were transcribed by me to the best of my ability.

I further certify that this transcript is a true, complete and accurate record of the proceeding that took place in this matter on August 21, 2018 in Las Vegas, Nevada.



Jaime Caris
Always On Time
January 7, 2019

000014

DEPARTMENT OF ADMINISTRATION
Victims of Crime Compensation Program
2200 S. Rancho Drive, #210-A
Las Vegas, NV 89192

**NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER**

In the Matter of the Contested)
Application for Compensation:)

APPEAL NO: 1816731-PL / 1900551-PL

Veronica Nixon,
Applicant)
)
)
)
_____)

VOCP NO: 18-10036144-NR

VOCP APPEAL STATEMENT

Veronica Nixon has appealed two Hearing Officer decisions.

1. Order of Dismissal, Hearing Number 1813791-MT, signed May 22nd, 2018.
 - a. This Request for Hearing was dismissed without prejudice because Ms. Nixon did not include a determination letter as the basis for her appeal. Hearing Officer Megan Treukler issued an Order for Additional Information requesting the determination letter, and when she received no response from Ms. Nixon, she dismissed the hearing. VOCP agrees with that dismissal and requests the Appeals Officer affirm that dismissal.
2. Decision and Order, Hearing Number 1813431-CK, signed May 30th, 2018.
 - a. Ms. Nixon appeals the Decision and Order of Hearing Officer Carl Knauff. This hearing was based on a VOCP letter informing Ms. Nixon her claim was closed to further benefit after her attempt to obtain a funeral reimbursement for costs she did not pay. During this hearing, VOCP offered to reimburse the person who did pay the funeral costs, to which Ms. Nixon declined. After the decision was issued and claim closure was upheld, VOCP received a phone call from Ms. Nixon requesting reimbursement for her son's cell phone and payment for the headstone. It was explained to Ms. Nixon that her claim is closed. To date, VOCP has not received any additional bills or receipts. VOCP agrees with that HO Knauff's Decision and Order and requests the Appeals Officer affirm claim closure.

Board of Examiner Policy:

Section Twelve. Claim Acceptance, Denial and Closure, and Reconsideration

7. Inactive Claims and Claim Closure

C. Claims may be closed for payment of further benefits when any of the following has occurred:

- 3) Suspected fraud, dishonesty or deceit.
- 4) Harassment of VOCP staff or VOCP contractors.
- 5) Failure to cooperate with VOCP staff or its contractors, or
- 6) The applicant has violated any of the provisions of NRS 217 or the policies adopted herein.

D. Claims may be closed for the payment of further benefits when the compensation officer provides applicant with written notice that:

- 1) the claim is being closed, and

Dated this 25th day of July, 2018
Victims of Crime Program

**RECEIVED
AUG 27 2018
CCSI**

000015

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Victim of Crime Program, does hereby certify that on the date shown below, a true and correct copy of the foregoing **VOCP APPEAL STATEMENT** was duly mailed, postage prepaid to the following:

DEPARTMENT OF ADMINISTRATION
APPEALS DIVISION
2200 S RANCHO DR STE 220
LAS VEGAS, NV 89102

[REDACTED]

Dated this 25th day of July, 2018


Employee of the State of Nevada

000016

FILED

JUL 17 2018

APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Victims of Crime Claim of:

VERONICA NIXON,

Applicant.

Claim No: 18-10036144-NR

Appeal No: 1816731-PL
1900551-PL

RECEIVED

JUL 23 2018

NOTICE OF HEARING

CCM

YOU ARE HEREBY NOTIFIED that a hearing will be held in the above-entitled matter before the Appeal Officer on:

Date: August 21, 2018

Start Time: 11:00AM

Place: Appeals Office Hearing Room
2200 South Rancho Drive, Suite #220
Las Vegas, NV 89102
Phone: (702) 486-2527

Should the Victim wish to make his/her appearance via telephone he or she may contact this office prior to the date of the hearing and request a telephone hearing from the Appeals Officer.

IT IS SO ORDERED this 17th day of July, 2018.



Paul Lychuk, Esq.
APPEALS OFFICER

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing NOTICE OF HEARING was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS NV 89102

Dated this 17th day of July, 2018.



Chris Beals, Legal Secretary II
Employee of the State of Nevada

000018

**REQUEST FOR HEARING BEFORE THE APPEALS OFFICER
NEVADA DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION**

FILED

JUL 12 2018

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1813791-MT
Claim Number: UNKNOWN

APPEALS OFFICE

[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS, NV 89102

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: May 3rd - 2018

(Please attach a copy of the Hearing Officer's Decision)

[] PLEASE CHECK HERE IF YOUR REQUEST IS REGARDING A CLAIM FILED PURSUANT TO NRS 617.455 OR 617.457

PERSON REQUESTING APPEAL: (circle one) CLAIMANT/EMPLOYER/INSURER

REASON FOR APPEAL: I WAS AWARDED AN AMOUNT OF 5000 REIMBURSEMENT. I ALSO FORWARDED ALL BILLS RECEIPT OF 350 CELL PHONE STOLEN BURIAL RECEIPTS 2,000 HEARSTONE. ALL RECEIPTS WERE FORWARDED INTERNALLY FOR MY REAPPEAL AGAIN VITUM REBECCA SALVARAZA REFUSED TO PAY OUT
If you are represented by an attorney or other agent, please print the name and address below.

none
Name of Attorney or Representative
none
Address
none
City, State, Zip Code
none
Telephone Number

Veronica Nixon
Person requesting this hearing (please print)
Veronica Nixon
Person requesting this hearing (signature)
[REDACTED]
Telephone Number
May 25, 18
Date

NOTICE

If the Hearing Officer Decision is appealed, CLAIMANTS are entitled to free legal representation by the Nevada Attorney for Injured Workers (NAIW). If you want NAIW to represent you, please sign below:

Veronica Nixon
Signature
[REDACTED]
Telephone Number

If you are appealing the Hearing Officer's decision, file this form no later than thirty (30) days after that decision at:

NEVADA DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE
2200 S RANCHO DRIVE, SUITE 220
LAS VEGAS, NV 89102

(702) 486-2527

000019

1900551-PL

[REDACTED]

**REQUEST FOR HEARING BEFORE THE APPEALS OFFICER
NEVADA DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION**

In the matter of the Contested
Application for Compensation:

Hearing Number: 1813431-CK
Claim Number: 18-10036144-NR

[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS, NV 89102

HEARING OFFICER
 JUN 22 2018
 FILED

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: May-10-2018

(Please attach a copy of the Hearing Officer's Decision)

PERSON REQUESTING APPEAL: (circle one) CLAIMANT/EMPLOYER/INSURER

REASON FOR APPEAL: 5,000 burial reimbursement was ordered on March-10-2018
Rebecca J. JARA lost in court after paying attorney fees for compensation on
lawsuit that were already proven 2,000 Healthcare in USA 350 State Victim LA Washin
Alma with relocation victim on factment trial expenses in court with perso
 If you are represented by an attorney or other agent, please print the name and address below.

*LA Washin
Crime Bill
with victim
of crime*

Name of Attorney or Representative: NONE
 Address: NONE
 City, State, Zip Code: NONE
 Telephone Number: NONE

Person requesting this hearing (please print): Veronica Williams
 Person requesting this hearing (signature): Veronica Williams
 Telephone Number: [REDACTED] Date: _____

If you are appealing the Hearing Officer's decision, file this form no later than fifteen (15) days after the decision at:

NEVADA DEPARTMENT OF ADMINISTRATION
 APPEALS OFFICE
 2200 S RANCHO DRIVE, SUITE 220
 LAS VEGAS, NV 89102
 (702) 486-2527

SCHEDULED OR
 JUN 25 2018
 APPEALS DIVISION

1816731- [REDACTED] [REDACTED]
 PL

*Carl L Knoff never mailed out decision
 after 15 days he overruled on an
 appeal decision reimbursement
 on March-10-2018 after was
 double ruled in decision to give
 victim rights to assistance
 ACLU and Commissioner
 MISMANAGEMENT*

*your judge is racist
 taken money to
 deny decision to
 a black African
 victim with
 skeptical feeling
 racist KKK
 believe to [REDACTED]*

000 020



State of Nevada Victims of Crime Program

Police Report Verification		
<i>Submit this form if Police Report cannot be released for any reason</i>		
Victim Information		
Victim Name [REDACTED]	Victim DOB [REDACTED]	VOCIP Claim # 18-10036144-0R
Event # [REDACTED]	Crime Date: 06/13/2017	
Crime Location (exact address or cross streets) [REDACTED] EGAS NV		
Crime Information: (Completed by Law Enforcement Officials Only)		
Date of Crime: 06/13/2017		Date Crime Reported: 06/13/2017
Type of Report or Crime Description: ROBBERY MURDER		
Were Charges Filed or an Arrest Made: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
Did Victim Cooperate with Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
Was the Victim Innocent of wrongdoing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:		
Was the Victim physically Injured? <input checked="" type="checkbox"/> Yes If Yes, please describe injuries: <input type="checkbox"/> No		
Is there any additional information about the Crime or Victim the VOCIP should consider? <input checked="" type="checkbox"/> Yes If Yes, please explain: HEARING OFFICER PALL LYCHUK TOLD REBESECA SALAZAR TO PAY OUT 5000 FOR MY SON SHOT IN HIS HEAD UNARMED NO DRUGS WERE FOUND SIXTY DAYS THIS RASCIST SNEAKY PROGRAM MANAGER DONT WANT TO GIVE A <input type="checkbox"/> No		
I am a Law Enforcement Official familiar with the facts of the crime referred to above. <i>The information provided herein is true and accurate to the best of my information and belief.</i>		
Authorized Signature: <i>Vernica Kxin</i>	Print Signers Name: Vernica Kxin	Rank or Title: MOTON
Date: 06.26.2018	Tele: [REDACTED]	Email: V.K.Kxin@gmail.com
Mail to: VOCIP P O Box 94525 Las Vegas, NV 89193-4525	Fax to: (888) 941-7890	Scan and email to: applications@voc-net.com

000021

Jun 26 18, 10.19a

Lakewood

4056035384

p 2



Name: [Redacted]

Victim Type Individual Written Statement No Can ID Suspect No
 Victim of 50001 - Open Murder, E/DW(F)-NRS 200 010

DOB [Redacted] Age [Redacted] Sex Male Race Black American Ethnicity [Redacted] Latino
 Height [Redacted] Weight [Redacted] Hair Color [Redacted] Eye Color [Redacted]
 Employer/School [Redacted] Occupation/Grade [Redacted] Work Schedule [Redacted]
 Injury [Redacted]

Addresses

Residence [Redacted]

Phones

Cellular [Redacted]

Offender Relationships

Relationship Unknown

Notes:

Suspects:

Name: [Redacted]
 Alias: [Redacted]
 Scope ID [Redacted] DOB [Redacted] Age [Redacted] Race [Redacted] Ethnicity [Redacted]
 Sex [Redacted] Height [Redacted] Weight [Redacted] Hair Color [Redacted] Eye Color [Redacted]
 Employer/School [Redacted] Occupation/Grade [Redacted]

Addresses

Phones

Notes

Witnesses:

Other Entities:

Properties: ()

Type: Misc. (Cell Phones, Ammo, Bicycles, Worthless Doc, Items not listed)

Status	Stolen	Quantity	1	Value	350.00	Color	Black
Description	Cell phone						
Manufacturer	[Redacted]	Model		Serial No /VIN			
Vehicle Year	[Redacted]	Body Type		Lic Plate Exp			
Lic Plate #	[Redacted]						
Insurance Company	[Redacted]						
Owner	[Redacted]						
Notes							

Narrative

On June 13, 2017, at approximately 0330 hours, Patrol Officers from SVAC responded to the north alley of 4138 Silver Dollar Avenue reference a male shot in the alley. Officers located a vehicle with three occupants inside. The driver, [Redacted], and front passenger, [Redacted], were deceased from gunshot wounds. The rear passenger, [Redacted], was transported to UMC with a gunshot wound. The scene was secured and Homicide detectives responded to conduct an investigation.

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STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Application for Compensation:

Hearing Number: 1813431-CK
Claim Number: 18-10036144-NR

~~VICTIMS OF CRIME PROGRAM~~
2200 S RANCHO DR STE 210-A
LAS VEGAS, NV 89102

/

The Applicant's request for hearing was filed on April 24, 2018 and a hearing was scheduled for and held on **May 16, 2018** before Hearing Officer Carl Knauff, in accordance with Chapter 217 of the Nevada Revised Statutes.

The Applicant, Veronica Nixon, was present, but was not represented by legal counsel. Victims of Crime Program (VOC) was represented on record by Rebecca Salazar, Program Manager.

ISSUE

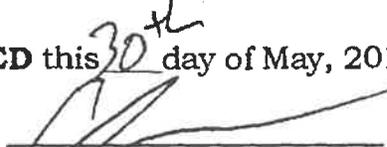
The Applicant appealed the Compensation Officer's determination dated April 17, 2018.

The issue before the Hearing Officer is Closure

DECISION AND ORDER

Based on the evidence and information submitted at the time of the hearing, including the statements of the Applicant Ms. Nixon and the information provided by the Compensation Officer. The Hearing Officer finds that the Applicant has not met the burden of proving that she is eligible for acceptance and payment of the benefits requested of the VOCP. It does not appear that Ms. Nixon expended the monies requested for reimbursement and the rationale for closing the claim appears proper given the evidence. Claim closure is hereby **AFFIRMED**. Board of Examiners Policy: Section 12

IT IS SO ORDERED this 30th day of May, 2018.



Carl Knauff
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 217.117, should any party desire to appeal this final decision of the Hearing Officer, a written request for appeal must be filed with the Appeals Officer within fifteen (15) days after the date of the decision by the Hearing Officer. Mail the **REQUEST FOR HEARING BEFORE THE APPEALS OFFICER** to: **APPEALS OFFICE, DEPARTMENT OF ADMINISTRATION, 2200 SOUTH RANCHO DRIVE SUITE 220, LAS VEGAS, NV 89102.**

000023

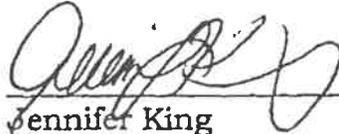
CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS NV 89102

Dated this 30th day of May, 2018.



Jennifer King
Employee of the State of Nevada

18-10036144-NP

**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION**

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1813791-MT
Claim Number: UNKNOWN

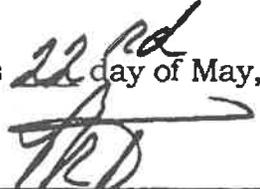
[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS, NV 89102

ORDER OF DISMISSAL

The Claimant's request for hearing was filed on APR 30, 2018, however, a hearing had not been scheduled based upon the Claimant's failure to include the DETERMINATION LETTER when filing the Request For Hearing. On May 3, 2018 the Claimant was notified via correspondence that failure to forward all the necessary information to the Department of Administration would result in a dismissal. The requested information has not been received. Therefore, pursuant to NRS616C.315 and NAC616C.2825 this matter is hereby **DISMISSED** without prejudice.

IT IS SO ORDERED this 22nd day of May, 2018.



**Megan Trenkler
Hearing Officer**

RECEIVED

MAY 28 2018

CCSI

APPEAL RIGHTS

Pursuant to NRS 616C.345(1), should any party desire to appeal this final decision of the Hearing Officer, a request for appeal must be filed with the Appeals Officer within thirty (30) days after the date of the decision by the Hearing Officer.

000026

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER OF DISMISSAL** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

[REDACTED]
[REDACTED]
[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS NV 89102

Dated this 22nd day of May, 2018.



Dan Baiza
Employee of the State of Nevada

DEPARTMENT OF ADMINISTRATION
Victims of Crime Program
2200 S. Rancho Drive, #210-A
Las Vegas, NV 89102

**NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE HEARINGS OFFICER**

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AT
FILE

2018 MAY -8 AM 10:03

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS OFFICER

In the Matter of the Contested)
Application for Compensation:)
Veronica Nixon,)
Applicant)

HEARING NO: 1813431-CK

VOCP NO: 18-10036144-NR

VOCP HEARING STATEMENT

Ms. Nixon's son passed away in September 2017, after being shot the previous June. VOCP initially denied Ms. Nixon's application, but approved it on April 12, 2018, after Ms. Nixon's successful appeal to the Appeals Officer.

On April 16, 2018, Ms. Nixon requested, via voice message, reimbursement of funeral expenses in the amount of \$5,000 and payment directly to her for grief counseling in the amount of \$5,000.

In January, based on the request of the Appeals Officer, Ms. Nixon submitted a funeral receipt as proof that she incurred charges for the funeral of her son. The receipt submitted indicated Ms. Nixon paid Hites Funeral Home in the amount of \$3,971.23. When VOCP verified that receipt with Hites Funeral Home, it was discovered that Ms. Nixon had altered the receipt. The actual receipt, provided by Hites Funeral Home, shows that same amount paid by a different person. The falsified receipt was not at issue before the Appeals Officer, so his Decision and Order did not rule on that issue.

Submitting false or fraudulent information or documents is grounds for claim closure. Therefore, the claim was closed upon request for reimbursement based on the fraudulent receipt.

Board of Examiner's Policy: Section Twelve. Claim Acceptance, Denial and Closure, and Reconsideration

7. Inactive Claims and Claim Closure

C. Claims may be closed for payment of further benefits when any of the following has occurred:

3) Suspected fraud, dishonesty or deceit.

4) Harassment of VOCP staff or VOCP contractors.

5) Failure to cooperate with VOCP staff or its contractors, or

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2

6) The applicant has violated any of the provisions of NRS 217 or the policies adopted herein.

Victims of Crime requests the Hearing Officer affirm the denial of this claim.

Dated this 8th day of May, 2018
Victims of Crime Program

000030

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing VOCP HEARING STATEMENT was duly mailed, postage prepaid to the following:

STATE OF NEVADA
HEARINGS DIVISION
2200 S RANCHO DR STE 210
LAS VEGAS, NV 89102

[REDACTED]
[REDACTED]
[REDACTED]

Dated this 8th day of May, 2018

Ashley Saeed
Employee of the State of Nevada

18-10036144-NR

BEFORE THE HEARINGS OFFICER

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1813791-MT
Claim Number: UNKNOWN

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS, NV 89102

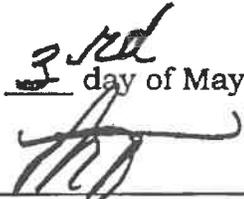
ORDER FOR ADDITIONAL INFORMATION

A Request for Hearing before the Hearing Officer was received on April 30, 2018. Pursuant to NRS 616C.315, The Department of Administration CANNOT set a hearing unless you can demonstrate that you received:

- (a) A copy of the letter of determination;
- (b) If the letter of determination is unavailable, the date of the determination and the issues stated in the determination; or
- (c) Proof that a letter of determination had been requested from the insurer or third-party administrator by the claimant.

A COPY OF THE DETERMINATION LETTER (A) OR THE DATE OF THE DETERMINATION AND THE ISSUES STATED IN THE DETERMINATION (B) OR PROOF THAT A LETTER OF DETERMINATION HAD BEEN REQUESTED FROM THE INSURER OR THIRD-PARTY ADMINISTRATOR BY THE CLAIMANT (C), MUST BE RECEIVED WITHIN 15 DAYS FROM THE DATE OF THIS ORDER. If we do not receive the determination of letter within that time frame, your "Request for Hearing Before the Hearing Officer" will be DISMISSED pursuant to NAC 616C.2825 for failure to comply with this Order for Additional Information.

IT IS SO ORDERED this 3rd day of May, 2018.


Megan Trenkler
Hearing Officer

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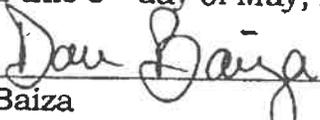
CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **ORDER FOR ADDITIONAL INFORMATION** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

[REDACTED]
[REDACTED] WOOD LN #280
[REDACTED] OR 97311

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS NV 89102

Dated this 3rd day of May, 2018.



Dan Baiza
Employee of the State of Nevada

**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION**

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MAY 01 2018

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In the matter of the Contested
Application for Compensation:

Hearing Number: 1813431-CK
Claim Number: 18-10036144-NR

[REDACTED]
[REDACTED]
[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS, NV 89102

NOTICE OF HEARING BEFORE THE HEARING OFFICER

Pursuant to the **Victim's** request for a Hearing Officer review of the Compensation Officer's Determination under Chapters 217 of the Nevada Revised Statutes, you are hereby notified a hearing will be held:

DATE: MAY 16, 2018
TIME: 3:00PM
PLACE: Department of Administration, Hearings Division
2200 South Rancho Drive, Suite 210
Las Vegas, NV 89102
Phone (702) 486-2525

The matter to be ascertained from this Hearing shall be whether the determination rendered by the Compensation Officer is proper.

If you would prefer to testify by telephone, please contact this office one week prior to the hearing date at 486-2525 with the appropriate information. Telephone hearings will generally take place within 1 hour of the time designated for the Hearing (see above).

NOTE: This Hearing will be scheduled on a **STACKED** calendar.

Dated this 26th day of April 2018.

Carl Knauff
Hearing Officer

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF HEARING BEFORE THE HEARING OFFICER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

[REDACTED]
[REDACTED]
[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS-VEGAS NV 89102

Dated this 26th day of April 2018.



Monica Medina, Legal Secretary II
Employee of the State of Nevada

000035

BRIAN SANDOVAL
Governor

PATRICK CATES
Director

MICHELLE MORGAN
Acting Coordinate



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Victims of Crime Program

Northern Nevada:
1050 E. William St. Ste. 400
Carson City, Nevada 89701
(775) 687-8428 | Fax (775) 687-8411

voc.nv.gov

Southern Nev
2200 S. Rancho Dr. Ste. 2
Las Vegas, Nevada 89
(702) 486-2740 | Fax (702) 486-2

April 17, 2018

Veronica Nixon
[Redacted Address]

RE: Claim No: 18-10036144-NR

Dear Ms. Nixon:

We received your voice message on April 16, 2018 requesting reimbursement in the amount of \$5,000 for funeral services for your son, and an additional \$5,000 payment to you for grief counseling.

On January 16, 2018 you submitted documentation requested by the Appeals Officer detailing funeral payments made on behalf of your son, [Redacted]. When we verified the documentation with Hites Funeral Home, we discovered that it had been falsified. The receipt you submitted indicated you made the payment, but the receipt we received from Hites indicated someone else made the payment. A representative from Hites Funeral Home confirmed that they payment they received did not come from you.

It appears the receipt you submitted was falsified to fraudulently gain reimbursement for an expense that you did not pay. Therefore, your claim is closed for fraud and no payments will be made.

Board of Examiner Policy:

Section Twelve. Claim Acceptance, Denial and Closure, and Reconsideration

7. Inactive Claims and Claim Closure

C. Claims may be closed for payment of further benefits when any of the following has occurred:

- 3) Suspected fraud, dishonesty or deceit.
- 4) Harassment of VOCP staff or VOCP contractors.

D. Claims may be closed for the payment of further benefits when the compensation officer provides applicant with written notice that:

- 1) the claim is being closeo, and

Sincerely,

Rebecca Salazar
Rebecca Salazar
Program Manager

APPEAL RIGHTS: If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to

Department of Administration Hearing Division
2200 S Rancho Drive, Suite 210
Las Vegas, NV 89102

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[Redacted]

[Redacted]

**HITES FUNERAL HOME AND CR
HENDERSON, NV
702-568-1747**

Reference Number: 1542

Account Number: [Redacted]

Card Type: Amex

Approval Code: [Redacted]

Date/Time: 9/21/2017 10:06:05 AM

Sale: \$3,971.23

Total: \$3,971.23

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

[Redacted Signature]

SIGNATURE

[Redacted]

(Uncle)

from [Redacted] in billing [Redacted]

7024862825

ST0FNVVOC

01:54:31 p.m. 01-16-2018

4/4

From:

01/16/2018 15:55

#435 P.004/004

Page 1 of 1

**HITES FUNERAL HOME AND CR
 HENDERSON, NV
 702-568-1747**

Reference Number: 1542
 Account Number: ██████████
 Card Type: Amex
 Approval Code: 124151
 Date/Time: 9/21/2017 10:08:05 AM

Sale: \$3,871.23

Total: \$3,971.23

Cardmember acknowledges receipt of goods
 and/or services in the amount of the total shown
 hereon and agrees to perform the obligations
 set forth by the cardmember's agreement with
 the issuer.

Kerwin N...

 SIGNATURE

36144-NR

RECEIVED

JAN 16 2018

CCSI

Voice message left Monday, April 16, 2018 @ 8:29 am on Alma Bustamante's voicemail by Veronica Nixon.

Yes, this is Veronica Nixon, [REDACTED] mother. We won, uh, in court, honey. The, his Victim of Crime? You're to pay me out \$5000 plus \$5000 more for my counseling for one year. They judge, um, stated that he sent out the minute order, you guys got that last week on Tuesday. Wednesday, Thursday, Friday and today it's Monday, it's been four or five days out that you're supposed to pay me out. You have not cut my check, I need my money now. You're not in the office, you didn't start uh, the process of payment last week. I need my money now and you need to give me a call at 4 [REDACTED] I need my check cut, if possible, today when you get in that office. Again, this is Veronica Nixon, [REDACTED] mother. You guys tried to uh, deny my son and we won. I fought you, and now I need compensation. I need my money now. Uh, I've waited three weeks now for my checks to start coming in. Again, uh, this is Veronica Nixon, please give me a call at [REDACTED]. You are to pay out his uh, funeral expense cost and my um, grieving counseling and I need my checks cut today. I'm not going to play no games with you, I'm not gonna wait no longer with you. We won. My child is now confiscated, confi, confi, compe uh compensated. I appreciate it. The uh, we were the victorious in this. That was so wrong how you deny and did my son and lied and said he had drugs on him and all of that. Well the judge found different, the police reports ain't reading that and we need our money now. Again, my number is [REDACTED].

36144-NR
vmisc

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BRIAN SANDOVAL
Governor

PATRICK CATES
Director



MICHELLE MORGANDO
Acting Coordinator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Victims of Crime Program

Northern Nevada:
1050 E. William St. Ste. 400
Carson City, Nevada 89701
(775) 687-8428 | Fax (775) 687-8411

voc.nv.gov

Southern Nevada:
2200 S Rancho Dr Ste 210-A
Las Vegas, Nevada 89102
(702) 486-2740 | Fax (702) 486-2825

April 12, 2018

Veronica Nixon
7710 Lyrewood Lane #280
Oklahoma City, OK 73132

RE. Claim No: 18-10036144-NR

Dear Ms. Nixon:

Pursuant to the Decision and Order issued by Appeals Officer Paul Lychuk on April 10, 2018, your application for the homicide of your son, [REDACTED], is approved. Please submit any crime related bills and receipts that you've incurred for reimbursement consideration.

Sincerely,

A handwritten signature in black ink that reads "Rebecca Salazar".

Rebecca Salazar
Program Manager

APPEAL RIGHTS If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to

Department of Administration Hearing Division
2200 S Rancho Drive, Suite 210
Las Vegas, NV 89102

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1 NEVADA DEPARTMENT OF ADMINISTRATION
2 BEFORE THE APPEALS OFFICER

FILED
APR 10 2018
APPEALS OFFICE

3 In the Matter of the Contested
4 Victims of Crime Claim

) VOC No: 18-10036144-NR

) Appeal No: 1803953-PL

5 of

6 VERONICA NIXON,

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7 Applicant.

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8
9 DECISION AND ORDER

10 This matter came on for hearing before the Appeals Officer on January 16, 2018 and March 19,
11 2018. The Applicant, VERONICA NIXON ("Ms. Nixon" or "the Applicant"), who resides out of state,
12 appeared by telephone and testified on her own behalf. The Victims of Crime Program ("VOCP") was
13 represented by Rebecca Salazar, Program Manager. After reviewing the evidence and hearing the
14 arguments of the parties, the Appeals Officer finds and decides as follows:
15

16 FINDINGS OF FACT

17 1. On June 27, 2017 the Applicant signed an application for benefits through the Victims
18 of Crime Program. The Application listed June 13, 2017 as the date of the incident wherein her son,
19 [REDACTED] was shot in the face. There were no witnesses to the shooting. [REDACTED] remained in a
20 coma after the shooting and succumbed to his injuries on September 9, 2017.

21 2. After reviewing the Claimant's application and its initial investigation of this matter, the
22 compensation officer for the Victims of Crime Program denied the claim on July 17, 2017 pursuant to
23 NRS 217.180 for contributory conduct, finding that [REDACTED] had been "involved in illegal activity at
24 the time of his death." The Applicant timely appealed, and the Hearing Officer affirmed VOCP's
25 decision to deny the application on September 12, 2017. The Applicant filed a timely appeal on
26 October 4, 2017.

27 3. At the initial hearing before the Appeals Officer, the Applicant testified that VOC was
28 not justified in denying her claim when there was no evidence of her son having been involved in any
illegal activity at the time he was shot. Ms. Nixon pointed out that her son had no criminal record; held

1 a job; was supporting a child and her mother; and was living with the mother and her child at the time
2 of the shooting. She further testified that his girlfriend could provide a statement of what she knew
3 leading up to [REDACTED] abruptly leaving the house on the night of the homicide. She further testified
4 that VOCP had incorrectly presumed that a small amount of marijuana said to have been found in his
5 pocket meant that he must have been involved in a drug deal at the time of the shooting. Ms. Nixon
6 asserted that under the circumstances there was insufficient justification for VOCP to deny her claim.

7 4. Ms. Salazar testified that according to the police the circumstances presented suggested
8 to them "a drug deal gone bad." The evidence presented noted that [REDACTED] was in the back seat of
9 the car at the time that he was shot and that the incident occurred in an alley behind a downtown hotel
10 at around 3 a.m.

11 5. The Appeals Officer continued the matter to February 21, 2018 for the Police Incident
12 Report and any other related information to be obtained by both parties and to be taken into
13 consideration by the VOCP. The matter was then continued at the request of Ms. Nixon to February 28,
14 2018 for a telephone status conference as to progress with obtaining the requested information,
15 including the police report, at which time the matter was reset for hearing on March 19, 2018.

16 6. On February 12, 2017, the Appeals Officer had received an email from [REDACTED]
17 [REDACTED] that then was forwarded to VOCP, stating, as follows:

18 Hi, my name is [REDACTED] to whom it may concern I am the girlfriend and child's mother
19 of the victim, [REDACTED]. That was a homicide victim of a shooting that occurred June 13th at
20 3:30 in the morning. [REDACTED] and I were living together at 3227 Yolanda Ln Las Vegas, NV 89121.
21 The night of June 12 around 11:49 just before midnight. Justin received a phone call, he sat on the
22 phone not saying anything, not even a whole minute later, he proceeded to tell me, he would be
right back and he loved me. He had a long day that day he was tired and ready for bed, he left his
sweat pants on that he was going to sleep in and just put on his blue Nike sweater. He had our
house keys, his phone and his wallet, he left with nothing else.

23 I woke up the morning of June 13 in a panic, because it was not like Justin to not come back
24 home, especially as late as it was. I proceeded to call his phone, it would ring all the way to the
25 voicemail. After numerous of times calling the phone then would go straight to voicemail, as if the
26 phone was powered off. I knew then something was wrong. I immediately turned on the news, as
27 me and Justin would watch every morning. That's when I would come to see that there was a
28 shooting with three victims, 2 dead and 1 in critical condition in late 20s that was shot in the face. I
went to the news report off Google on my phone when I seen the location of the shooting. I knew
then I had to get to the crime scene immediately to see if this was [REDACTED] as one of the victims. I
arrived to the scene on Valley View, in a panic running up to, what I seen a vehicle crashed with
blood and glass everywhere. I was stopped by a detective, who I described [REDACTED] to, how he
looked and was wearing. This is when he told me to go to UMC trauma to identify him. I went
and I identified him at the hospital.

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1 7. The Appeals Officer received from Salazar a copy of a September 19, 2017 email that it
2 had received from the police in response to VOCP's previous inquiry after the death of [REDACTED],
3 which reads in relevant part, as follows:

4 The day of the homicides, paramedics found marijuana in [REDACTED] possession and
5 another victim had Ecstasy on him. This is what we used to base our assumption that it
6 may have been a drug deal gone wrong. Unfortunately, the three victims are now
7 deceased, and the suspect invoked his right to have an attorney present during the
8 interview, so we may never know what exactly happened.

9 8. The matter then reconvened for further hearing on March 19, 2018. The Applicant
10 reiterated that her claim should be accepted and that she is seeking to be reimbursed for funeral
11 expenses and to begin receiving counseling to deal with the loss of her son. VOCP reiterated that even
12 if Ms. Nixon's claim was accepted the limited benefits that she could receive under her claim included
13 counseling and the reimbursement of funeral expenses that she was personally out of pocket and that
14 the billing record submitted by Ms. Nixon was not for expenses that she had paid personally.

15 9. The Appeals Officer noted that the suspect was said to have been recently indicted for
16 murder and robbery. VOCP was asked to see if any additional information, including the grand jury
17 transcript, was now available regarding the charged crimes, and to submit the same no later than April
18 9, 2018.

19 10. On March 27, 2018, Ms. Salazar advised that she had contacted the D.A.'s office and in
20 response to her request for the evidence that had been used to indict the suspect she was provided the
21 charging document, which is already in evidence in this matter. Under these proceedings, the facts and
22 circumstances that led to the homicides thus remain unknown.

23 11. [REDACTED] was sitting in the back seat and not in control of the vehicle in which he was
24 shot, and the circumstances that led the three victims to the ally where they were shot are unknown.

25 12. According to [REDACTED] girlfriend, he was not expected to be gone long when he left
26 the house unarmed in his sleeping clothes around midnight in response to a telephone call. She also said
27 in her statement that [REDACTED] was tired from a long day and that she expected him back soon.

28 ///

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1 CONCLUSIONS OF LAW

2 1. NRS 217.180(1) provides:

3 In determining whether to make an order for compensation, the
4 compensation officer shall consider the provocation, consent or any
5 other behavior of the victim that directly or indirectly contributed
6 to his injury or death, the prior case or social history, if any, of the
7 victim, the need of the victim or his dependents for financial aid
8 and other relevant matters.

9 2. The Appeals Officer finds that there is insufficient evidence to conclude that it is more
10 likely than not the murder and robbery of [REDACTED] stemmed from his own conduct or that
11 his own conduct contributed to the robbery and his murder.

12 3. The Appeals Officer finds that the facts and circumstances presented are insufficient to deny
13 the Applicant's claim.

14 ORDER

15 Based on the evidence and testimony presented in this matter, IT IS HEREBY ORDERED that
16 the Compensation Officer's July 17, 2017 denial of benefits be **REVERSED** and the matter is
17 **REMANDED** to VOCP. The Applicant has established an entitlement to benefits that are provided
18 under the VOCP.

19 IT IS FURTHER ORDERED that on remand, VOCP shall determine and provide to the
20 Applicant the specific benefits under her accepted claim to which she is entitled by the program.

21 DATED this 10th day of April, 2018.

22 
23 PAUL LYCHUK
24 APPEALS OFFICER

25
26
27 NOTICE: Pursuant to NRS 217.117, should any party desire to appeal this final determination
28 of the Hearing Officer, a written request for an appeal must be filed with the State Board of
Examiners, 209 E. Musser, #200, Carson City, NV 89710, within fifteen (15) days of the date of
this decision.

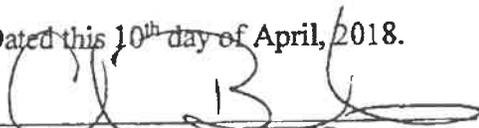
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CERTIFICATE OF MAILING

3 The undersigned, an employee of the State of Nevada, Department of Administration, Hearings
4 Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing
5 **DECISION AND ORDER** was duly mailed, postage prepaid OR placed in the appropriate addressee
runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las
Vegas, Nevada, to the following:

6 [REDACTED]
7 [REDACTED] 1

8 VICTIMS OF CRIME PROGRAM
9 2200 S RANCHO DR STE 210-A
LAS VEGAS NV 89102

10 Dated this 10th day of April, 2018.

11 
12 Chris Beals, Legal Secretary II
Employee of the State of Nevada

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Rebecca D. Salazar

From: Rebecca D. Salazar
Sent: Tuesday, February 27, 2018 12:42 PM
To: Christopher Beals
Subject: RE: Veronica Nixon-1803953-PL - Victims of Crime

11am please.

Rebecca Salazar
Program Manager
Victims of Crime
(702) 486-2744

From: Christopher Beals
Sent: Tuesday, February 27, 2018 12:40 PM
To: Rebecca D. Salazar
Subject: Veronica Nixon-1803953-PL - Victims of Crime

I have vacated the hearing.

Per the A/O:

This hearing has been vacated. Ms. Nixon called today stating that she is still gathering the police report. She stated the report is being mailed to her and it will now arrive in time for the hearing.

The following reset day is available:

March 19 @ 11am or 1pm

Please Advise.

Christopher Beals
State of Nevada Hearings and Appeals Div.
2200 South Rancho Drive Suite 210
Las Vegas NV 89102
Ph. 702-486-2533 Fx. 702-486-2879
Click to take our survey: <http://www.surveymonkey.com/s/X8STFT8>

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From: Christopher Beals
Sent: Monday, February 12, 2018 10:02 AM
To: 'Malaysian Dickson'

000046

Cc: Rebecca D. Salazar

Subject: RE: Second half(Witness Testimony) - Case# 1803953-PL - Veronica Nixon - Victims of Crime

Witness Statement received. Thank you.

Christopher Beals

State of Nevada Hearings and Appeals Div.

2200 South Rancho Drive Suite 210

Las Vegas NV 89102

Ph.702-486-2533 Fx. 702-486-2879

Click to take our survey: <http://www.surveymonkey.com/s/X8S1F18>

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From: [REDACTED]@gmail.com]

Sent: Monday, February 12, 2018 9:59 AM

To: [REDACTED]

Subject: Second half(Witness Testimony)

I woke up the morning of June 13 in a panic, because it was not like Justin to not come back home, especially as late as it was. I proceeded to call his phone, it would ring all the way to the voicemail. After numerous of times calling, the phone then would go straight to voicemail, as if the phone was powered off. I knew then something was wrong. I immediately turned on the news, as me and [REDACTED] would watch every morning. That's when I would come to see that there was a shooting with three victims, 2 dead and 1 in critical condition in late 20s that was shot in the face. I went to the news report off Google on my phone when I seen the location of the shooting. I knew then I had to get to the crime scene immediately to see if this was [REDACTED]'s one of the victims. I arrived to the scene on Valley View, in a panic running up to, what I seen a vehicle crashed with blood and glass everywhere. I was stopped by a detective, who I described [REDACTED], how he looked and was wearing. This is when he told me to go to UMC trauma to identify him. I went and I identified him at the hospital.

000047

RECEIVED
FEB 07 2018
VOCCO - LV

FILED
FEB - 7 2018
APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

VERONICA NIXON,

Claimant.

Claim No: 18-10036144-NR

Appeal No: 1803953-PL

RECEIVED
FEB 07 2018

CCSI

NOTICE OF RESETING

TO ALL PARTIES-IN-INTEREST:

PLEASE TAKE NOTICE that the above-captioned matter will now be heard in front of
the Appeals Officer for a **HEARING** on:

DATE: February 21, 2018

TIME: 10:00AM

PLACE: DEPARTMENT OF ADMINISTRATION
2200 SOUTH RANCHO DRIVE #220
LAS VEGAS, NV 89102

PLEASE TAKE FURTHER NOTICE that previously scheduled hearing dates in this
matter, if any, are hereby vacated and reset to the above referenced date and time.

###

**CONTINUANCE OF THIS SCHEDULED HEARING DATE SHALL ONLY BE
CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.**

###

IT IS SO ORDERED this 7th day of February, 2018.



PAUL LYCHUR, ESQ.
APPEALS OFFICER

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing NOTICE OF RESETTING was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:



VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS NV 89102

Dated this 7th day of February, 2018.

A handwritten signature in cursive script, appearing to read 'Chris Beals'.

Chris Beals, Legal Secretary II
Employee of the State of Nevada

000071

Brian Sandoval
Governor



36144 nm

Patrick Cates
Director

Michelle L. Morgando, Esq.
Acting Senior Appeals Officer

Northern Nevada:
Hearing Office
1050 E. William St., Ste. 400
Carson City, Nevada 89701
(775) 687-8440 | Fax (775) 687-8441

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Hearings Division
<http://hearings.state.nv.us>

Southern Nevada:
Hearing Office
2200 S. Rancho Drive, Ste. 210
Las Vegas, Nevada 89102
(702) 486-2525 | Fax (702) 486-2879

Appeals Office
1050 E. William St., Ste. 450
Carson City, Nevada 89701
(775) 687-8420 | Fax (775) 687-8421

Appeals Office
2200 S. Rancho Drive, Ste. 220
Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

JANUARY 23, 2018

[REDACTED]

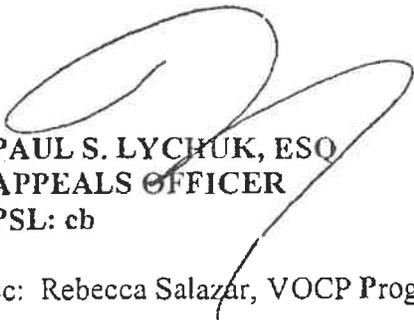
Re: NIXON, VERONICA; Appeal # 1803953-PL

Dear Ms. Nixon,

In light of the attached letter January 17, 2018 from Victims of Crime Program Manager, Rebecca Salazar, please explain [REDACTED] involvement with your application for benefits, as he appears to be the person who paid the funeral expenses that you are seeking to be reimbursed for from VOCP.

The telephone status hearing remains scheduled for February 21, 2018 at 11:00 a.m., at which time the Hearing Officer will contact both parties.

Very truly yours,


PAUL S. LYCHUK, ESQ
APPEALS OFFICER
PSL: cb

cc: Rebecca Salazar, VOCP Program Manager

000072



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Northern Nevada
1050 E. William St. Ste. 400
Carson City, Nevada 89701
(775) 687-8428 | Fax (775) 687-8411

Victims of Crime Program

voc.nv.gov

Southern Nevada
2200 S Rancho Dr. Ste. 21
Las Vegas, Nevada 89
(702) 486-2740 | Fax (702) 486-28

January 17, 2018

Appeals Officer Paul Lychuk
Appeals Office
2200 S Rancho Dr Ste 220
Las Vegas, NV 89102

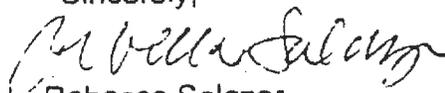
RE: Appeal No.: 18-10036144-NR
Applicant: Veronica Nixon

Dear Appeals Officer Lychuk:

Pursuant to your direction during the hearing yesterday, January 16, 2018, the Victims of Crime Program (VOCP) is in receipt of documents faxed by Ms. Nixon. The documents received are a receipt from Hites Funeral Home and a criminal complaint from the Justice Court Vegas Township detailing charges against [REDACTED]

VOCP program staff contacted Hites Funeral Home in an attempt to verify the funeral receipt. Information received from Hites' billing personnel indicates the funeral bill in the amount of \$3,971.23 was paid by [REDACTED] who, according to them, is the victim's uncle. Hites immediately faxed their receipt to VOCP. The receipt VOCP received from Hites is exactly the same as the receipt provided by Ms. Nixon, with the exception of the signature. It appears as if Ms. Nixon submitted a falsified receipt in order to fraudulently gain reimbursement from VOCP for an expense she did not pay.

Sincerely,


Rebecca Salazar
Program Manager

cc: Veronica Nixon

RECEIVED
JAN 22 2018

CCM

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STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

RECEIVED

NOV 21 2017

DEPT. OF ADMINISTRATION
HEARINGS DIVISION
CARSON CITY

July 17, 2017

VERONICA NIXON

[REDACTED]
[REDACTED]

RE: Claim Number: 18-10036144-NR
Victim: [REDACTED]
Date Of Crime: [REDACTED]

Your application for benefits from the Victims of Crime Program has been denied. This denial is based on the information you have provided in your application and/or the law enforcement crime report.

The decision to deny your application is based on VOCP policies concerning:

- Victim was injured while committing a crime.
- Victim actions contributed to their injuries.

APPEAL RIGHTS: If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to:

Department of Administration Hearing Division
1050 E. William St. Suite 400
Carson City, NV 89701
Fax: (775) 687-8441

Authorized Representative
Victims of Crime Program

000122 JES
12/19/17 9:00
SA

I am requesting MARIUM VITUM
Cooperation against gun shot
VITUM [REDACTED] has I struck
the motion of denial on perjury
from homicide your court report
never proven a crime or arrest
numbers for contributory was now
3 months the VITUM motion removed
Nixon has requested and was attacked
by court 3 murders including my
child by an unknown assassin
without I am a witness the family
of [REDACTED] born to belong
Holston on his family at the time
is shot and killed my 26 year old child
William SURUWE until 2 Sept-9-2017
at midnight lost left eye and
went to constructive surgery and
left in diapers breathing tube
Baby food and a vegetative state
of mind while his unborn
daughter was born Oct-5-2015
[REDACTED] expired Sept-9-2015
never holding his baby and dying
in shame on a person of no
regard for human life or threat
He left a 2 million dollar medical bill 00012

7,000 in FURNELL expenses and
three children ZAKIS and one boy
to SUPPORT FINANCIAL ASSISTANCE WAS
NEVER OFFERED FROM STATE OR SUBSIDIZED
HOUSING, TRANSPORTATION MATTER LEAVING
IN OAKCREEK CITY LOST TRAVEL LODGING
FOOD CLOTHING HYGIENE ON JUNE 13 2017
ARRIVING TO A BLOODY MESS THAT THE
LAS VEGAS NEWS TO A DYING 75T
BOUN SON TO NOURISH FROM THE 9 WERE
TO HAVE HIM DIE AND NOT FROM THE STATE
OF NEVADA BY YOUR RESIDENT 9
MUSIC MURDER KOLON HELSTON AND
INSULT MY CHILD BY DENYING HIM
HIS RIGHTS HOW TO A CHILD DUE TO
HIM DIDNT BRING DEATH IT CAME
UPON NO CRIMINAL CHARGES IN THE
CASE INVOLVING HOMICIDE PROCEEDED
FROM ALING UNDER JUSTIN BROOKES
STOWS ARREST SO THE CASE IS RIGHTEOUSLY
HIS WE PAID FOR EVERYTHING SURVIVED
AND BURIED MY CHILD BUT HIS ICID
WHAT IS 1 MONTH OLD LEVELS TO TELL
THE STORY PLEASE HELP HIM TO HELP
HIS LAW BIDDING CITIZEN WITNESSED
SHOT IN TEMBLE AND EXPLODED SEPT 9 17
NO CRIMINAL ACTIVITY STATUS THANK YOU
MEMORIAL

000924

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF HEARING BEFORE THE HEARING OFFICER** was deposited into the State of Nevada Interdepartmental mail system, **OR** with the State of Nevada mail system for mailing via United States Postal Service, **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 1050 E. Williams Street, Suite 400, Carson City, Nevada, to the following:

[REDACTED]

REBECCA SALAZAR VOCP
VICTIMS OF CRIME
PO BOX 94525
LAS VEGAS, NV 89193-1525

Dated this 28th day of November, 2017.

Annette Petro

Annette Petro
Employee of the State of Nevada

000125

RECEIVED
NOV 30 2017
VOCCO - LV

BEFORE THE APPEALS OFFICER

FILED
NOV 27 2017
APPEALS OFFICE

2 In the Matter of the Contested)
3 Victims of Crime Claim of:)
4)
5 VERONICA NIXON,)
6)
7 Applicant.)

Claim No: 18-10036144-NR
Appeal No: 1803953-PL

7 NOTICE OF RESETTING

8 TO ALL PARTIES OF INTEREST:

9 PLEASE TAKE NOTICE that the above-captioned matter scheduled for a hearing on:

10 DATE: January 16, 2018

11 START TIME: 11:00AM

12 PLACE: Appeals Office Hearing Room
13 2200 South Rancho Drive, Suite #220
14 Las Vegas, NV 89102
15 Phone: (702) 486-2527

16 PLEASE TAKE FURTHER NOTICE that previously scheduled hearing dates in this matter, if
17 any, are hereby vacated and reset to the above referenced date and time.

18 CONTINUANCES OF THIS SCHEDULED HEARING DATE SHALL ONLY BE
19 CONSIDERED ON WRITTEN APPLICATION SUPPORTED BY AFFIDAVITS.

20
21 IT IS SO ORDERED this 27th day of November, 2017.

22 
23 Paul Lychuk, Esq.,
24 APPEALS OFFICER

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing NOTICE OF RESETTING was duly mailed, postage prepaid OR placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #220, Las Vegas, Nevada, to the following:

[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS NV 89102

Dated this 27th day of November, 2017.


Chris Beals, Legal Secretary II
Employee of the State of Nevada

000127

Brian Sandoval
Governor



18-36144-NR

Patrick Cates
Director

Michelle L. Morgando, Esq.
Acting Senior Appeals Officer

Northern Nevada:
Hearing Office
1050 E. William St., Ste. 400
Carson City, Nevada 89701
(775) 687-8440 | Fax (775) 687-8441

Appeals Office
1050 E. William St., Ste. 450
Carson City, Nevada 89701
(775) 687-8420 | Fax (775) 687-8421

[REDACTED]
[REDACTED]
[REDACTED]

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Hearings Division

<http://hearings.state.nv.us>

November 7, 2017

Southern Nevada:
Hearing Office
2200 S Rancho Drive, Ste. 210
Las Vegas, Nevada 89102
(702) 486-2525 | Fax (702) 486-2879

Appeals Office
2200 S. Rancho Drive, Ste. 220
Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

Dear Mrs. Nixon,

A hearing on your appeal of the denial of your application for VOCP benefits convened today. We were unable to reach you at the phone numbers VOCP has on file.

Please contact this office no later than December 8, 2017 if you wish to proceed with your appeal. Otherwise, your appeal will be considered abandoned and will be dismissed.

Sincerely,

Paul Lychuk, Esq.
Hearing Officer

Cc Rebecca Salazar, VOCP

000130

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the Matter of the
Contested Victims of
Crime Claim,

of

VERONICA NIXON,

Claimant

Claim No.: 18-10036144-NR

Appeal No.: 1803953-PL

TRANSCRIPT OF PROCEEDINGS
BEFORE THE
HONORABLE PAUL LYCHUK, ESQ.
APPEALS OFFICER

NOVEMBER 7, 2017

10:16 AM

2200 SOUTH RANCHO DRIVE, SUITE 220
LAS VEGAS, NEVADA 89102

Ordered by: Victims of Crime Program
2200 South Rancho Drive, Suite 210A
Las Vegas, NV 89102

Transcribed By: Jaime Caris, Always On Time

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A P P E A R A N C E S

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On behalf of the Claimant:

[None]

On behalf of the Program:

Rebecca Salazar

Victims of Crime Program

2200 South Rancho Drive, Suite 210A

Las Vegas, Nevada 89102

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I N D E X

EXAMINATION DIRECT CROSS REDIRECT RE CROSS

[None]

E X H I B I T S

IDENTIFIED ENTERED

EVIDENCE

[None]

P R O C E E D I N G S

1
2 APPEALS OFFICER: Okay. This was the time set for
3 the hearing of the appeal filed by Veronica Dixon, the mother
4 of a-

5 REBECCA SALAZAR: [REDACTED]s.

6 APPEALS OFFICER: [REDACTED], who was shot and
7 the issue has to do with whether or not there was contributory
8 conduct. We have a statement from the police detective who's
9 investigating this because there were three victims, two of
10 which are deceased and possibly even [REDACTED]ow-who just
11 indicates that because there were some marijuana found in the-
12 [REDACTED]s pocket, that this may have been a drug deal gone
13 bad.

14 I've asked Ms. Salazar, who's present, to see if
15 there's additional information out there in terms of the
16 totality of the circumstances that has led the detective to
17 this conclusion, in terms of where did this happen? When did
18 it happen? And, what the DA's Office may know or have with
19 regard to the circumstances.

20 Mrs. Nixon is asserting that her son was an innocent
21 victim in the wrong place at the wrong time. And so, Ms.
22 Salazar will obtain further information. We've tried to reach
23 Ms. Nixon this morning, but she's not answering at the phone
24 numbers that we have for her. So, we'll send out something to
25 her by mail, as the mail has not been returned and see if she

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1 responds that way. Otherwise the case will be concluded and
2 we'll have whatever additional information Ms. Salazar obtains
3 from the DA's Office or from the Metropolitan Police
4 Department. Okay?

5 I'll status check it for 30 days. Thank you.

6 REBECCA SALAZR: Okay, thank you.

7 [end of proceeding 10:18:14]

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CERTIFICATE OF TRANSCRIPT

I, Jaime Caris, as the Official Transcriber, hereby certify that the attached proceedings before the Judge,

In the Matter of the
Contested Victims of
Crime Claim,

of

VERONICA NIXON,

Claimant

Claim No.: 18-10036144-NR

Appeal No.: 1803953-PL

were held as herein appears and that this is the original transcript thereof and that the statements that appear in this transcript were transcribed by me to the best of my ability.

I further certify that this transcript is a true, complete and accurate record of the proceeding that took place in this matter on November 7, 2017 in Las Vegas, Nevada.



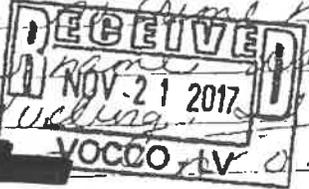
Jaime Caris
Always On Time
January 7, 2019

000136

please request medical bill for payment - umc - OCT. 24. 2017

I am requesting 2 million umc medical dollars from victim of crime in a mother's random gun shooting slaying of 3 children

Three victims shot in their head on June 13, 2017. [redacted] case number under [redacted] has given over at [redacted] having secured [redacted] have attached [redacted]



36144

Was unarmed no drugs found. pieces of metal thrown by trash can brought to umc trauma center with patient in critical condition by metropolitan homicide officer [redacted] mcgarrett. report filed June 13, 2017 assault in custody three murder charges set on hold. which my child is a victim of crime working injuries of 2 million is hospital bill, left in vegetative state, leaving three children behind and a new born. Victim assistance for funeral expenses: [redacted] expressed on Sept-9-2017 of a gunshot wound to temple where he was also robbed by his assailant in gun Las Vegas NV State. Where victim compensation has not yet been disbursed for 5 months following attack to head/body from his children 10 thousand a month for rest of their lives and 10 thousand for funeral expenses, travel, and motel room board. food, gas. please release payment we have proof Justin Bull's didn't inflict this on himself

DEPARTMENT OF ADMINISTRATION
Victims of Crime Program
2200 S. Rancho Drive, #210-A
Las Vegas, NV 89102

RECEIVED 1
NOV 13 2017

CCSI

**NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER**

In the Matter of the Contested)
Application for Compensation:)
Veronica Nixon,)
Applicant)
_____)

APPEAL NO: 1803953-PL
VOCP NO: 18-10036144-NR

VOCP APPEAL STATEMENT

The application was submitted on July 5, 2017 for the shooting of Ms. Nixon's son, [REDACTED]. The claim was denied on July 17, 2017 due to contributory conduct. According to information received from the Las Vegas Metropolitan Police Department, Ms. Nixon's son was involved in illegal activity at the time of his death. Mr. Nixon's conduct is considered contributory.

VOCP's determination was upheld by Hearing Officer Steven Evans after the hearing on September 7, 2017.

NRS 217.180 Order for compensation: Considerations.

1. Except as otherwise provided in subsection 2, in determining whether to make an order for compensation, the compensation officer shall consider the provocation, consent or any other behavior of the victim that directly or indirectly contributed to the injury or death of the victim, the prior case or social history, if any, of the victim, the need of the victim or the dependents of the victim for financial aid and other relevant matters.

Board of Examiner Policy; Section Nine. Limitations on Compensation

1. Contribution: General Considerations

- A. To the extent the victim's acts or conduct provoked or contributed to the victim's injuries, the VOCP may deny the award to the applicant.
- B. To qualify for VOCP benefits, the applicant must not have participated in the crime that led to the victimization.
- C. Claims may be denied where the victim was engaged in illegal activities, or was committing a crime under Nevada law at the time of their injuries.

Victims of Crime requests the Appeals Officer affirm the denial of this claim.

Dated this 23rd day of October, 2017
Victims of Crime Program

P31 DA- [REDACTED] was
shot while sitting in a car in an alley
@ 3:28 am. Girlfriend is believed to
have guardianship of him while he
was incapacitated, but he has since
passed away.

000138

FILED

OCT 12 2017

APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Victims of Crime Claim of:

VERONICA NIXON,

Applicant.

Claim No: 18-10036144-NR

Appeal No: 1803953-PL

NOTICE OF HEARING

YOU ARE HEREBY NOTIFIED that a hearing will be held in the above-entitled matter before the Appeal Officer on:

Date: November 7, 2017

Start Time: 10:00AM

Place: Appeals Office Hearing Room
2200 South Rancho Drive, Suite #220
Las Vegas, NV 89102
Phone: (702) 486-2527

Should the Victim wish to make his/her appearance via telephone he or she may contact this office prior to the date of the hearing and request a telephone hearing from the Appeals Officer.

IT IS SO ORDERED this 12th day of October, 2017.



Paul Lychuk, Esq.
APPEALS OFFICER

RECEIVED

OCT 12 2017

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1862825

ST OF NV VOC

0: .54 p.m.

OCT. 03 2017
VEGAS NV

**REQUEST FOR HEARING BEFORE THE APPEALS OFFICER
NEVADA DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION**

In the matter of the Contested
Application for Compensation:

Hearing Number: 1800841-SE
Claim Number: 18-10036144-NR

VERONICA NIXON

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS, NV 89102

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: September-7-2017

(Please attach a copy of the Hearing Officer's Decision)

PERSON REQUESTING APPEAL: (circle one) CLAIMANT/EMPLOYER/INSURER

REASON FOR APPEAL:

[REDACTED] WAS UNARMED, NO KNIFE, ONLY
SMITH'S LICENSE WAS FOUND BY TRAFFIC CAR, AFTER HE WAS ASSAULTED
ON JUNE 13 2017 BY RALPH HULSTON WITH A PREScription WAS LEFT BUT NOT CALLED
FOR DETECTIVE IS NOT HAS EVIDENCE TO MAKE A ARREST JUNE 17 2017 WITH
If you are represented by an attorney or other agent, please print the name and address below.

HE FACES 3 MURDER WANTS MY CITY WAS TOLD OUT AT TWO W/ FACE

Name of Attorney or Representative

Veronica Nixon
Person requesting this hearing (please print)

HEARD
SHOOT

Address

Veronica Nixon
Person requesting this hearing (signature)

City, State, Zip Code

Veronica Nixon

Telephone Number

Telephone Number

Date Sept. 15. 17

If you are appealing the Hearing Officer's decision, file this form no later than fifteen (15) days after that decision at:

NEVADA DEPARTMENT OF ADMINISTRATION
APPEALS OFFICE
2200 S RANCHO DRIVE, SUITE 220
LAS VEGAS, NV 89102
(702) 486-2527

Francise Regina Porter at [REDACTED]
myself as Victim of Crime application on
stein books on June 17 2017. Detective is
being treated on benefits on contribution
I son was not under arrest go to Facebook.com
09916 LAS VEGAS NV
1803953- PL

BRIAN SANDOVAL
Governor

PATRICK CATES
Director



MICHELLE MORGANDO
Coordinator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Victims of Crime Program

Northern Nevada:
1050 E. William St. Ste. 400
Carson City, Nevada 89701
(775) 687-8428 | Fax (775) 687-8411

voc.nv.gov

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

September 20, 2017

Veronica Nixon
[REDACTED]

RE: Claim No.: 18-10036144-NR

Dear Ms. Nixon:

Pursuant to the Decision and Order issued by Hearing Officer Steven Evans on September 12, 2017, the Victims of Crime Program (VOCP) has made another attempt to obtain information about the crime against your son on June 13, 2017.

The detective working the case has confirmed his belief that your son was involved in illegal activity at the time of the crime. [REDACTED] conduct is considered contributory and excludes him from assistance from this program. Therefore, this claim will remain denied.

NRS 217.180 Order for compensation: Considerations.

1. Except as otherwise provided in subsection 2, in determining whether to make an order for compensation, the compensation officer shall consider the provocation, consent or any other behavior of the victim that directly or indirectly contributed to the injury or death of the victim, the prior case or social history, if any, of the victim, the need of the victim or the dependents of the victim for financial aid and other relevant matters

Board of Examiner Policy: Section Nine. Limitations on Compensation

1. Contribution: General Considerations

- A. To the extent the victim's acts or conduct provoked or contributed to the victim's injuries, the VOCP may deny the award to the applicant.
- B. To qualify for VOCP benefits, the applicant must not have participated in the crime that led to the victimization.
- C. Claims may be denied where the victim was engaged in illegal activities, or was committing a crime under Nevada law at the time of their injuries.

Sincerely,

Rebecca Salazar
Program Manager

cc. file

APPEAL RIGHTS. If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to:

Department of Administration Hearing Division
2200 S Rancho Drive, Ste 210
Las Vegas, NV 89102

RECEIVED
SEP 20 2017 9

CCSI

Ashley Sculthorpe

claim # 36144

From: [REDACTED]
Sent: Tuesday, September 19, 2017 3:48 PM
To: Ashley Sculthorpe
Subject: RE: Event #170613-0384 (VOC#36144 [REDACTED])

RECEIVED
SEP 19 2017
CCSI

From the information we've obtained during the investigation [REDACTED] mother hadn't been in his life for over 20 years. She only inserted herself back into his life after he was shot. The day of the homicides, paramedics found marijuana in Brooks' possession and another victim had Ecstasy on him. This is what we used to base our assumption that it may have been a drug deal gone wrong. Unfortunately, the three victims are now deceased and the suspect invoked his right to have an attorney present during the interview so we may never know what exactly happened.

From: Ashley Sculthorpe [mailto:asculthorpe@admin.nv.gov]
Sent: Tuesday, September 19, 2017 1:44 PM
To: [REDACTED] <[REDACTED]@LVMPD.COM>
Subject: Event #170613-0384 (VOC#36144 [REDACTED])

Hello Detective [REDACTED]

You filled out a Police Verification Form for us for this case.
The mother insists that the information is incorrect.
Is there any additional information that you can give me about this case?

Thank you

Ashley Sculthorpe
Admin Assistant II
Victims of Crime
(702) 486-2743
asculthorpe@admin.nv.gov

SEP 19 2017
LV

000150

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Application for Compensation:

Hearing Number: 1800841-SE
Claim Number: 18-10036144-NR

VERONICA NIXON
[REDACTED]
[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS, NV 89102

The Applicant's request for hearing was filed on July 20, 2017 and a hearing was scheduled for and held on **September 7, 2017** before Hearing Officer Steven Evans, in accordance with Chapter 217 of the Nevada Revised Statutes.

The Applicant, VERONICA NIXON, was present via telephone conference. Victims of Crime Program (VOCP) was represented on record by Eugene Johnson, Compensation Specialist for the State of Nevada VOCP.

ISSUE

The Applicant appealed the Compensation Officer's determination dated July 17, 2017.

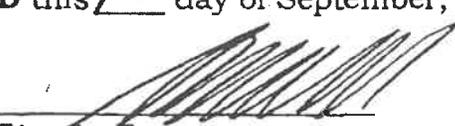
The issue before the Hearing Officer is CLAIM DENIAL.

DECISION AND ORDER

In this case the Applicant is apparently the mother of the Applicant. Ms. Nixon provided a written explanation of her case wherein she contends that her son was an innocent victim of a gun-shot and should receive assistance from the State Victims of Crime Program (VOCP). The documents submitted by the VOCP include the police reports which seem to indicate that there was an aspect of contributory conduct. However, there is no narrative report or explanation of the facts of the case.

Therefore, in an effort at achieving further clarity - the matter is hereby **REMANDED** for the State VOCP to attempt to gather clarity and further explanation from the Metro detectives. Upon review of any additional information - new determinations shall be issued by the VOCP.

IT IS SO ORDERED this 12 day of September, 2017.


Steven Evans
Hearing Officer

APPEAL RIGHTS

Pursuant to NRS 217.117, should any party desire to appeal this final decision of the Hearing Officer, a written request for appeal must be filed with the Appeals Officer within fifteen (15) days after the date of the decision by the Hearing Officer. Mail the REQUEST FOR HEARING BEFORE THE APPEALS OFFICER to: APPEALS OFFICE, DEPARTMENT OF ADMINISTRATION, 2200 SOUTH RANCHO DRIVE SUITE 220, LAS VEGAS, NV 89102.

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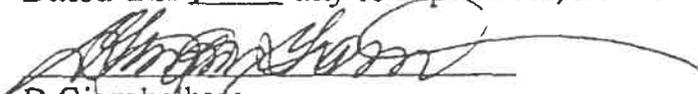
CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **DECISION AND ORDER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

[REDACTED]
[REDACTED]
[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS NV 89102

Dated this 12th day of September, 2017.



D Giambelluca
Employee of the State of Nevada

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DEPARTMENT OF ADMINISTRATION
Victims of Crime Program
2200 S. Rancho Drive, #210-A
Las Vegas, NV 89102

S-7
2:30 pm

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS OFFICER

2017 AUG 17 AM 9:07

**NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE HEARINGS OFFICER**

In the Matter of the Contested)
Application for Compensation:)
Veronica Nixon,)
Applicant)

HEARING NO: 1800841-SE

VOCP NO: 18-10036144-NR

VOCP HEARING STATEMENT

The application was submitted on July 5, 2017 for the shooting of Ms. Nixon's son, [REDACTED]. The claim was denied on July 17, 2017 due to contributory conduct. According to information received from the Las Vegas Metropolitan Police Department, Ms. Nixon's son was involved in illegal activity at the time of his death. [REDACTED] conduct is considered contributory.

NRS 217.180 Order for compensation: Considerations.

1. Except as otherwise provided in subsection 2, in determining whether to make an order for compensation, the compensation officer shall consider the provocation, consent or any other behavior of the victim that directly or indirectly contributed to the injury or death of the victim, the prior case or social history, if any, of the victim, the need of the victim or the dependents of the victim for financial aid and other relevant matters.

Board of Examiner Policy; Section Nine. Limitations on Compensation

1. Contribution: General Considerations

- A. To the extent the victim's acts or conduct provoked or contributed to the victim's injuries, the VOCP may deny the award to the applicant.
- B. To qualify for VOCP benefits, the applicant must not have participated in the crime that led to the victimization.
- C. Claims may be denied where the victim was engaged in illegal activities, or was committing a crime under Nevada law at the time of their injuries.

Victims of Crime requests the Hearing Officer affirm the denial of this claim.

Dated this 17th day of August, 2017
Victims of Crime Program

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing VOCP HEARING STATEMENT was duly mailed, postage prepaid to the following:

STATE OF NEVADA
HEARINGS DIVISION
2200 S RANCHO DR STE 210
LAS VEGAS, NV 89102

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated this 17th day of August, 2017

Ashley Scutthoff
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Application for Compensation:

Hearing Number: 1800841-SE
Claim Number: 18-10036144-NR

VERONICA NIXON
[REDACTED]
[REDACTED]

VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS, NV 89102

NOTICE OF HEARING BEFORE THE HEARING OFFICER

Pursuant to the **Victim's** request for a Hearing Officer review of the Compensation Officer's Determination under Chapters 217 of the Nevada Revised Statutes, you are hereby notified a hearing will be held:

DATE: September 7, 2017
TIME: 2:30PM
PLACE: Department of Administration, Hearings Division
2200 South Rancho Drive, Suite 210
Las Vegas, NV 89102
Phone (702) 486-2525

The matter to be ascertained from this Hearing shall be whether the determination rendered by the Compensation Officer is proper.

If you would prefer to testify by telephone, please contact this office one week prior to the hearing date at 486-2525 with the appropriate information. Telephone hearings will generally take place within 1 hour of the time designated for the Hearing (see above).

NOTE: This Hearing will be scheduled on a **STACKED** calendar.

Dated this 31st day of July, 2017.

Steven Evans
Hearing Officer

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CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF HEARING BEFORE THE HEARING OFFICER** was duly mailed, postage prepaid **OR** placed in the appropriate addressee runner file at the Department of Administration, Hearings Division, 2200 S. Rancho Drive, #210, Las Vegas, Nevada, to the following:

VERONICA NIXON



VICTIMS OF CRIME PROGRAM
2200 S RANCHO DR STE 210-A
LAS VEGAS NV 89102

Dated this 31st day of July, 2017.

A handwritten signature in cursive script, appearing to read "D Giambelluca", written over a horizontal line.

D Giambelluca
Employee of the State of Nevada

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STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

July 17, 2017

VERONICA NIXON
[Redacted]

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM
JUL 20 2017

RE: Claim Number: 18-10036144-NR
Victim: [Redacted]
Date Of Crime: June 13, 2017

Your application for benefits from the Victims of Crime Program has been denied. This denial is based on the information you have provided in your application and/or the law enforcement crime report.

The decision to deny your application is based on VOCP policies concerning:

- Victim was injured while committing a crime.
- Victim actions contributed to their injuries.

APPEAL RIGHTS: If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to:

Department of Administration Hearing Division
1050 E. William St. Suite 400
Carson City, NV 89701
Fax: (775) 687-8441

Authorized Representative
Victims of Crime Program

000158
JUL 24 2017

1807841-05



State of Nevada Victims of Crime Program

18-10036144-NK

RECEIVED

JUL 31 2017

Application for Victim of Crime Compensation

VOCP Date Stamp and Claim #

CCSI

If you need help completing this application please go to: www.voc.nv.gov, to find victim assistance programs in your community, or to contact the VOCP office in Reno or Las Vegas for assistance or referral to a community program near you.

Please complete Sections 1 through 12 to the best of your ability. Use a black or blue ballpoint pen. Please Print Neatly.

Section 1: Tell us about the Victim.

The victim is the person who was attacked, injured or killed during the crime.

First Name, Middle Initial, Last Name

[REDACTED]

Mailing Address, City, State, Zip

[REDACTED]

Home Phone, Work Phone, Cell Phone, E-Mail

[REDACTED]

Date of Birth

[REDACTED]

Age at time of crime

[REDACTED]

Last 4 Digits SSN

[REDACTED]

Male
 Female

If victim is deceased, date of death:

NO

Section 2: If you are applying for the victim, tell us about you.

An applicant is a person, other than the victim, who is completing the application where the victim is under the age of 18, mentally or physically incapable of completing the application, or deceased.

First Name, Middle Initial, Last Name

NIXON Veronica

Mailing Address (if different from victim), City, State, Zip

[REDACTED]

Home Phone, Work Phone, Cell Phone, E-Mail

[REDACTED]

Relationship to victim:

MOTHER

Number of people requesting benefits

1

Last 4 Digits SSN

[REDACTED]

Date of Birth (applicant must be an adult)

[REDACTED]

Section 3: Tell us about the Victim's Residency Status:

Nevada law limits VOCP assistance to citizens of the United States, or those lawfully entitled to "reside" (live without legal restrictions) in the United States at the time of the crime. NRS 217.220 (b)

Is the victim a U.S. Citizen?

Yes
 No

If Yes skip to Section 4 below:

If not a citizen is the victim/ applicant legally entitled to "reside" in the U.S.?

Yes
 No

If Yes provide copy of "green card", Passport, or other documentation.

If not entitled to reside in the U.S. describe victim/applicant status.

Tourist/ Visitor
 Visiting Worker
 Undocumented Alien

Other:

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Section 4: Tell us about the crime.

Please attach a copy of the police report prepared by the Law Enforcement Agency. Claims submitted without a police report will be accepted and the VOCP will request a report. A decision will be made when the VOCP receives an official police report.
 Note: Only Violent Crimes are eligible for VOCP assistance. No Theft or Property Crimes can be approved by the VOCP.

Name of Law Enforcement Agency the crime was reported to: Metro Police Dept - [REDACTED]

Date of Crime: June-13-2017 Date Crime was Reported: June-13-2017 Crime Report No: 17F77777X

If Crime occurred more than one (1) year ago, please indicate why you did not apply to the VOCP until now.
 Unaware of the VOCP Physically/Mentally unable to apply Other, explain: Very State

Type of Victimization related to Crime if applicable: (Do not choose more than one)
 Bullying Domestic & Family Violence Elder Abuse
 Hate Crime Mass Violence

Type of crime:
 Arson Child Sexual Abuse* Other Vehicular Crimes
 Assault DUI/DWI Robbery
 Burglary Fraud/Financial Crimes Sexual Assault*
 Child Physical Abuse/Neglect Homicide Stalking
 Child Pornography Human Trafficking Terrorism
 Other: Attempt Murder

County where crime occurred:
 Clark Lincoln
 Carson City Lander
 Churchill Mineral
 Douglas Nye
 Elko Pershing
 Eureka Storey
 Esmeralda Washoe
 Humboldt White Pine
 Lyon

***Sexual Assault Crimes Only:**
 Required by: NRS 217.290 and NRS 217.300
 Did you submit an application to the County for sexual assault assistance?
 Yes No If No: please explain:
 If Yes, have you received and/or spent those funds?
 Yes No If No: please explain:

Offender's Name and Address: (if known)
 [REDACTED]

Where did the crime occur? (exact address, location, or nearest cross streets)
Silver Pagan eastside penwood

Describe how the crime occurred: SMALL ATTACK OFFENDER CROPT APPROXIMATE THREE VICTIMS SITTING IN RENTAL RENTERED THEIR CAR, OPEN FIRE SHOOTING [REDACTED] IN FACE TEMPLE ROBBERING HIM, SHOOT. DRIVEN IN FACE THREE TIMES, SHOOT PASSENGER IN BACK OF HEAD SIX TIMES. CALLING TWO LEAVING MY SON JUSTIN BROOKS IN CRITICAL CONDITION LOSING A LEFT EYE RECONSTRUCTION SURGERY IN FALL ALL HIS BONES WERE

Describe victim's crime injuries:
BROKEN IN HIS FACE AND JAW IN BAG EATING BABY FOOD LEFT IN VEG STATE

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Section 5: Tell us about your Crime Related Expenses

Please help us determine how we can help you. The VOCP has limited resources and we want to make sure the most important needs and financial issues are taken care of. Please check the crime related expenses you have incurred, or expect to incur because of the crime. Attach your bills, receipts, estimates, or other documents which support your request for payment. Expenses must be directly related to the crime and must have valid supporting documents to be paid by the VOCP.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Hospital Bills | <input type="checkbox"/> Funeral and Burial expense |
| <input checked="" type="checkbox"/> Ambulance Bills | <input type="checkbox"/> Crime Scene Clean Up (death claims only) |
| <input checked="" type="checkbox"/> Medical/Dental Bills | <input type="checkbox"/> Child Care Expenses |
| <input checked="" type="checkbox"/> Prescription Medication | <input checked="" type="checkbox"/> Emergency Moving or Relocation Expenses |
| <input checked="" type="checkbox"/> Vision/Glasses | <input checked="" type="checkbox"/> Emergency Temporary Housing or Living Expenses |
| <input type="checkbox"/> Chiropractic/Physical Therapy | <input checked="" type="checkbox"/> Home Security Repairs (homeowners only) |
| <input type="checkbox"/> Loss of Earnings/Support | <input checked="" type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Counseling/Mental Health | <input checked="" type="checkbox"/> Other: replacement driver's license, SS card, in replacement |

Section 6: Tell us about any Prior Disabilities or Medical Conditions

If you suffered from any disabilities, or were receiving medical treatment prior to the crime, please explain below:

none

Section 7: Tell us about any Prior Victim of Crime Claims

Have you ever filed a Victims of Crime Claim in Nevada, or any other State?

- Yes
 No

If Yes: State where Claim Filed

none

Date filed

none

Type of Crime

none

Name of Victim, Applicant, or Claimant

none

Current Status: (Opened or Closed)

none

Section 8: Please provide Demographic and Statistical Information

This information is gathered for statistical reporting purposes only. This information does NOT affect eligibility in any way.

Annual Income:		Employment at Time of Crime:		Primary Language:	Were Alcohol or Drugs a factor in this crime, in any way?
<input checked="" type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$40,000 to \$60,000	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input checked="" type="checkbox"/> English	
<input checked="" type="checkbox"/> \$10,000 to \$20,000	<input type="checkbox"/> \$60,000 to \$80,000	<input checked="" type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Spanish	<input type="checkbox"/> Yes
<input type="checkbox"/> \$20,000 to \$30,000	<input type="checkbox"/> \$80,000 to \$100,000	<input type="checkbox"/> Other		<input type="checkbox"/> Asian	<input checked="" type="checkbox"/> No
<input type="checkbox"/> \$30,000 to \$40,000	<input type="checkbox"/> Over \$100,000			<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
Race:		Marital Status:		Education Level:	
<input type="checkbox"/> American Indian/Alaska Native		<input checked="" type="checkbox"/> Single		<input checked="" type="checkbox"/> Less than High School Graduate	
<input type="checkbox"/> Asian		<input type="checkbox"/> Married		<input type="checkbox"/> High School Graduate or GED	
<input checked="" type="checkbox"/> Black/African American		<input type="checkbox"/> Domestic Partners		<input type="checkbox"/> Attended College	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Divorced		<input type="checkbox"/> Attended Graduate School/ University	
<input type="checkbox"/> Native Hawaiian and Other Pacific Islander		<input type="checkbox"/> Widowed		<input type="checkbox"/> Have Advanced Degree	
<input type="checkbox"/> White Non-Latino/Caucasian					
<input type="checkbox"/> Some Other Race					
<input type="checkbox"/> Multiple Races					

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Section 9: How did you find out about the VOCP?

To help us evaluate and improve our services, please let us know how you heard of the VOCP. Please check one or two that apply.

- | | |
|---|--|
| <input type="checkbox"/> Law Enforcement | <input checked="" type="checkbox"/> Victim Advocate |
| <input type="checkbox"/> District Attorney/Prosecutor | <input type="checkbox"/> Victim Service Program (Safe Nest, Stop DUI, etc) |
| <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Medical/Dental Provider | <input type="checkbox"/> Newspaper/Media |
| <input type="checkbox"/> Children's Protective Services | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Other: |

Section 10: Person helping the Applicant Complete this Application

Please complete the information below if you are only helping the victim complete this application.

First Name <i>Vanessa</i>	Last Name <i>Wynn</i>	Name of Company, Affiliation, or Relationship (Hospital, Dental Provider, Victim Program, etc): [REDACTED]
Telephone [REDACTED]	Email [REDACTED]	[REDACTED]

Section 11: If an Advocate or Attorney is helping you, tell us about them.

Complete this section if an attorney or victim advocate is assisting the victim. An advocate or attorney is not required in order to apply.

First Name <i>h me</i>	Last Name	Office Telephone
Office Address	City, State, Zip:	
Victim Advocate Program or Law Firm Name:	Victim Advocate Email:	

Upon request, please provide the above advocate or attorney with copies of correspondence sent to the Applicant.

Signature of Advocate or Attorney: (Required to receive documents) [REDACTED]	Date: <i>July 1, 2017</i>
--	------------------------------

Section 12: Tell us about the Victim's Insurance or Civil Suit Information.

If you have any type of insurance or legal claim please enter the information in the space provided below. Use extra sheets if needed.

Does the Victim/ Applicant have Life, Medical, Dental, or Vision Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If the crime involved an auto, does the Victim/ Applicant, or the Offender have Auto Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If the crime happened in Victim's home, or on Victim's property, is there Homeowners Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If the crime happened at the Victim/ Applicant's place of work, is there a Workers' Compensation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Company Name:	Phone Number:	Type and Policy Number:	
Has the victim/applicant filed, or will the victim/applicant file, a Civil Suit related to this crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Has the victim/applicant received or expect to receive any payment or settlement related to the crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

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State of Nevada Victims of Crime Program

Authorization for Release of Information, Certification and Acknowledgements:

Victim Name:	Victim DOB:	VOCP Claim #:

I have filed an application with the Nevada Victims of Crime Compensation Program (VOCP). In order to assist the VOCP determine my eligibility I hereby consent to, and authorize the release of information to the VOCP. I hereby release and hold harmless anyone providing information to the VOCP from any liability for any such release.

Law Enforcement Reports: I hereby authorize any police, law enforcement agency, child protective agency, or Coroner's office to release any police, investigative, incident report, or coroner's report related to my application to the VOCP as required by: NRS 217.110 (2)(d), NRS 217.180, NRS 217.210 (1) and NRS 217.220 (1) and (2). I understand that all such reports will remain confidential as provided by State and Federal law and NRS 217.105.

Medical Information : I hereby authorize any hospital, medical clinic, physician, dentist, mental health provider, pharmacist, or any other medical provider to release any and all information including medical reports, histories, prognosis, treatment plans, billing information and any other information relating to my medical treatment for my crime related injuries or condition, to the VOCP as required by NRS 217.100. *This Medical Authorization shall automatically expire without express revocation one year from the date below.* This release is in compliance with all HIPAA regulations.

VOCP Release of Information: I hereby authorize the VOCP to release information to police agencies, medical or other service providers, my advocate, attorney, or others concerning my application or claim only as necessary to administer the VOCP or my claim. No information will be released where prohibited by law. NRS 217.110 and 217.105.

Certificate of Financial Eligibility: I hereby certify that I do not have Savings or Investments exceeding the amount of my Annual Income, and that it would be a financial hardship if I were to receive no assistance from the VOCP. I hereby authorize any Insurer, Financial Institution, Government Agency, or any other person with information about me to release such information to the VOCP. NRS 217.220 (4).

My Promise to Repay the VOCP: I hereby acknowledge my legal obligation to repay the VOCP any money paid to me, or paid on my behalf, by the VOCP, *if I receive any money, from any source, as a result of the crime.* I hereby agree to notify the VOCP if I retain an Attorney to pursue a lawsuit or claim, or if I receive any court ordered restitution or other recovery including, but not limited to, insurance payments, settlements or other benefit payments. NRS 217.240.

Penalties for Providing False Information:

I understand that I may be imprisoned or fined for providing false or misleading, or intentionally incomplete information to the VOCP. I declare under Penalty of Perjury and pursuant to Nevada law that all the information I have provided is true, correct and complete to the best of my information and belief. NRS 217.270.

Print Full Name of Person Signing Application:	Teronica Nixon
Signature of Victim/Applicant (must be signed by an adult)	Date:
[Redacted Signature]	July 1, 2017
Send Completed, Signed Applications to:	VOCP PO Box 94525 Las Vegas, NV 89193-4525
Scan and E-Mail to: applications@voc-net.com	Fax to: (888) 941-7890

000163

18-36144-NR

July. 17. 2017

Victim of Crime
 so the appeals over victims
 of crime deny notice. [redacted]
 [redacted] was a victim on
 June 13 2017 of human
 violence. I am requesting
 additional information
 from medical, surgeon
 reports and police
 reports on June 13. 2017
 where [redacted]
 were not involved in
 a crime no drugs no
 weapons were found
 [redacted] tells that
 [redacted] intent
 to assist to human on sell
 no drugs were found on
 no intent to sell to commit
 any crime only being a
 victim, and fighting for
 his life at UMC medical
 with long term recovery
 his identification was taken
 by travel car so police couldn't
 identify him he wasn't doing
 anything for someone to try to kill him

000464

please forward all medical
bills, cost over 45,000
Homeless Assistant funding
program, cost of living
expenses for extra
medical expenses,
and a cost of shared
light gas room brood
facilities to be paid
active rehabilitation
all fall on family
and all bankrupt
cost since June 13 2017
on family 4,000 in
30 days motel cost
2,000 in one way
travel 2,000 in gas
food. RECORDS NOT USED
in ruling on a victim
that was shot in temple
cost for dead with no
drugs and weapon
Umc medical
1800 W Charleston
NEV. 89102

DN 020319

000165

Victim advocate

[REDACTED]

LAS VEGAS NV

[REDACTED]

Case # 17-0- [REDACTED]

Surgeon [REDACTED]

at UMC 1500 W Charleston
nev 89102

[REDACTED]

Thank you,
Derrica Ann
Mottet

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

July 17, 2017

VERONICA NIXON

[REDACTED]
[REDACTED]

RE: Claim Number 18-10036144-NR
Victim [REDACTED]
Date Of Crime: June 13, 2017

Your application for benefits from the Victims of Crime Program has been denied. This denial is based on the information you have provided in your application and/or the law enforcement crime report.

The decision to deny your application is based on VOCP policies concerning.

- Victim was injured while committing a crime.
- Victim actions contributed to their injuries.

APPEAL RIGHTS: If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to:

Department of Administration Hearing Division
1050 E. William St Suite 400
Carson City, NV 89701
Fax: (775) 687-8441

Authorized Representative
Victims of Crime Program

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18-36144-NR

RECEIVED

July 11 2017

JUL 17 2017

CCSI

Victim

att, 1 Victim of Crime

[REDACTED] case # 17F7777X
 Has request need for relocation
 assistant. at the time of [REDACTED]
 [REDACTED] Criminal State on June 13 2017
 [REDACTED] was Homeless and needs
 approval for several Special
 Services immediate assistant.
 [REDACTED] ID
 identification was stolen by
 suspect on June 13 2017.
 He needs an ID, drivers
 License, birth certificate,
 Social Security card, and
 requests by Victim of
 Crime and number att
 to add: 1030X184
 was req at her 29123

[REDACTED] Application
 was submitted 3 weeks
 ago by homicide detective
 Special unit with my files
 [REDACTED]

July 11 2017

But suffering two major
surgeries, losing left
eye, and reconstruction
surgery on his skeletal
facial mask as bones
in his face were broken
my child sits on Baby
Food, and urine bag
and waste bag in
diaper. Need of medical
bills wheel chair, oxygen,
medications, eye doctor,
brain doctor bills, and
other essentials
ortho bed, special shower
and state in home visit
nursing. I Veronica am
completing my sons
[REDACTED] victim of
crime application for
housing, identification,
medical bills relocation
for family. I have two
year old spent 3,000 in hotel
costs.

000169

1200 on flight on June 14, 2017
to be by my son side
Victim of crime should
have been assisted to
get housing established
and rent and my child's
victim of crime assist
all medical records are at
UNC - Trauma Medical

1) 1200 W. Atkinson 89102
DR. 0201319

[REDACTED]
[REDACTED]
June 11, 2017 records
Detective [REDACTED]
400 S. Alton Las Vegas,
Nevada [REDACTED]

2) [REDACTED] ton
Special Unit
200 Lewis Ave.
Las Vegas Nev.

[REDACTED]
Please follow up on relocation
assistance please, and
all [REDACTED] identification
cards, drivers license, B.C. Certified
all was stolen and destroyed at time
of crime on June 13, 2017. ^{Thallegger}
[REDACTED] witnesses

000170

18-36144-NR July 10 1977

Thank you.

victim of crime / assistance relocation
for AIDS for ^{medical} DISABLE ^{medical} bedding
random act of violence, therapy
Billing long term care will be
needed, state in Home SCIENTIST
NURSE, wheel chair needed,
ot+medic being had is needed
[redacted] 5'11 feet tall
to recover from surgery,
reconstruction on facial
bones, jaw bone, left eye
removed with eye dot dot
+optic recovery long term
needed for eye doctor bill.
wheel chair, bed pans, T.V.S
nutritious diet, and a host of
first aid toilet, bath tub,
resting toilet pot portable
wheel chair, and side oxygen,
please included as above
AIDS medical AIDS needed and
purchase from any medical
Hospital facility, also
relocation assistance [redacted]
was homeless at the time and need
his own home to recover and get
treatment and care from (yourself)

000171

July 10-17
requesting

IDENTIFICATION RECORDS /

Victim of Crime / fire location
assistance for [REDACTED]

[REDACTED] all identification was
stolen and lost by suspect in
a heinous heinous act of
violence here in Las Vegas Nev.
ID, DRIVER'S LICENCE, Birth certificate,
Social Security number card needs
to be replaced by motor
vehicle of Las Vegas Nevada,
Social Security office of
Las Vegas Nev. and victim of
crime needs to request ID,
driver's licence, Birth certificate,
Social Security card and
mail them to [REDACTED]

[REDACTED] has no identification
to ID himself, CASH CHECKS,
or to be identified as
identification was stolen, lost
and destroyed. Thank you,

RECEIVED

JAXIN

JUL 12 2017

Mattie

CCBI

000172

36144 NR RECEIVED
JUL 12 2017

July 8.17

CCM

ATTN: Victim of Crime
Please forward all records
from Metro Police report
at 200 Lewis - 4005 Alta
Las Vegas Nev - regarding
Can forward all police
reports to Social Security
please, also all victim of
crime documents to
social security for
permanent disability
application, please also
forward all medical records
from UMC trauma medical
center DR. OZORGIS
physician at 1800 W Charleston,
NEV. 89102 records
[REDACTED] 8 [REDACTED] June 13 17
REPORT # [REDACTED]
CASE [REDACTED]
all reports, medical records,
forward to social security
add: 4340 Simmons St, N. Las Vegas, 89032
[REDACTED]

000173

July 8. 2017

18-36144-NR

RECEIVED

JUL 11 2017

CCSI

To Whom This may Concern, at: Victim of Crime: P.O. Box 94525 Las Vegas Nev. 89173

Victim's relocation assistance for [REDACTED]

Vernica Ann Mottler. Had to relocate and Beers homeless 30 days being by my child's bed side after a random act of violence occurred against me and my family June 13th 2017.

I [REDACTED] mother flew on June 14. 2017 from Oklahoma City, OK. 73111 and spent 1,300.00 one way flight to arrive in Utah to my son [REDACTED]. We've spent in 3 weeks \$2,000 in food, motel cost alone was \$800.00. in gas total \$860.00, I had relocation

assistance of rents and deposits, to have shelter for my 2 year old daughter his sister [REDACTED] and my disabled son [REDACTED] whom has Bronchial asthma in temps of 121°

Whether trying to find shelter and Be by his Brother Bed side. We has his family also feel unsafe and unprotected not having a stable location to reside for my child [REDACTED] when

his release in weeks to rehabilitation for recovery please assistance Thank you Vernica Mottler

000174



Hotel Galaxy

5201 Dean Martin Drive, Las Vegas, Nevada, 89118, USA
Phone: 702-778-7600; Fax: 702-724-0306
E-mail: hoteigalaxydeanmartin@gmail.com

Name	Veronica Nixon	Folio No	230617111230
Address	_____		
Phone #	14059219696	CRS Folio #	863104987
ID Type	Credit Card (Master Car ID #	Room Type	1 Bed
ID State	_____	# Of Guests	2
Vehicle Info.	ID Country	Date In	06/23/2017 01:00:00 PM
Company	_____	Date Out	06/25/2017 11:00:00 AM
		Status	Confirm

Particulars		Total
Rental Charges	Prepaid	
Occupancy Tax	Prepaid	
Add : Other Charges		Prepaid
Charges	0.00	
		0.00
Total Charges		0.00
Less : Payments		
		0.00
		0.00

NOTICE TO GUESTS: This property is privately owned and the management reserves the right to refuse service to anyone. Management will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind. Management will not be responsible for any item left in the room.

CHECKOUT TIME: 11:00 AM SELF REGISTRATION ONLY

I AGREE that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person or company failed to pay for any part or full amount of these charges including any missing/damaged items, etc. I agree that if an attorney is retained to collect these charges, I will pay a reasonable attorney's fees and costs incurred. If payment is by credit card you are authorized to charge my account for all charges incurred, including any and all damages/missing items, etc. I agree that the sole purpose of renting this room is for my own residency only.

Guest Signature

Veronica Nixon

Date

June - 23rd - 2017

000175

Arrival Date : 06/28/2017
 Departure Date : 07/01/2017
 Group Code : WALK17
 Bill Code :



Name: VERONICA NIXON

Address: 

740 S. Decatur Blvd
 For Reservations call 1-800-342-2695
 702-258-5200

www.arizonacharliesdecatour.com

Room #:	KT 4211	Resv	429136717021 C	Page	1 of 1
---------	---------	------	----------------	------	--------

Date	Reference	Description	Charges	Credits	Balance
06/28/2017		CASH		234.46	234.46
					Total Due 234.46-

Thank you for staying with us!
www.arizonacharliesdecatour.com

000176

Motel 6 - Las Vegas-Tropicana #0067
195 East Tropicana Avenue
Las Vegas, NV 89109
USA

EXPEDIA - HOTELS.COM - HP
NIXON VERONICA



Open folio

Stay of: NIXON VERONICA

From 07/03/2017 To 07/05/2017

Ref. Folio ID - 605971 . Conf No - 067M527939 : Guest No - 490940 · Clerk - SJ (07/03/2017)

Page 1 / 1

PO/Ref # 868912690

Date	Department	Room QTY	Charges	Total
7/3/17	Cash	0	0.00	(140.56)
			Net	0.00
			Total tax	0.00
Total Charges				0.00
Total Credit				140.56
Balance				(140.56)

Thanks for staying with Us and Please Come Back Again! For Future Reservations Please Call 800-4-MOTEL6 (800-466-8356) or Go to motel6.com

000177

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

July 6, 2017

VERONICA NIXON

[REDACTED]
[REDACTED]

RE: Claim Number **18-10036144-NR**
Victim [REDACTED]
Date Of Crime: **June 13, 2017**

Your application for benefits from the Victims of Crime Program has been denied. This denial is based on the information you have provided in your application and/or the law enforcement crime report.

The decision to deny your application is based on VOCP policies concerning

- Victim was injured while committing a crime

APPEAL RIGHTS If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to:

Department of Administration Hearing Division
1050 E. William St. Suite 400
Carson City, NV 89701
Fax: (775) 687-8441

000178

Authorized Representative
Victims of Crime Program

06/27/2017 15:23 7028281658

CAPTAIN ZIMMERMAN

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JUL 05 2017
CC91

RECEIVED
JUN 28 2017
CC91



State of Nevada Victims of Crime Program

Police Report Verification

Submit this form if Police Report cannot be released for any reason.

Victim Information

Victim Name:

Victim DOB:

VOCP Claim #

[REDACTED]

[REDACTED]

18-36144NR

Event #

Crime Date:

[REDACTED]

6/13/17

Crime Location (exact address or cross streets):

Crime Information: (Completed by Law Enforcement Officials Only)

Date of Crime:

Date Crime Reported:

6/13/17

6/13/17

Type of Report or Crime Description:

MURDER

Were Charges Filed or an Arrest Made:

Yes

No If No, please explain:

Did Victim Cooperate with Police?

Yes

No If No, please explain: VICT IS UNABLE TO COMMUNICATE DUE TO INJURY

Was the Victim Innocent of wrongdoing?

Yes

No If No, please explain: INVOLVED IN A DRUG DEAL

Was the Victim physically Injured?

Yes

If Yes, please describe injuries: GUNSHOT WOUND TO THE HEAD

No

Is there any additional information about the Crime or Victim the VOCP should consider?

Yes If Yes, please explain:

No

I am a Law Enforcement Official familiar with the facts of the crime referred to above.

The information provided herein is true and accurate to the best of my information and belief.

Authorized Signature:

Print Signers Name:

Rank or Title:

[REDACTED]

[REDACTED]

DETECTIVE

Date:

Tele:

Email:

6/27/17

[REDACTED]

Mail to:

VOCP

Fax to:

Scan and email to:

P O Box 94525

(888) 941-7890

applications@voc-net.com

Las Vegas, NV 89193-4525

000179

RECEIVED
JUL 05 2017
CCS

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CAPT. ZIMMERMAN

RECEIVED
JUN 28 2017



State of Nevada Victims of Crime Program

RECEIVED
JUN 27 2017
VOCCO-LV

18-36144-NM

Application for Victim of Crime Compensation

VOCV Date Stamp and Claim #

If you need help completing this application please go to: www.yes.nv.gov, to find victim assistance programs in your community, or to contact the VOCV office in Reno or Las Vegas for assistance or referral to a community program near you.
Please complete Sections 1 through 12 to the best of your ability. Use a black or blue ballpoint pen. Please Print Neatly.

Section 1: Tell us about the victim

The victim is the person who was attacked, injured or killed during the crime.

First Name, Middle Initial, Last Name

Mailing Address, City, State, Zip

Home Phone, Work Phone, Cell Phone, E-Mail

Date of Birth

Age at time of crime

Last 4 Digits SSN

Male
 Female

If victim is deceased, date of death

6/13/17

Section 2: If you are applying for the victim, tell us about you

An applicant is a person, other than the victim, who is completing the application where the victim is under the age of 18, mentally or physically incapable of completing the application, or deceased.

First Name, Middle Initial, Last Name

Mailing Address (if different from victim), City, State, Zip

Home Phone, Work Phone, Cell Phone, E-Mail

Relationship to victim:

Number of people requesting benefits

Last 4 Digits SSN

Date of Birth

Mother

Section 3: Tell us about the victim's Residency Status

Nevada law limits VOCV assistance to citizens of the United States, or those lawfully entitled to "reside" (live without legal restrictions) in the United States at the time of the crime. NRS 217.220 (b)

Is the victim a U.S. Citizen?

Yes
 No

If not a citizen is the victim/ applicant legally entitled to "reside" in the U.S.?

Yes
 No

If not entitled to reside in the U.S. describe victim/ applicant status:

Tourist/ Visitor
 Visiting Worker
 Undocumented Alien
 Other

If Yes skip to Section 4 below.

If Yes provide copy of "green card", Passport, or other documentation.

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City - Address - Use the Victim's Address for Section #2
Suite [redacted]

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CAPTAIN ZIMMERMAN

PAGE 03/07

Section 4: Tell us about the crime.

Please attach a copy of the police report prepared by the Law Enforcement Agency. Claims submitted without a police report will be accepted and the VOCP will request a report. A decision will be made when the VOCP receives an official police report. Note: Only Violent Crimes are eligible for VOCP assistance. No Theft or Property Crimes can be approved by the VOCP.

Name of Law Enforcement Agency the crime was reported to:

L.V.M.P.D.

Date of Crime:

6/13/17

Date Crime was Reported:

6/13/17

Crime Report No:

[Redacted]

If Crime occurred more than one (1) year ago, please indicate why you did not apply to the VOCP until now.

- Unaware of the VOCP
- Physically/Mentally unable to apply
- Other, explain:

Type of Victimization related to Crime if applicable: (Do not choose more than one)

- Bullying
- Domestic & Family Violence
- Elder Abuse
- Hate Crime
- Mass Violence

Type of crime:

- Arson
- Child Sexual Abuse*
- Other Vehicular Crimes
- Assault
- DUI/DWI
- Robbery
- Burglary
- Fraud/Financial Crimes
- Sexual Assault*
- Child Physical Abuse/Neglect
- Homicide
- Stalking
- Child Pornography
- Human Trafficking
- Terrorism
- Kidnapping
- Other:

County where crime occurred:

- Clark
- Lincoln
- Carson City
- Lander
- Churchill
- Mineral
- Douglas
- Nye
- Elko
- Pershing
- Eureka
- Storey
- Esmeralda
- Washoe
- Humboldt
- White Pine
- Lyon

*Sexual Assault Crimes Only:

Required by: NRS 217.290 and NRS 217.300

Did you submit an application to the County for sexual assault assistance?

- Yes
- No If No: please explain:

If Yes, have you received and/or spent those funds?

- Yes
- No If No: please explain:

Offender's Name and Address: (if known)

Where did the crime occur? (exact address, location, or nearest cross streets)

Describe how the crime occurred:

Shot in the face

Describe victim's crime injuries:

lost left eye, Disabled

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CAPTAIN ZIMMERMAN

PAGE 04/07

Section 5: Tell us about your Crime Related Expenses

Please help us determine how we can help you. The VOCP has limited resources and we want to make sure the most important needs and financial issues are taken care of. Please check the crime related expenses you have incurred, or expect to incur because of the crime. Attach your bills, receipts, estimates, or other documents which support your request for payment. Expenses must be directly related to the crime and must have valid supporting documents to be paid by the VOCP.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Hospital Bills | <input checked="" type="checkbox"/> Funeral and Burial expense |
| <input checked="" type="checkbox"/> Ambulance Bills | <input type="checkbox"/> Crime Scene Clean Up (death claims only) |
| <input checked="" type="checkbox"/> Medical/Dental Bills | <input type="checkbox"/> Child Care Expenses |
| <input type="checkbox"/> Prescription Medication | <input type="checkbox"/> Emergency Moving or Relocation Expenses |
| <input type="checkbox"/> Vision/Glasses | <input type="checkbox"/> Emergency Temporary Housing or Living Expenses |
| <input type="checkbox"/> Chiropractic/Physical Therapy | <input type="checkbox"/> Home Security Repairs (homeowners only) |
| <input type="checkbox"/> Loss of Earnings/Support | <input type="checkbox"/> Home Health Care |
| <input checked="" type="checkbox"/> Counseling/Mental Health | <input type="checkbox"/> Other: |

Section 6: Tell us about any Prior Disabilities or Medical Conditions

If you suffered from any disabilities, or were receiving medical treatment prior to the crime, please explain below:

Section 7: Tell us about any Prior Victims of Crime Claims

Have you ever filed a Victims of Crime Claim in Nevada, or any other State?

- Yes
 No

If Yes: State where Claim Filed	Date filed	Type of Crime
Name of Victim, Applicant, or Claimant		Current Status: (Opened or Closed)

Section 8: Please provide Demographic and Statistical Information

This information is gathered for statistical reporting purposes only. This information does NOT affect eligibility in any way.

Annual Income:		Employment at Time of Crime:		Primary Language:		Were Alcohol or Drugs a factor in this crime, in any way?	
<input checked="" type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$40,000 to \$60,000	<input type="checkbox"/> Employed	<input checked="" type="checkbox"/> Self-Employed	<input checked="" type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> \$10,000 to \$20,000	<input type="checkbox"/> \$60,000 to \$80,000	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Asian	<input type="checkbox"/> Other:	<input type="checkbox"/> Unknown	
<input type="checkbox"/> \$20,000 to \$30,000	<input type="checkbox"/> \$80,000 to \$100,000	<input type="checkbox"/> Other:					
<input type="checkbox"/> \$30,000 to \$40,000	<input type="checkbox"/> Over \$100,000						
Race:		Marital Status:		Education Level:			
<input type="checkbox"/> American Indian/Alaska Native	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Less than High School Graduate	<input checked="" type="checkbox"/> High School Graduate or GED				
<input type="checkbox"/> Asian	<input type="checkbox"/> Married	<input type="checkbox"/> Attended College	<input type="checkbox"/> Attended Graduate School/ University				
<input checked="" type="checkbox"/> Black/African American	<input type="checkbox"/> Domestic Partners	<input type="checkbox"/> Have Advanced Degree					
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Divorced						
<input type="checkbox"/> Native Hawaiian and Other Pacific Islander	<input type="checkbox"/> Widowed						
<input type="checkbox"/> White Non-Latino/Caucasian							
<input type="checkbox"/> Some Other Race							
<input type="checkbox"/> Multiple Races							

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Section 9: How did you find out about the VOCP?

To help us evaluate and improve our services, please let us know how you heard of the VOCP. Please check one or two that apply.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Law Enforcement | <input type="checkbox"/> Victim Advocate |
| <input type="checkbox"/> District Attorney/Prosecutor | <input type="checkbox"/> Victim Service Program (Safe Nest, Stop DUI, etc) |
| <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Internet Search |
| <input type="checkbox"/> Medical/Dental Provider | <input type="checkbox"/> Newspaper/Media |
| <input type="checkbox"/> Children's Protective Services | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Mental Health Counselor | <input type="checkbox"/> Other: |

Section 10: Person helping the Applicant Complete this Application

Please complete the information below if you are only helping the victim complete this application.

First Name [REDACTED]	Last Name [REDACTED]	Name of Company, Affiliation, or Relationship (Hospital, Dental Provider, Victim Program, etc):
Telephone [REDACTED]	Email [REDACTED]	

Section 11: If an Advocate or Attorney is helping you, tell us about them

Complete this section if an attorney or victim advocate is assisting the victim. An advocate or attorney is not required in order to apply.

First Name	Last Name	Office Telephone
Office Address		City, State, Zip:
Victim Advocate Program or Law Firm Name:		Victim Advocate Email:
<input type="checkbox"/> Upon request, please provide the above advocate or attorney with copies of correspondence sent to the Applicant.		
Signature of Advocate or Attorney: (Required to receive documents)		Date:

Section 12: Tell us about the Victim's Insurance or Civil Suit Information

If you have any type of insurance or legal claim please enter the information in the space provided below. Use extra sheets if needed.

Does the Victim/ Applicant have Life, Medical, Dental, or Vision Insurance?	If the crime involved an auto, does the Victim/ Applicant, or the Offender have Auto Insurance?	If the crime happened in Victim's home, or on Victim's property, is there Homeowners Insurance?	If the crime happened at the Victim/ Applicant's place of work, is there a Workers' Compensation
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Company Name:	Phone Number:	Type and Policy Number:	
Has the victim/applicant filed, or will the victim/applicant file, a Civil Suit related to this crime?		Has the victim/applicant received or expect to receive any payment or settlement related to the crime?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

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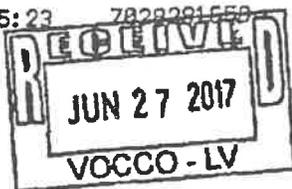
CAPTAIN ZIMMERMAN

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JUL 05 2017

RECEIVED
JUN 28 2017

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State of Nevada Victims of Crime Program

Authorization for Release of Information

Victim Name: <i>[Redacted]</i>	Victim DOB: <i>[Redacted]</i>	VOCP Claim #: 18-10036144-NL
-----------------------------------	----------------------------------	---------------------------------

I have filed an application with the Nevada Victims of Crime Compensation Program (VOCP). In order to assist the VOCP determine my eligibility I hereby consent to, and authorize the release of information to the VOCP. I hereby release and hold harmless anyone providing information to the VOCP from any liability for any such release.

Law Enforcement Reports: I hereby authorize any police, law enforcement agency, child protective agency, or Coroner's office to release any police, investigative, incident report, or coroner's report related to my application to the VOCP as required by: NRS 217.110 (2)(d), NRS 217.180, NRS 217.210 (1) and NRS 217.220 (1) and (2). I understand that all such reports will remain confidential as provided by State and Federal law and NRS 217.105.

Medical Information : I hereby authorize any hospital, medical clinic, physician, dentist, mental health provider, pharmacist, or any other medical provider to release any and all information including medical reports, histories, prognosis, treatment plans, billing information and any other information relating to my medical treatment for my crime related injuries or condition, to the VOCP as required by NRS 217.100. This Medical Authorization shall automatically expire without express revocation one year from the date below. This release is in compliance with all HIPAA regulations.

VOCP Release of Information: I hereby authorize the VOCP to release information to police agencies, medical or other service providers, my advocate, attorney, or others concerning my application or claim only as necessary to administer the VOCP or my claim. No information will be released where prohibited by law. NRS 217.110 and 217.105.

Certificate of Financial Eligibility: I hereby certify that I do not have savings or investments exceeding the amount of my Annual Income, and that it would be a financial hardship if I were to receive no assistance from the VOCP. I hereby authorize any insurer, Financial institution, Government Agency, or any other person with information about me to release such information to the VOCP. NRS 217.220 (4).

My Promise to Repay the VOCP: I hereby acknowledge my legal obligation to repay the VOCP any money paid to me, or paid on my behalf, by the VOCP, if I receive any money, from any source, as a result of the crime. I hereby agree to notify the VOCP if I retain an Attorney to pursue a lawsuit or claim, or if I receive any court ordered restitution or other recovery including, but not limited to, insurance payments, settlements or other benefit payments. NRS 217.240.

Penalties for Providing False Information:

I understand that I may be imprisoned or fined for providing false or misleading, or intentionally incomplete information to the VOCP. I declare under Penalty of Perjury and pursuant to Nevada law that all the information I have provided is true, correct and complete to the best of my information and belief. NRS 217.270.

Print Full Name of Person Signing Application: *Veronica Nina Nixon*

Signature of Victim/Applicant (must be signed by an adult) <i>Veronica Nixon</i>	Date: <i>June - 23rd 2017</i>
---	----------------------------------

Send Completed, Signed Applications to:
VOCP
PO Box 94525
Las Vegas, NV 89193-4525

Scan and E-Mail to: applications@voc-nv.com Fax to: (888) 941-7890

000184

Steve Sisolak
Governor



Susan Brown
Director

Paul Nicks
Deputy Director

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

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

Date: April 8, 2019

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Colleen Murphy, Executive Branch Budget Officer *CMO*
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

COLORADO RIVER COMMISSION

Agenda Item Write-up:

Pursuant to NRS 334.010, the Commission requests approval to purchase a replacement vehicle for a total amount not to exceed \$71,034.

Additional Information:

The request is to purchase a vehicle to replace a current vehicle that complies with the Vehicle Replacement Policy of SAM 1316. The total purchase price for the vehicle is \$71,034. The agency was approved for a replacement vehicle in E714 in the amount of \$30,002 in fiscal year 2019. The base price is currently higher than the provided NEBS drop-down allowance and the agency inadvertently did not budget in the NEBS "other" amounts for the diesel engine and the required electric utility power modifications. The agency has sufficient reserves to cover the increased vehicle budget and does not require a work program at this time.

Statutory Authority:

NRS 334.010

REVIEWED: *CMO*

ACTION ITEM: _____

STATE OF NEVADA

STEVE SISOLAK, *Governor*
PUOY K. PREMSRIRUT, *Chairwoman*
KARA J. KELLEY, *Vice Chairwoman*
ERIC WITKOSKI, *Executive Director*



JAMES B. GIBSON, *Commissioner*
MARILYN KIRKPATRICK, *Commissioner*
JOHN F. MARZ, *Commissioner*
DAN H. STEWART, *Commissioner*
CODY T. WINTERTON, *Commissioner*

COLORADO RIVER COMMISSION
OF NEVADA

MEMORANDUM

TO: Colleen Murphy, Executive Branch Officer II

FROM:  Douglas N. Beatty, Division Chief, Finance and Administration

DATE: April 4, 2019

SUBJECT: Vehicle Approval

The Colorado River Commission of Nevada (CRCNV) owns, operates, and maintains a high-voltage transmission and distribution system to provide electrical services for its water pumping and industrial power customers. These customers include, among others, the Southern Nevada Water Authority (SNWA), the Clark County Water Reclamation District (CCWRD) and the Basic Substation Project. The CRCNV also is responsible for the operation and maintenance of six additional substations owned by the SNWA and three owned by the CCWRD. The operation and maintenance of the transmission system is done by the staff of the CRCNV's Power Delivery Group (PDG). The PDG staff are technically assigned one of the electric substations for their assigned utility vehicles. These vehicles are generally modified heavy duty trucks or large sport utility vehicles. The PDG is requesting the replacement of one vehicle in this current fiscal year which was included in the approved budget.

However, the replacement vehicle budgeted under E714 was estimated to cost \$30,002 based on the evaluation provided in the NEBS drop-down system for a full-size pick-up truck. The actual quote for the replacement vehicle is \$71,034. The difference of \$41,032 is due to several items. First, the base price is an additional \$6,873, then the diesel engine added an additional \$8,276. Most importantly, the required special equipment and related modifications needed to accommodate the electric power utility function of the vehicle added an additional \$18,621. The remainder of the increases are attributed to the XLT, four-wheel drive and related costs. These costs were not anticipated during budget preparations.

The additional costs, both for the options and modifications to the budgeted vehicle are currently available in the reserves of the CRCNV. Reserve levels will be reviewed and adjusted to the necessary operating levels through monthly power billings as the year progresses. As of today, reserve levels appear adequate for System operations and no additional billings should be necessary as a result of this increase.

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

Agency Name: Colorado River Commission	Budget Account #: 4501
Contact Name: Gail L. Benton	Telephone Number: 702-486-2670
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>71,033.25</u> Is the requested vehicle(s) new or used: <u>NEW</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</p>	
<p>Mission of the requested vehicle(s): <small>The PDG operates and maintains the CRC high voltage and distribution system power to local utilities pumping water in the Las Vegas area. Operational requirements include tools, extremely heavy, expensive and often awkward equipment to assess transmission and delivery systems and electrical power lines. Specialized locked compartments are necessary to protect assets and add safety for driver should loose items move.</small></p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: E714</p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> 1 Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain.</p> <p>No, not a compact or intermediate vehicle classification, vehicle is used for utility operations.</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: 2005 Odometer Reading: 152,278 Type of Vehicle: 4x4 Lift Gate</p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: N/A</p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</p> <p align="center">Yes.</p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p> <p align="center">N/A</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><i>Douglas M. Beatty</i> <i>Administrative Services Officer</i> APR 04 2019 Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2.20.C, TRUCK, 1 TON, FULLSIZE, EXT CAB, LONGBED, SRW		
Dealer Name:	Jones-West Ford, Reno, Nevada		
Delivery Location:	555 E. Washington Avenue, Suite # 3100 Las Vegas, NV 89101		
Vehicle Colors:	Exterior: Oxford White CC YZ	Interior: Grey	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 36,875.00	\$ 36,875.00
SPECIFY OPTIONS: (description)			\$ 34,129.00
Option Package Name/Code: XLT		\$ 3,045.00	
Diesel Engine (6.7L 4V V8)		\$ 8,276.00	
Four Wheel Drive (4X4)		\$ 3,462.00	
All Terrain Tires		\$ 389.00	
Cab Steps, Black		\$ 295.00	
Daytime Running Lights		\$ 41.00	
Special Equipment/Modifications/Attachments		\$ 18,621.00	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ 0.00	
Total purchase price with options			\$ 71,004.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 71,033.25

Registered Owner:	Agency Name & Address: State of Nevada Colorado River Commission of Nevada 555 E. Washington Avenue, Suite # 3100 Las Vegas, NV 89101-1065
Legal Owner:	Agency Name & Address: State of Nevada Colorado River Commission of Nevada 555 E. Washington Avenue, Suite # 3100 Las Vegas, NV 89101-1065
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Gail Benton or Doug Beatty 702-486-2670



Scelzi Enterprises, Inc.
Custom Truck Body Manufacturing

2286 E. Date Street, Fresno, CA 93706, Phone: 800-858-2883
Fax: 559-237-5554 Toll Free: (800) 858-2883

WORK ORDER / ESTIMATE

153782

Page 1 of 2

Customer: STATE OF NEVADA
Address: 555 WEST WASHINGTON AVE SUITE
LAS VEGAS, NV 89115
United States

Date: 02/26/19
Phone: (702) 858-3616 FAX:
Contact: Walter Shupe
Terms: Net 30

Make	Year	Model	Vehicle Info	Type	VIN #
	2019	CUSTTRUCK	FORD, F350 4x4, SUPER CAB, DIESEL, SRW 56" CA	Customer	TBA

Quantity	Part No / Description	Price
----------	-----------------------	-------

**PAINT BODY WHITE
MIDSHIP FUEL TANK
DEF TANK SET UP WITH FUEL LINE AND BEZEL**

1 EA	SB-98-79-49-38-VO SERVICE BODY SRW 56C.A. - 98 LONG, 79 WIDE, 49 FLOOR WIDTH, 38 TALL VERTICAL OPEN TOP 1EA - ALL LIGHTS TO BE L.E.D. 1EA - 2 PIECE ROLLER TOP 4EA - #172ZN CARGO D-RING RECESSED IN FLOOR 1EA - NITROGEN BOTTLE RACK MOUNTED CUSRBSIDE REAR CARGO AREA 1EA - SCELZI ROLLER DRAWER MODULE WITH (6EA) 3" DEEP DRAWERS, ALL DRAWERS HAVE DIVIDERS AND CROSS DIVIDERS MOUNTED IN PASSENGER SIDE REAR COMPARTMENT 1EA - TOMMYGATE 1300LB CAPACITY LIFTGATE MODEL # G2-54-1342 TP38 WITH 49 x 38 PLATFORM + 4 TAPER - FACTORY BLACK	\$17,564.00/EA
1 EA	BUMPER - BUMPERETTES SET OF BUMPERETTES WITH LIGHTS - PAINTED WHITE 1EA - SVSR-123 REMOVEABLE VISE STAND MOUNTED PASSENGER SIDE REAR WITH WILTON # 745 MECHANIC'S VISE WITH 5" JAW 1EA - CLASS 5 RECEIVER HITCH WITH CLASS 4 REDUCER INSERT 1EA - TRAILER PLUG 7/4 OEM SOCKET NAPA #755-2085 1EA - INSTALL FACTORY BACK UP CAMERA	\$0.00/EA
1 EA	HWD FEE HAZARDOUS WASTE DISPOSAL FEE	\$27.00/EA



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2286 E. Dale Street, Fresno, CA 93706, Phone: 800-858-2883
Fax: 559-237-5554 Toll Free: (800) 858-2883

WORK ORDER / ESTIMATE

153782

Page 2 of 2

Customer: STATE OF NEVADA
Address: 555 WEST WASHINGTON AVE SUITE
LAS VEGAS, NV 89115
United States

Date: 02/26/19
Phone: (702) 858-3618 FAX:
Contact: Walter Shupe
Terms: Net 30

Make	Year	Model	Vehicle Info	Type	VIN #
	2019	CUSTTRUCK	FORD, F350 4x4, SUPER CAB, DIESEL, SRW 56" CA	Customer	TBA

Quantity	Part No / Description	Price
1 EA	WEIGHT CERTIFICATE WEIGHT CERTIFICATE OF COMPLETED UNIT	\$30.00/EA
1 EA	TRANSPORTATION ONE WAY TO LAS VEGAS, NV INCLUDING OUT STATE PERMIT	\$1,000.00/EA

Disclaimer:

**SCELZI ENTERPRISES INC. DOES NOT GUARANTEE A PERFECT COLOR MATCH
DUE TO INCONSISTENCIES IN FACTORY PAINTS AND PROCEDURES**

**REVISIONS AFTER APPROVAL DATE ARE
SUBJECT TO ADDITIONAL CHARGES**

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

THIS WORK AUTHORIZED BY: _____ DATE: _____

Total: \$18,621.00

Payment in full on completion of job if credit arrangements have not been made in advance.

The above quotation is submitted according to specifications submitted by customer. Any alterations or changes increasing production costs will be charged for accordingly.

ESTIMATE
PREPARED BY: Uribe, Ruben
SALESMAN: RUBEN URIBE

STANDARD PAGE ~ BID #8475 FLEET VEHICLES ~ UPDATED 2019-01-07

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (ANDY LUDEL 775-829-3206)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan; Full size; 4 door; 6 passenger)</small>		2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW	
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:		Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2019 FORD F-350 (X3A/X3B)		\$36,525	\$36,875
State vehicle miles per gallon (MPG): NA (EXEMPT)			
State manufactures warranty: 3 YRS/36000 MILES			
Specify alternate fuel engine size and emission rating: 6.2L V8 GAS SOHC EFI FLEX FUEL			
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:			
Exterior Color: List available colors: (CC=CLEARCOAT; CC/M=CLEARCOAT/METALLIC)			
INGOT SILVER CC/M	UX	MAGNETIC	UJ
OXFORD WHITE CC	YZ	CARIBOU	UX
RACE RED	PQ		
BLUE JEANS CC/M	N1		
SHADOW BLACK	G1		
Seats, Cloth: List available colors:			
GREY			
GVW: 10100# <small>(When Applicable)</small>		WHEELBASE: 164" <small>(When Applicable)</small>	

OPTION PACKAGE PAGE ~ BID #8475 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (ANDY LUDEL 775-829-3206)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan; Full size; 4 door; 6 passenger)</small>		2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW	
Option Package Name/Code: XLT		\$3,045	
List Equipment Features Below: INCL. 40/20/40 CLOTH BENCH, A/C, AM/FM/CD, CARPET, CRUISE, TILT & POWER WINDOWS/LOCKS, HEATED TOW MIRRORS, TRAILER BRAKE CONTROLLER (TBC)			

ITEMIZED OPTIONS PAGE ~ BID #8475 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (ANDY LUDEL 775-829-3206)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan; Full size; 4 door; 6 passenger)</small>	2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW	DEDUCT AMOUNT
ABS Brake System	\$ INCL.	\$-
Air Conditioning	\$ INCL.	\$-
Cruise Control	\$ INCL.	\$-
Diesel Engine (6.7L 4V V8)	\$8,276	\$-
Engine Block Heater	\$64	\$-
Four Wheel Drive (4x4)	\$3,462	\$-
Heavy Duty Alternator (200A; DIESEL ONLY)	\$64	\$-
Hitch Receiver	\$ INCL.	\$-
Integrated Trailer Brake	\$ INCL. w/TBC	\$-
Keyless Entry w/Fob	\$ INCL.	\$-
Limited Slip Differential	\$333	\$-
Paint, Metallic	\$ OPTIONAL N/C	\$-
Power Mirrors	\$ INCL.	\$-
Power Locks	\$ INCL.	\$-

Power Seat, DRIVER ONLY	\$ 826 (XLT ONLY)	\$-
Power Windows	\$ INCL.	\$-
Radio; AM/FM Stereo, CD	\$ INCL.	\$-
Rear Window Wiper	\$ NA	\$-
Seats, Vinyl Vinyl Colors: TAN OR GREY	\$ NC	
Skid Plate (4WD ONLY)	\$85	\$-
Tilt Steering	\$ INCL.	\$-
Tire, Spare, Full Size	\$ INCL.	\$-
Trailer Tow Mirrors	\$ INCL.	\$-
Trailer Tow Package	\$ INCL.	\$-

ITEMIZED OPTIONS PAGE ~ BID #8475 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (ANDY LUDEL 775-829-3206)

Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan; Full size; 4 door; 6 passenger)</small>	2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW	
Other:		
6.2L V8 GAS SOHC EFI FLEX FUEL	\$ INCL.	\$-
40/20/40 SPLIT BENCH SEAT	\$ INCL.	\$-
ALL TERRAIN TIRES	\$389	\$-
DUAL ALTERNATORS (355A; DIESEL ONLY)	\$324	\$-
REAR STABILIZER BAR	\$137	\$-
ELECTRONIC SHIFT ON FLY (4WD ONLY)	\$171	\$-
SNOW PLOW PREP PKG	\$79	\$-
CAB STEPS, BLACK	\$295	\$-
UPFITTER SWITCHES	\$107	\$-
TRANSMISSION PTO	\$257	\$-
TAILGATE ASSIST & STEP	\$320	\$-
TRAILER BRAKE CONTROLLER (TBC)	\$249	\$-
SPRAY-IN BEDLINER	\$555	\$-
DAYTIME RUNNING LIGHTS	\$41	\$-
SYNC (HANDS FREE PHONE)	\$386	\$-
EXTRA Keyless Entry w/Fob	\$350	\$-
Other:	\$	\$-

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 300 per unit mile.

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

Agency Colorado River Commission ^{of} Nevada RX No. _____

Contact Gail L. Benton Phone No. 702-486-2670

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

Please check all that apply below:

Dealer is located in close proximity to the area of vehicle deployment for service, parts and warranty support to the agency

Dealer has historically provided favorable service to the agency concerning cost of ownership issues

Vehicle is compatible with other agency vehicles providing for standardized operation and maintenance including parts management

Vehicle requested is best suited for the purpose to be used

Vehicles of this make have a good cost of ownership record within the agency

If this vehicle does not meet "Smart Way or Smart Way Elite" requirements, agency must provide detailed justification
Diesel pick-up truck w/service body, not a compact or intermediate
vehicle classification

Other justification

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

Approved Disapproved by _____ date _____

If disapproved awarded dealer _____

Reason _____

Steve Sisolak
Governor



Susan Brown
Director

Paul Nicks
Deputy Director

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

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

Date: April 11, 2019

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Curtis Palmer, Executive Branch Budget Officer *CP*
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIRECTOR'S OFFICE – SAGEBRUSH ECOSYSTEM TECHNICAL TEAM**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Division requests approval to purchase one replacement vehicle for a total amount not to exceed \$2,500.

Additional Information:

The request is to purchase one vehicle to replace a current vehicle which complies with the Vehicle Replacement Policy of SAM 1316. The total purchase price for the vehicle is \$2,500. It has been verified that this request is not in the FY18-19 Legislatively Approved budget, nor is it in the FY20-21 Governor Recommends budget.

Statutory Authority:

NRS 334.010

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

William@UCOR.NV.GOV

DOT#0207

NEVADA STATE PURCHASING DIVISION PROPERTY MANAGEMENT PROGRAM

FOR OFFICE USE ONLY
Control#: 19-246 NA
BA #: 4730/101
4713/201

VEHICLE/EQUIPMENT TURN-IN DOCUMENT

TO: NEVADA STATE PURCHASING DIVISION
PROPERTY MANAGEMENT PROGRAM
515 E MUSSER ST, STE 300
CARSON CITY, NV 89701
PH: (775) 684-0192 FAX: (775) 684-0188

FROM: Agency Name: NDOT Equipment Division
Address: 310 Galletti Way, Sparks, NV 89431
Phone: 834-8458 Fax: 834-8481
Property location: C767
Contact: Ben Hunt Phone: 834-8453

PROCEDURES:

1. Titles must be furnished with vehicles and correctly signed off by authorized personnel. Sign agency name exactly as it appears on front of title.
2. Two complete sets of keys to accompany vehicle.
3. All decals, official markings and special equipment (emergency lights, etc.) must be physically removed from vehicle.
4. License plates removed. *FUNDS TO NMP 4713 \$0 transfer Done 6/23/14 TO NDOT*
5. Upon delivery at the warehouse, vehicle to include five (5) gallons of gas in tank.
6. Notify the Attorney General's office to remove vehicle/equipment from your agency's insurance.
7. Complete all information below regarding the vehicle information, options, additional features and any known defects.

Vehicle Information:

Vehicle Type: 1 Ton Pickup Truck Crew Cab 6 ft Bed	Year: 2008
Make: GMC	Model: 2500
VIN/Serial No.: 1GTHK23K68F204817 ✓	Asset# 305019 State I.D. No./License No.: DOT#0207
Engine: 6.01 V-8	Odometer: 161128
Transmission: Automatic	Hours: N/A
Fuel Type: Unleaded	Drive Type: 4 x 4 Rear
Exterior Color: White	Interior Color: Blue

RC # 290012
3/4/19 JB.

SUGGESTED PRICE \$2,500.00

Handwritten signatures and initials: Kelly, Doug, WWS.

Vehicle Options:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Air Conditioning | <input checked="" type="checkbox"/> Power Seat | <input checked="" type="checkbox"/> AM/FM Radio |
| <input checked="" type="checkbox"/> Power Steering | <input type="checkbox"/> Dual Power Seat | <input checked="" type="checkbox"/> Cassette |
| <input checked="" type="checkbox"/> Power Windows | <input checked="" type="checkbox"/> Driver Air Bag | <input type="checkbox"/> CD Player |
| <input checked="" type="checkbox"/> Power Door Locks | <input checked="" type="checkbox"/> Dual Front Air Bags | <input checked="" type="checkbox"/> Cruise Control |
| <input checked="" type="checkbox"/> Tilt Steering Wheel | <input checked="" type="checkbox"/> ABS Brakes | |

Additional Features:

Known Defects:

Turned In By: _____ DATE: _____

Agency Approving Authority: Wayne Miller DATE: 1-29-19

Received By: _____ DATE: _____

Title Received By: Judy Garte DATE: 3/1/19

Title Received By: _____ DATE: _____

Office Use Only:		
Warehouse Control No.:	<u>19-246W</u>	Budget Account No.: <u>4713</u>

Curtis Palmer

From: Kelly M. Williams
Sent: Wednesday, April 10, 2019 3:41 PM
To: Curtis Palmer
Cc: Kelly McGowan; Jim Lawrence
Subject: BOE request for Vehicle Purchase/Replacement.
Attachments: NDOT 2008 GMC Vehicle Info from Purchasing.pdf; BOE Vehicle Purchase Request SETT.pdf

Sensitivity: Personal

Flag Status: Completed

Hi Curtis,

I have attached a BOE request for approval to purchase a vehicle to replace the 1998 Suburban used by the Sagebrush Ecosystem Technical Team. The Suburban is over 20 years old and needs extensive repairs including an exhaust leak. Rather than continue to repair a vehicle that has continuous issues, the SETT has worked with State Purchasing to find an adequate replacement. NDOT excessed a 2008 GMC crew cab truck with a camper shell that will be perfect for the needs of the team. The SETT can obtain this vehicle for \$2,500 and does have adequate authority in B/A 4150 Category 10 to cover this cost in FY19. The team has ceased costly repairs on the Suburban to instead put the funds towards this vehicle replacement.

We realize that yesterday was the BOE deadline for the May meeting, but the SETT is hopeful that this request can still be considered at May's BOE meeting so they can receive the vehicle and use it during their prime field season for travel in May and June.

Let me know if you need any further information to process this request.

Thank you,

Kelly Williams
Administrative Services Officer IV
Department of Conservation and Natural Resources
Director's Office
901 S. Stewart Street, Suite 1003
Carson City, NV 89701
k.williams@dcnr.nv.gov
(O) 775-684-2703 | (F) 775-684-2715



Steve Sisolak
Governor



Susan Brown
Director

Paul Nicks
Deputy Director

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

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

Date: April 9, 2019

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Jim Rodriguez, Executive Branch Budget Officer
Budget Division

A handwritten signature in black ink, appearing to read "Jim Rodriguez".

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF PUBLIC SAFETY – CAPITOL POLICE

Agenda Item Write-up:

Pursuant to NRS 334.010, the Capitol Police Division requests approval to purchase a vehicle from the State Purchasing Property Management Program for a total amount not to exceed \$1,500.

Additional Information:

The request is to purchase a surplus vehicle from State Purchasing to provide additional resources supporting the agency patrol activities. The total purchase price for the vehicle is \$1,500. The agency is funded 100% from a transfer from Buildings and Grounds. The agency is proposing to purchase this vehicle with operational savings identified within its approved budget and has sufficient savings to cover the increased vehicle operations and maintenance costs as well. No work program is required at this time for this purpose.

Statutory Authority:

NRS 334.010

REVIEWED: _____

ACTION ITEM: _____

REVIEWED: *jc*

ACTION ITEM: _____

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

Agency Name: Capitol Police	Budget Account #: 4727
Contact Name: Dale Liebherr	Telephone Number: 684-4542
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$1,500</u> Is the requested vehicle(s) new or used: <u>Used</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:	
Mission of the requested vehicle(s): <i>vehicle will be used for patrol purposes of state offices.</i>	
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? <i>Vehicle is being purchased with excess B&G funds</i>
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input checked="" type="checkbox"/> <u> </u> Addition(s) <input type="checkbox"/> <u> </u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain. <i>No, exempt per NAC 486A.135 as vehicle is used for emergency response in a State Emergency.</i>	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
APPOINTING AUTHORITY APPROVAL:	
_____ Agency Appointing Authority	_____ Title
_____ Date	
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

Steve Sisolak
Governor



George Togliatti
Director

Dale Liebherr
Commander

Capitol Police Division

101 North Carson Street
Carson City, Nevada 89701
(775) 684-5700

Memorandum

DATE: March 28, 2019

TO: Natasha Kephart, Budget Analyst III
DPS Director's Office

FROM: Dale Liebherr, Commander 

SUBJECT: Request for Approval to Purchase a State Vehicle



[Handwritten signature]
4.2.19

Attached are the forms and backup documentation as required by the Board of Examiners requesting approval to purchase a state vehicle pursuant to NRS 334.010. The cost of the Vehicle is \$1,540. The vehicle will be stored in Las Vegas. The funding will be 100% B&G funding. Purchase of vehicle is contingent upon BOE approval. If you have any questions, please feel free to contact me.

Department of Public Safety
 Capitol Police
 BA 4727
 Cost Summary

Cost of Vehicle	Category
Low end of KBB	05
Decals	05
Gas for FY19	04
Maintenance	04
Total	\$3,380

**CAR MILEAGE - CAPITOL POLICE
 SFY19 (07/01/2018 - 06/30/2019)**

	July	August	September	October	November	December	January	February	March	April	May	June
Ford Explorer												
CP98												
LV	33,507	33,797	34,016	35,140	36,105	37,224	38,427	39,242	38,427	39,242	39,242	39,242
Beg Miles												
End Miles	33,797	34,016	35,140	36,105	37,224	38,427	39,242	40,190	38,427	39,242	40,190	40,190
Mo Miles	290	219	1,124	965	1,119	1,203	815	948	835	835	835	835
Taurus												
85C136												
LV												
Beg. Miles	27,569	28,187	28,647	29,138	29,737	30,282	30,765	31,369	30,282	30,765	31,369	31,369
End Miles	28,187	28,647	29,138	29,737	30,282	30,765	31,369	31,794	30,765	31,369	31,794	31,794
Mo Miles	618	460	491	599	545	483	604	425	528	528	528	528
Ford Explorer												
DPS99												
LV												
Beg. Miles	39,466	40,327	41,988	43,028	44,533	46,172	47,401	48,751	46,172	47,401	48,751	48,751
End Miles	40,327	41,988	43,028	44,533	46,172	47,401	48,751	50,305	47,401	48,751	50,305	50,305
Mo Miles	861	1,661	1,040	1,505	1,639	1,229	1,350	1,554	1,355	1,355	1,355	1,355
Monthly Total:	590	780	885	1,023	1,101	972	923	976	906	906	906	906

	May Mileage	June Mileage	Total
New Vehicle	906	906	1,812
Monthly Gallons of gas(16mpg)	56.625	56.625	113
Gas per month(\$3/gallon)	\$170	\$170	\$340

Home > What's My Car Worth > Options & Condition > LX Sedan 4D

Trade-in Range
\$1,539 - \$2,588

Trade-in Value
\$2,064

Important info & definitions

Track this car's values

TRADE-IN VALUE

This estimated value helps you confidently negotiate with dealers.

Average Time to Trade-In:



Level of Effort:
Medium

[See Overview of Values](#)

Condition: Fair
Valid for ZIP Code 89701 through 02/26/2019
Overall Consumer Rating 4.7 / 5
★★★★☆ 389 Ratings
[Write a review](#)

Start the Trade-in Process Online

Plus, get a no-obligation quote for your next car.

Your Trade-in Vehicle [Change Vehicle](#)
2011 Ford Crown Victoria LX Sedan 4D

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NEVADA STATE PURCHASING DIVISION
PROPERTY MANAGEMENT PROGRAM

VEHICLE/EQUIPMENT TURN-IN DOCUMENT

FOR OFFICE USE ONLY

Control#: _____

BA #: _____

TO: NEVADA STATE PURCHASING DIVISION
PROPERTY MANAGEMENT PROGRAM
515 E MUSSER ST, STE 300
CARSON CITY, NV 89701
PH: (775) 684-0192 FAX: (775) 684-0188

FROM: Agency Name: NEVADA HWY PATROL
Address: 555 WRIGHT WAY CC 89711
Phone: _____ Fax _____
Property location: Reno
Contact: TERRY LUKAS Phone: 684-4982

PROCEDURES:

1. Titles must be furnished with vehicles and correctly signed off by authorized personnel. Sign agency name exactly as it appears on front of title.
2. Two complete sets of keys to accompany vehicle.
3. All decals, official markings and special equipment (emergency lights, etc.) must be physically removed from vehicle.
4. License plates removed.
5. Upon delivery at the warehouse, vehicle to include five (5) gallons of gas in tank.
6. Notify the Attorney General's office to remove vehicle/equipment from your agency's insurance.
7. Complete all information below regarding the vehicle information, options, additional features and any known defects.

Vehicle Information:

Vehicle Type: FORD CROWN #11-029

Year: 2011

Make: FORD

Model: CROWN

VIN/Serial No.: 2FABP7BV5BX139721

State I.D. No./License No.: 324343

Engine: V6

Odometer: 122,699

Transmission: YES

Hours: N/A

Fuel Type: GAS

Drive Type: AUTOMATIC

Exterior Color: BLUE

Interior Color: GRAY

Jim Rodriguez

From: Natasha Kephart
Sent: Wednesday, April 10, 2019 7:12 AM
To: Jim Rodriguez
Subject: RE: BOE request for Capitol Police

The Justification in the WP that is going to be submitted soon:

This request is being made for the purchase of a fully equipped vehicle from the Nevada Highway Patrol for the Las Vegas Capitol Police. In total, seven full-time and one part-time officers are based out of Las Vegas who provide police protections and respond to calls for services at state owned and leased properties, which are located in Las Vegas, North Las Vegas and Henderson. The southern command of Capitol Police maintains two police patrol vehicles to patrol and answer calls for service at state properties spread out over 240 square miles.

During major events, planned and unplanned, the division has been inadequately prepared to respond to situations due to the lack of emergency equipped vehicles. These situations have included reports of in-progress emergency incidents, calls for service and the lack of basic tools needed to secure nearby roadways during incidents such as October 1st incident. During routine police operations, the lack of patrol vehicles has forced multiple officers to have to ride in the same vehicle with one officer being dropped off at one location while the second officer proceeds to another location. This causes officer safety concerns for the officer who was dropped off at a location with no way to retreat from the location if warranted or transport an arrestee. This also is an inefficient use of state resources, causing a delay in response time to other calls. The lack of available transportation limits the southern command officers' ability to respond to incidents in the field and conduct timely investigations.

In case of a mechanical breakdown or need, the Department of Administration, Fleet Services Division does not routinely equip police vehicles and does not have a system in place to loan out a vehicle that would be appropriate to law enforcement or first responder activities. Additionally, when an officer is in training or having to qualify at the range, this takes one of the two available units out of service for that time period.

-----Original Message-----

From: Jim Rodriguez
Sent: Tuesday, April 09, 2019 4:53 PM
To: Natasha Kephart
Subject: RE: BOE request for Capitol Police

Natasha

This is not identified as a replacement vehicle. What is driving the need for this used vehicle? What will it be specifically used for (what patrol region)? Is the agency experiencing a shortage of patrol vehicles?

Jim Rodriguez, Executive Branch Budget Officer Governor's Finance Office, Budget Office
775-684-0211 (Office)
775-684-0260 (Fax)
rodriguez@finance.nv.gov

-----Original Message-----

From: Natasha Kephart
Sent: Tuesday, April 02, 2019 8:25 AM
To: Jim Rodriguez <rodriguez@finance.nv.gov>
Subject: BOE request for Capitol Police

Hello Jim,

Please find BOE request for Capitol Police to purchase an excess vehicle. It is an old highway patrol vehicle. The division has sufficient funding to cover if approved. A WP will be submitted upon BOE approval.

Natasha

-----Original Message-----

From: DO@admin.nv.gov [mailto:DO@admin.nv.gov]
Sent: Tuesday, April 02, 2019 8:03 AM
To: Natasha Kephart
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was sent to you using a Xerox multifunction printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location:
Device Name: XRX9C934EA7DA64

For more information on Xerox products and solutions, please visit <http://www.xerox.com>

Steve Sisolak
Governor

Susan Brown
Director

Paul Nicks
Deputy Director



STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: April 16, 2019

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Bridgette Garrison, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Garrison, the Executive Branch Budget Officer.

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

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Corrections requests authority to contract with Sheryl Drew, a current Supply Technician I with the Nevada Department of Corrections, to deliver packages to inmates.

Additional Information:

Nevada Department of Corrections (NDOC) currently has a revenue Master Service Agreement (MSA) with Keefe Group, LLC DBA Keefe Supply Company. This MSA contract is comprised of commissions earned on the Inmate Package Program. Each eligible inmate is allowed to order one clothing item and one food package per quarter or monthly if the inmate is in transitional housing. Total packages may not exceed \$425 in value for eligible or \$250 in value if the inmate is in transitional housing. Commissions are earned from the purchases made by inmates/family/friends from a special catalog for delivery to an inmate.

Due to safety and security operational concerns, Keefe Group, LLC employs current NDOC staff to deliver the packages to inmates during off duty hours. Ms. Drew is contracted to deliver packages on an as needed basis through September 30, 2019.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906



**State of Nevada
Department of Corrections**

Steve Sisolak
Governor

James Dzurenda
Director

John Borrowman
Deputy Director
Support Services

MEMORANDUM

TO: Bridgette Garrison, Executive Branch Budget Officer I,
Governor's Finance Office – Budget Division

FROM: Scott J. Ewart, Chief of Fiscal Services *Scott Ewart*

DATE: April 9, 2019

SUBJECT: Request to Contract with Current State Employees

The Nevada Department of Corrections is currently contracted with Access Securepak (Keefe Group) to provide a package program for incarcerated individuals, their family, and friends, to purchase food and/or clothing. Due in part to ensuring safety and security within NDOC facilities, Access Securepak employs current NDOC employees to deliver the packages to inmate during off-duty hours.

The Department is respectfully requesting approval to continue to authorize the contractor to use current NDOC employees to deliver the packages during off-duty hours while the Department pursues other options for the delivery of inmate packages within its facilities.

Attached are two (2) new requests for Authorization to Contract with a Current Employee. The employees will not start employment with the contractor until after approval by BOE.

Should you have any questions, please contact me at (775) 887-3210 or by email at sewart@doc.nv.gov.

Thank you.



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Current Employee

Employee Information	
Employee Name:	Sheryl Drew
Employee ID Number:	61982
Job Title:	Supply Technician I
Current Employee Agency:	Nevada Department of Corrections - High Desert State Prison
Current Class and Grade:	2.836
Employment Dates:	2/27/2017 to Current
Contracting Agency:	Nevada Department of Corrections
Please check which of the following applies:	
<input type="checkbox"/> Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below. <input checked="" type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
a. Summarize scope of contract work.	
Title of Contracted Position is a Commissary Representative – Delivery Clerk. Delivery clerks deliver individually packaged orders to inmates at specified correctional facilities. Verify identity of inmates and obtain signature from inmate upon delivery of goods.	
b. Document the employee’s current job description.	
See attached State of Nevada Work Performance Standards	
c. Explain how this differs from current State duties.	
Commissary Representative – Delivery Clerk is different from a Supply Technician perform the duties outlined in the series concept but the focus of the work at this level is complex item-specific purchasing for a range of supplies, equipment, materials, forms, parts and services on a regular basis. Incumbents work closely with the requesting party to clarify and develop item specifications; refer to catalogs or the Internet to locate specific items, evaluate terms of warranties, and identify acceptable substitutions; initiate informal bid process with local and out-of-state vendors in which they negotiate price, terms and delivery date; make final decisions regarding item and vendor based on price, quality and availability; and originate purchases using a credit card, purchase order or requisition within the agency’s standard purchasing authority as described under S.A.M. Chapter 1500 and agency procedures. Additionally, Supply Technician I’s frequently encounter problems in locating supply sources and must search beyond the local area for items. Purchases are based on requests received from authorized agency personnel or through review of stock.	

d. Explain why existing State employees within your agency cannot perform this function.

After reviewing, this duty can be performed by a state employee, a Retail Storekeeper within the NDOC; however, at this time there is not a dedicated FTE assigned to this function. Moving forward an additional FTE is being pursued in the FY 20-21 budget.

e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate [NAC 284.750](#).

No

f. List contractor's hourly rate.

The vendor pays the Delivery Clerk \$5 per packaged delivered.

g. List the range of comparable State employee rates.

Not applicable

h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.

Not applicable

i. Document justification for hiring contractor.

While the vendor must incur the cost of hiring off-duty custody or non-custody staff to deliver packages; NDOC is requesting an additional FTE in the SFY 20-21 budget. This request is to formalize the current relationship with the employee, vendor, and the State of Nevada.

j. Will the employee be collecting PERS at any time during the contract?

No

k. What is the duration of the contract with the current employee? (include start and end date)

Currently – September 30, 2019

l. Will the current employee be working FT/PT? If PT how many hours

Part-time depending on number of packages received at the facility.

Comments:

A. J. Brown 4/5/19

Contracting Agency Head's Signature and Date

Sudheta Gaurison 4/16/19

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

Secondary Employment Disclosure To Contract with a Current State Employee

Employee Name: Sheryl Drew
Employee ID number: 61982
Name of Secondary Employer: TBC Holdings, Inc.
(If self employed, enter the business name)
Address of Secondary Employer/Self Employment: _____
Secondary Employer Phone Number: _____

Describe the nature of the work performed by the secondary employer or self employment business.	Delivery of merchandise that was purchased to inmates
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	NO
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	Sort, deliver boxes and merchandise sent from keefe
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	Secondary - Dont know hrs, but once a week, 2 months on and 2 off State - M-F 6:30-3:00
If applicable, list provider agreements, brief scope of services, and associated State agencies.	
Comments:	

Employee statement

I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.
 I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

Sheryl Drew 10-10-18
 Employee's Signature and Date
[Signature] 4/5/19
 Agency Head's Signature and Date



**DIVISION OF HUMAN RESOURCE
MANAGEMENT
EMPLOYEE WORK PERFORMANCE
STANDARDS FORM**

Supervisors are responsible for establishing the initial standards, but standards must be reviewed annually and amended when appropriate. The employee must be given the opportunity to provide comment when the standards are revised (NAC 284.468).

Employee Name:	Last	First	MI	Employee ID #
Class Title:	Supply Technician I (2.836)			Date Standards Est/Rev:

Department/Division:	Agency # (3 digits):	Home Org # (4 digits):	Position Control #:
	440		

I have read and understand the work performance standards for this position. I understand these standards may be modified after discussion with my immediate supervisor and with the concurrence of the appointing authority.

Employee Signature: *SmDew* **Date:** 12-20-18

Supervisor Title & Signature: *Supply Tech II Sanyal* **Date:** 12-20-18

Reviewing Officer Title & Signature: **Date:**

Appointing Authority Title & Signature: **Date:**

Job Elements (Defined as principal assignments, goals, responsibilities and/or related factors.)	*Weighted Value	Performance Standards
Job Element #1: Purchasing <ul style="list-style-type: none"> Procure a variety of supplies, i.e., services, food, parts, equipment. Follow given monetary limits. Use contracted vendors, the Internet, etc. to maintain stock levels. Ensure compliance with applicable statutes, regulations, policies, etc. 		
Job Element #2: Quality Control <ul style="list-style-type: none"> Receive and inspect items to ensure correct delivery. Determine the condition of items and quantity received. Ensure the items meet order specifications. Pack and return damaged goods and incorrect items. Notify vendor of return status. 		
Job Element #3: Storeroom Maintenance <ul style="list-style-type: none"> Store office supplies, forms, food, equipment, janitorial supplies, etc., following appropriate methods for each item. Rotate items as necessary. Provide accessibility to supplies. Maintain storeroom in a neat/orderly fashion. 		

<p>Job Element #4: Supply/Equipment Requests</p> <ul style="list-style-type: none"> • Review requests for completeness and conformity. • Verify authority of persons or agencies placing orders. • Check authorization files to confirm legality of purchases. 		
<p>Job Element #5: Shipping</p> <ul style="list-style-type: none"> • Issue items and fill orders. • Distribute items over the counter. • Load pallets for shipment. • Package, deliver or ship supplies to various locations. 		
<p>Job Element #6: Damaged Items</p> <ul style="list-style-type: none"> • Ship equipment in need of repair. • Use the most appropriate method to reduce the risk of additional damage or hazard. 		
<p>Job Element #7: Inventory</p> <ul style="list-style-type: none"> • Maintain perpetual inventory. • Perform periodic physical inventory. • Count and record items. 		
<p>Job Element #8: Record Keeping</p> <ul style="list-style-type: none"> • Maintain purchase, receipt, stocking, inventory, distribution, etc. documentation. • Assemble, file and distribute material safety- sheets for hazardous materials. 		
<p>Job Element #9: Equipment Operation</p> <ul style="list-style-type: none"> • Operate safety equipment, i.e., forklift, dolly to receive, rotate and issue supplies. 		
<p>Job Element #10: Data Entry</p> <ul style="list-style-type: none"> • Input update and retrieve data using a computer. • Track purchases. • Maintain inventory, property and equipment records. • Produce reports as required. • Locate items on the Internet. • Send E-mail messages related to work performed. 		
<p>Job Element #11: Equipment Repair</p> <ul style="list-style-type: none"> • Replace broken or missing parts. • Perform regular maintenance. • Send to outside vendors for repair as needed. 		
<p>Job Element #12: Special Equipment</p> <ul style="list-style-type: none"> • Set up and dismantle special equipment as requested. 		

<p>Job Element #13: Work Ethic</p> <ul style="list-style-type: none"> • Ability to prioritize tasks, estimate time frames, meet deadlines, plan and use available resources and coordinate work assignments with others. 		
<p>Job Element #14: Customer Service and Communication</p> <ul style="list-style-type: none"> • Provide quality and quantity of information and service to co-workers and external customers. • Answer telephones; greet customers; answer general questions; refer callers/visitors to appropriate personnel. • Maintain and project an approachable, open-minded attitude and respect confidentiality to ensure open, two-way communication. 		
<p>Job Element #15: Safety</p> <ul style="list-style-type: none"> • Observe safe practices at all times. • Observe terms of safety of self, others, and care of Department property, equipment, and vehicles. • Follow Department accident reporting procedures. 		
<p>Job Element #16: Supervisory/Non-Supervisory Positions</p> <ul style="list-style-type: none"> • Positions at this level work may or may not have supervisory responsibilities. • Supervisory positions oversee the workings of a single warehouse. • Non-supervisory positions purchase a wide variety of items. 		
<p>Job Element #17: Professionalism</p> <ul style="list-style-type: none"> • Display a professional demeanor at all times when interacting with staff and inmates. • Be courteous and considerate. • Avoid critical and argumentative statements. • Observe the Chain-of-Command in all interactions and correspondence. • Cooperate with and maintain a good relationship with operations and program staff. 		

*If a weighted value is not designated, each job element has an equal weight.

Distribution: Original to Agency; Copy to Employee; Copy to Supervisor

NPD-14 Est. 1/03
Revised 3/12

**NEVADA DEPARTMENT OF CORRECTIONS
REQUEST FOR SECONDARY EMPLOYMENT**

PRINT NAME: Sheryl Drew DATE: 10-11-18

TITLE: Supply Tech 1 INSTITUTION: SDCC B/A #: _____

New Secondary Employment Existing Employment Start Date: _____
(If unknown, indicate unknown)

PROPOSED SECONDARY EMPLOYMENT: Keeffe program

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

SPECIFIC ACTIVITY, BUSINESS, OR ENTERPRISE: _____

PROPOSED DUTIES, RESPONSIBILITIES, OR ACTIVITIES: Delivery of
merchandise to inmates

ESTIMATED NUMBER OF WORKING HOURS AT SECONDARY EMPLOYMENT: 5 HRS?

PROPOSED WORKING HOURS: 3:00 a.m./p.m. TO 7 a.m./p.m.

I UNDERSTAND THAT MY PRIMARY RESPONSIBILITY IS TO THE DEPARTMENT OF CORRECTIONS,
I HAVE READ AND UNDERSTAND THE PROCEDURES AND RESTRICTIONS IN AR 355. I
UNDERSTAND MY APPROVAL FOR SECONDARY EMPLOYMENT MAY BE REVOKED AT ANYTIME.

Sheryl Drew
Employee's Signature

10-10-18
Date

RECOMMEND:

Approved
 Denied

[Signature]
Signature of Warden / Division Head

10/19/18
Date

Approved
 Denied

[Signature]
Signature of Deputy Director / Director's Designee

10-19-18
Date

Cc: HR Employee File

Steve Sisolak
Governor

Susan Brown
Director

Paul Nicks
Deputy Director



STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: April 16, 2019

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Bridgette Garrison, Executive Branch Budget Officer
Governor's Finance Office

A handwritten signature in blue ink, appearing to be "B. Garrison", written over the "From:" line.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Corrections requests authority to contract with Karl Grimmer, a current Senior Correctional Officer with the Nevada Department of Corrections, to deliver packages to inmates.

Additional Information:

Nevada Department of Corrections (NDOC) currently has a revenue Master Service Agreement (MSA) with Keefe Group, LLC DBA Keefe Supply Company. This MSA contract is comprised of commissions earned on the Inmate Package Program. Each eligible inmate is allowed to order one clothing item and one food package per quarter or monthly if the inmate is in transitional housing. Total packages may not exceed \$425 in value for eligible inmates or \$250 in value if the inmate is in transitional housing. Commissions are earned from the purchases made by inmates/family/friends from a special catalog for delivery to an inmate.

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906



**State of Nevada
Department of Corrections**

Steve Sisolak
Governor

James Dzurenda
Director

John Borrowman
Deputy Director
Support Services

MEMORANDUM

TO: Bridgette Garrison, Executive Branch Budget Officer I,
Governor's Finance Office – Budget Division

FROM: Scott J. Ewart, Chief of Fiscal Services *Scott Ewart*

DATE: April 9, 2019

SUBJECT: Request to Contract with Current State Employees

The Nevada Department of Corrections is currently contracted with Access Securepak (Keefe Group) to provide a package program for incarcerated individuals, their family, and friends, to purchase food and/or clothing. Due in part to ensuring safety and security within NDOC facilities, Access Securepak employs current NDOC employees to deliver the packages to inmate during off-duty hours.

The Department is respectfully requesting approval to continue to authorize the contractor to use current NDOC employees to deliver the packages during off-duty hours while the Department pursues other options for the delivery of inmate packages within its facilities.

Attached are two (2) new requests for Authorization to Contract with a Current Employee. The employees will not start employment with the contractor until after approval by BOE.

Should you have any questions, please contact me at (775) 887-3210 or by email at sewart@doc.nv.gov.

Thank you.



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Current Employee

Employee Information	
Employee Name:	Karl Grimmer
Employee ID Number:	45842
Job Title:	Senior Correctional Officer
Current Employee Agency:	Nevada Department of Corrections - Northern Nevada Correctional Center
Current Class and Grade:	13.312 Grade 35
Employment Dates:	10/10/2016 to Current
Contracting Agency:	Nevada Department of Corrections
Please check which of the following applies:	
<input type="checkbox"/> Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.	
<input checked="" type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
a. Summarize scope of contract work.	
Title of Contracted Position is a Commissary Representative – Delivery Clerk. Delivery clerks deliver individually packaged orders to inmates at specified correctional facilities. Verify identity of inmates and obtain signature from inmate upon delivery of goods.	
b. Document the employee's current job description.	
See attached State of Nevada Work Performance Standards.	
c. Explain how this differs from current State duties.	
Commissary Representative – is different from a Correctional Officer as they monitor assigned areas to ensure proper supervision of inmates is met in accordance of state policy. Maintain safety and security of the institution/facility, inmates, staff, and the public according to established procedures.	
d. Explain why existing State employees within your agency cannot perform this function.	
After reviewing, this duty can be performed by a state employee, a Retail Storekeeper within the NDOC; however, at this time there is not a dedicated FTE assigned to this function. Moving forward an additional FTE is being pursued in the FY 20-21 budget.	

e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate [NAC 284.750](#).

No.

f. List contractor's hourly rate.

The vendor pays the Delivery Clerk \$5 per packaged delivered.

g. List the range of comparable State employee rates.

Not applicable.

h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.

Not applicable.

i. Document justification for hiring contractor.

While the vendor must incur the cost of hiring off-duty custody or non-custody staff to deliver packages; NDOC is requesting an additional FTE in the SFY 20-21 budget. This request is to formalize the current relationship with the employee, vendor, and the State of Nevada.

j. Will the employee be collecting PERS at any time during the contract?

No.

k. What is the duration of the contract with the current employee? (include start and end date)

Upon approval – September 30, 2019

l. Will the current employee be working FT/PT? If PT how many hours

Part-time depending on number of packages received at the facility.

Comments:

A. Johnson 4/9/19

Contracting Agency Head's Signature and Date

Suzette Gaudin 4/14/19

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

Secondary Employment Disclosure To Contract with a Current State Employee

Employee Name: Karl Grimmer
Employee ID number: 45847
Name of Secondary Employer: Access SECURE PAK
(If self employed, enter the business name)
Address of Secondary Employer/Self Employment: 55-101 VISTA BLVD Sparks, NV 89424
Secondary Employer Phone Number: 818 262 4306

Describe the nature of the work performed by the secondary employer or self employment business.	Package program
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	NO
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	Deliver packages ordered by inmate or inmate family
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	1 pm - 4 pm Monday even week State job 5am - 1 pm MON - FRI NO CONFLICT
If applicable, list provider agreements, brief scope of services, and associated State agencies.	

Comments:

Employee statement

KG I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.

I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

 4/9/19
Employee's Signature and Date

Agency Head's Signature and Date



NEVADA DEPARTMENT OF CORRECTIONS
REQUEST FOR SECONDARY EMPLOYMENT

PRINT NAME: Karl Grimmer DATE: 12/10/18

TITLE: Senior Corrections / officer INSTITUTION: NNCC B/A #: _____

New Secondary Employment Existing Employment Start Date: unknown
(if unknown, indicate unknown)

PROPOSED SECONDARY EMPLOYMENT: Package officer

BUSINESS ADDRESS: 55 vista blvd Sparks, NV 89434

BUSINESS PHONE: (775) 355-7006

SPECIFIC ACTIVITY, BUSINESS, OR ENTERPRISE: Inmate package program

PROPOSED DUTIES, RESPONSIBILITIES, OR ACTIVITIES: Delivering inmate packages on NNCC yard.

ESTIMATED NUMBER OF WORKING HOURS AT SECONDARY EMPLOYMENT: _____

PROPOSED WORKING HOURS: 1:00 a.m./p.m. TO 3:00 a.m./p.m.

I UNDERSTAND THAT MY PRIMARY RESPONSIBILITY IS TO THE DEPARTMENT OF CORRECTIONS. I HAVE READ AND UNDERSTAND THE PROCEDURES AND RESTRICTIONS IN AR 355. I UNDERSTAND MY APPROVAL FOR SECONDARY EMPLOYMENT MAY BE REVOKED AT ANYTIME.

Employee's Signature Date: 12/10/18

RECOMMEND:

Approved
 Denied

[Signature]
Signature of Warden / Division Head Date: 12/10/18

Approved
 Denied

[Signature]
Signature of Deputy Director / Directors Designee Date: 12-13-18

Cc: HR Employee File

Bridgette Mackey-Garrison

From: Scott Ewart <sewart@doc.nv.gov>
Sent: Tuesday, April 09, 2019 5:21 PM
To: Bridgette Mackey-Garrison
Cc: Adrienne Monroe; John Borrowman; Pam Babb; Venus Fajota
Subject: May BOE Agenda Item - Contract with Current Employee(s)
Attachments: May BOE NDOC Request Contract Former Employees.docx; May BOE NDOC Request Contract Former Employees.pdf

Bridgette,

Please consider the attached request for placement on the May BOE agenda. Both a Word and PDF version of the memo are included. The PDF version contains all the supporting documentation.

Please let me know if you have any questions.

Thank you

Scott J. Ewart
Chief of Fiscal Services
Nevada Department of Corrections
sewart@doc.nv.gov
Phone (775) 887-3210
Fax (775) 887-3385

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Steve Sisolak
Governor

Susan Brown
Director

Paul Nicks
Deputy Director



STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: April 18, 2019

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Jim Rodriguez, Executive Branch Budget Officer
Governor's Finance Office

A handwritten signature in black ink, appearing to read "Jim Rodriguez".

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF PUBLIC SAFETY – PAROLE AND PROBATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Public Safety, Division of Parole and Probation requests authority to contract with Emily Salisbury a current Associate Professor of Criminal Justice with the University of Nevada, Las Vegas, to provide Effective Practices in Community Supervision (EPICS) training to Parole and Probation staff.

Additional Information:

A part of the recommendations of the Case Management Committee, and with the approval of the 2017 Legislature the Division is in the process of implementing/adopting the Ohio Risk Assessment Systems (ORAS) and EPICS assessment tools/instruments. Ms. Salisbury is an expert in EPICS assessment tools and processes and will provide the Division with an excellent source of knowledge and experiences regarding ORAS and EPICS implementation and evaluation. Her individual training in this area was received

directly for the University of Cincinnati during her doctoral program and through her Associate Professor position at Portland State University. Ms. Salisbury's role and responsibilities for this training will be separate and apart from the role she serves as part of UNLV's academic faculty. No teaching or research is involved, only external training based on the employee's areas of expertise in correctional policy and practices will be required. Services will be provided outside the demands and hours associated with Ms. Salisbury's commitments to UNLV.

Statutory Authority: _____

NRS 333.705 (1)

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

Steve Sisolak
Governor

George Togliatti
Director



Director's Office

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

RECEIVED
MAR 21 2019
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Memorandum

Date: March 21, 2109
TO: Jim Rodriguez
FROM: Charlene Boegle
SUBJECT: Authorization to Contract with a Current Employee

Attached is an Authorization to Contract with a Current Employee for Parole and Probation, for placement on the May B.O.E.

I have included biography information on Emily Salisbury, should you need further information.

Please feel free to contact me, should I be able to offer further information.

Thank you,

A handwritten signature in purple ink, appearing to read "C. Boegle", with a long horizontal flourish extending to the right.

Charlene Boegle



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

RECEIVED

MAR 21 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Authorization to Contract with a Current Employee

Employee Information	
Employee Name:	Emily Salisbury
Employee ID Number:	000031217
Job Title:	J000449-Associate Professor Criminal Justice
Current Employee Agency:	NSHE/University of Nevada, Las Vegas
Current Class and Grade:	N/A, not a classified employee
Employment Dates:	August 1, 2014 - present
Contracting Agency:	Parole and Probation (P&P)
Please check which of the following applies:	
<input checked="" type="checkbox"/> Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
a. Summarize scope of contract work.	
<p>The Effective Practices in Community Supervision (EPICS) model is vitally important to the mission of Parole and Probation (P&P) as it relates to changing the mind set of offenders on supervision. The outcome is to see a reduction in recidivism rates through offender Cognitive Behavior therapy. All P&P Officer must have a clear understanding of the EPICS concept and the academic research behind the use of EPICS.</p> <p>P&P is requesting an academic expert in the EPICS program to contract with P&P to develop an implementation plan to speak to P&P Officers regarding the fidelity of EPICS and the significance of building a collaborative relationship between the Officer's and those on supervision.</p>	
b. Document the employee's current job description.	
Associate Professor for NSHE/University of Nevada, Las Vegas	
c. Explain how this differs from current State duties.	
The role and responsibilities for the contracted services are separate and apart from the role as academic faculty. No teaching or research is involved, only external training based on the employee's areas of expertise in correctional policy and practices.	
d. Explain why existing State employees within your agency cannot perform this function.	
No State employee has the expertise needed	

e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate [NAC 284.750](#).

There is no relationship between Emily Salisbury and Tami Beauregard

f. List contractor's hourly rate.

\$250.00/hour

g. List the range of comparable State employee rates.

There are no comparable State employee rates for the contractor's pay range

h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.

As there are no State employees with the expertise to provide the service required, an academic professional with the research knowledge for EPICS is needed.

i. Document justification for hiring contractor.

As, the EPICS model is vitally important to the mission of P&P and there are no State employees that have the expertise to plan and/or present the training/workshops; P&P submitted a Proposal for Solicitation and received three proposals.

Per NRS 333.335, Salisbury Consulting was awarded the contract.

j. Will the employee be collecting PERS at any time during the contract?

No.

k. What is the duration of the contract with the current employee? (include start and end date)

Start date = Board of Examiners Approval
End date = December 31, 2019

l. Will the current employee be working FT/PT? If PT how many hours

PT: 52 hours

Comments:

A Mulford 3/18/19.
Contracting Agency Head's Signature and Date

Jan. Rao 4-18-19
Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date



Emily J. Salisbury, Ph.D.

Associate Professor

Department(s): Criminal Justice

Office: GUA 5121

Mail Code: 5009

Phone: 702-895-0245

Fax: 702-895-0252

Email: emily.salisbury@unlv.edu

Biography

Emily Salisbury's research focuses on evidence-based correctional policy, offender risk/needs assessment, and effective treatment intervention strategies, with a particular focus on women and girls and gender-responsive policy. She is one of the original developers of the Women's Risk Needs Assessment (WRNA) instruments, which is a suite of correctional assessments specifically designed and validated to measure the needs and strengths of justice-involved women using a trauma-responsive approach. As a result, UNLV is now the primary source for WRNA research, training, and implementation for correctional agencies across the U.S. and internationally.

In 2017, her research on women offenders was recognized by the American Society of Criminology's Division on Corrections and Sentencing, which awarded her the Marguerite Q. Warren and Ted B. Palmer Differential Intervention Award. Between 2013-2017, she served as Editor-in-Chief of *Criminal Justice and Behavior*, an academic journal that is the leading publication source for research on evidence-based practices in corrections. Dr. Salisbury was also identified as one of the Top 100 Criminology and Criminal Justice scholars between 2009-2013 based on publications and citations. In addition, she is co-editor of the book, *Correctional Counseling and Rehabilitation (9th ed.)*, and regularly serves as a principal investigator and technical assistant with several local, state, and federal correctional agencies.

Contact

www.linkedin.com/in/emily-j-salisbury-22352973 (LinkedIn)

Top Skills

Research

Psychology

Research Design

Honors-Awards

Marguerite Q. Warren and Ted B. Palmer Differential Intervention Award

Publications

Is Downsizing Prisons Dangerous? The Effect of California's Realignment Act on Public Safety

Predicting the Prison Misconducts of Women Offenders: The Importance of GenderResponsive Needs

Correctional Counseling and Rehabilitation (9th edition)

Program Integrity and the Principles of Gender Responsive Interventions: Assessing the Context for Sustainable Change

Gendered Pathways: A Quantitative Investigation of Women Probationers' Paths to Incarceration

Emily J. Salisbury

Advocate for gender-responsive and evidence-based corrections worldwide. Associate Professor of Criminal Justice, UNLV

Las Vegas, Nevada

Summary

Dr. Emily J. Salisbury is an Associate Professor of criminal justice at the University of Nevada, Las Vegas. She earned her Ph.D. in criminology and criminal justice from the University of Cincinnati, and her M.A. in forensic psychology at Castleton State College. Prior to her appointment at UNLV in 2014, she was an associate professor at Portland State University.

Additionally, between 2013-2017, Dr. Salisbury was the Editor-in-Chief of the peer-reviewed, academic research journal, Criminal Justice and Behavior. CJB is the official publication of the International Association for Correctional and Forensic Psychology, and is the leading publication source for the research on evidence-based practices in corrections. In July 2013, Google Scholar Metrics ranked CJB as the number one academic journal in the Criminology, Criminal Law, and Policing discipline based on article citations.

Her primary research interests include correctional assessment and treatment intervention strategies, with a particular focus on female offenders and gender-responsive policy. She was the project director of two research sites that developed and validated the Women's Risk/Needs Assessment instruments (WRNAs) through a cooperative agreement with the National Institute of Corrections and the University of Cincinnati. Her research publications have appeared in several top academic journals, as well as practitioner-oriented newsletters and book chapters. She is also co-editor of the book, Correctional Counseling and Rehabilitation, currently in its 9th edition at Routledge Publishing.

Dr. Salisbury actively consults with several local, state, federal, and international correctional agencies on implementing gender-responsive strategies (Federal Bureau of Prisons, Singapore Prison Service, Namibian Correctional Service, Kenyan Probation Service,

and correctional departments from Nevada, Oregon, Washington, California, and others).

Experience

University of Nevada Las Vegas

Associate Professor, Department of Criminal Justice

August 2014 - Present

Las Vegas, NV

Hope for Prisoners

Advisory Council Member

September 2014 - Present

Hope For Prisoners works to empower returning ex-offenders and their families to create a successful future built on strategic leadership and character development. By assisting those fighting for second chances, we strive to serve, build and strengthen our community.

For information on Hope for Prisoners, please go to: [http://](http://www.hopeforprisoners.org/)

www.hopeforprisoners.org/

Criminal Justice and Behavior: An International Journal

Editor-in-Chief

January 2013 - December 2017 (5 years)

University of Nevada Las Vegas

Criminal Justice and Behavior is the official academic publication of the International Association for Correctional and Forensic Psychology (IACFP).

For more information or to join the IACFP, visit www.myiacfp.org.

Criminal Justice and Behavior is a top-tier academic, peer-review research journal that promotes scholarly evaluations of assessment, classification, prevention, intervention, and treatment programs to help the correctional professional develop successful programs based on sound and informative theoretical and research foundations. Publishing timely, well-conceived, and lively scholarship, Criminal Justice and Behavior advances the knowledge and expertise of professionals and academics involved in forensic psychology, with a concentration on correctional psychology.

International Association for Correctional and Forensic Psychology
Executive Board Member

January 2013 - December 2017 (5 years)

The International Association for Correctional and Forensic Psychology (IACFP) is an organization of behavioral scientists and practitioners who are concerned with the delivery of high-quality mental health services to criminal offenders, and with promoting and disseminating research on the etiology, assessment and treatment of criminal behavior.

IACFP publishes the top-tier academic journal, *Criminal Justice and Behavior*.

For information on becoming a member of IACFP, please go to: <http://www.aa4cfp.org/>

Portland State University, Division of Criminology and Criminal Justice

Associate Professor

September 2007 - August 2014 (7 years)

Portland, Oregon Area

Education

University of Cincinnati

Doctor of Philosophy (Ph.D.), Criminology & Criminal Justice · (2002 - 2007)

Castleton State College

Master of Arts (M.A.), Forensic Psychology · (2000 - 2002)

William Jewell College

Bachelor of Arts (B.A.), Psychology · (1995 - 1999)

Charlene Boegle

From: Tami Beauregard
Sent: Thursday, March 21, 2019 8:04 AM
To: Charlene Boegle
Subject: FW: Current Employee Question

Good Morning,

Below is Dr. Salisbury's answer to the training question.

Thanks, Tami

From: Emily Salisbury [mailto:emily.salisburyconsulting@gmail.com]
Sent: Thursday, March 21, 2019 6:31 AM
To: Tami Beauregard
Subject: Re: Current Employee Question

Hi Tami,

My training was received from the University of Cincinnati during my doctoral program and during my Associate Professor position at Portland State University.

Emily

On Wed, Mar 20, 2019 at 3:05 PM Tami Beauregard <tbeauregard@dps.state.nv.us> wrote:

Good Afternoon,

I need another question answered with regards to you being a Current State Employee:

Where did you receive your training, which enables you to teach the classes, as stated in the contract?

Thanks,

Tami Beauregard

Management Analyst

NV DPS / Parole & Probation

(775) 684-2617

Steve Sisolak
Governor



Susan Brown
Director

Paul Nicks
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: April 18, 2019
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Andre Urruty, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to be "AU", located to the right of the "From:" field.

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

DEPARTMENT OF TAXATION –
MARIJUANA REGULATION AND CONTROL ACCOUNT

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department requests to retroactively contract with a former employee, Janet Murphy, from April 22, 2019 through June 30, 2019. Ms. Murphy will be assisting in the review and evaluation of critical application data to create documents intended for public disclosure as introduced in the amendment of SB32. Ms. Murphy will also assist with the processing of marijuana license transfer interest requests. Ms. Murphy is currently receiving retirement benefits through PERS.

Additional Information:

Mrs. Murphy served as the Deputy Director of the Governor's Finance Office (GFO) and during the preparation of the current budget, as a contractor with the GFO. She is

currently working as a contractor with the Administrative Services Division of the Department of Administration.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____



STEVE SISOLAK
Governor
JAMES DEVOLLD
Chair, Nevada Tax Commission
MELANIE YOUNG
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <https://tax.nv.gov>

1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

Date: April 18, 2019
To: Susan Brown, Director
Through: Andre Urruty, Executive Branch Budget Officer
Governor's Finance Office
From: Heather Field, Administrative Services Officer
Department of Taxation
Subject: Retroactive contract with former employee

The Department of Taxation is requesting to retroactively contract with former state employee, Janet Murphy, through the use of Talent Framework, LLC. Mrs. Murphy will review, evaluate and redact critical application data to create documents intended for public disclosure as introduced in the amendment of SB32. This amendment will allow qualifying documents received by the Department of Taxation on or after May 1, 2017 to be disclosed for purposes of transparency. Additionally, Mrs. Murphy will assist with the processing of marijuana license transfer interest requests. This task requires professionalism, attention to detail, the ability to evaluate and analyze, the use of discretion with sensitive materials and decision making abilities. Per the State Administrative Manual 0323, the department has requested Mrs. Murphy's services from April 22, 2019 through June 30, 2019.

If I can provide any further information I am available to answer any questions.

Thank you,

A handwritten signature in black ink, appearing to read "Heather Field".

Heather Field, Administrative Services Officer
Nevada Department of Taxation



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Janet Murphy
Former Employee ID Number:	019360
Former Job Title:	Deputy Director, Governor's Finance Office
Former Employee Agency:	Governor's Finance Office
Former Class and Grade:	U4305
Former Employment Dates:	08/23/1999 through 10/14/17
Contracting Agency:	The Department of Taxation
Please check which of the following applies:	
<input checked="" type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
a. Summarize scope of contract work.	
The department request Mrs. Murphy to evaluate and redact critical application data to create documents intended for public disclosure as introduced in the amendment of SB32.	
b. Document former job description.	
Mrs. Murphy was the Deputy Director of the Governor's Finance Office and was responsible for the development of the Governor's Recommended budget for all agencies, the facilitation of the Board of Examiner's and Interim Finance Committee meetings, the monitoring and management of General Fund and Highway Fund appropriations, as well as supervision of all Executive Branch Budget Officers.	
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	
Yes, this employee has experience in working with highly sensitive and confidential information.	
No, There is not a clause in the contract from transfer of the specialized knowledge of the contracting agency and a time frame for the transfer.	
d. Explain why existing State employees within your agency cannot perform this function.	
This contractor is being utilized to assist with the program needs. Due to extensive workload demands current staff resources are unable to meet necessary deadlines.	

e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.

No

f. List contractor's hourly rate.

\$70.00

g. List the range of comparable State employee rates.

Grade 50, Step 09, Employee/Employer Paid Retirement: \$67.64

Grade 50, Step 10, Employee/Employer Paid Retirement: \$70.87

Grade 51, Step 10, Employee/Employer Paid Retirement: \$74.34

h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?

The contract rate does not exceed the maximum employee/employer rate for a comparable State position by more than 10 percent.

i. Document justification for hiring contractor.

This contract is hired for a four month period to manage and assist in reviewing application for sensitive information. This project period has commenced and is projected to continue through June 30, 2019 to prepare statistical and informational data for the current legislative session.

j. Will the employee be collecting PERS at any time during the contract?

Yes

k. What is the duration of the contract with the former employee? (include start and end date)

April 22, 2019 through June 30, 2019.

l. Will the former employee be working FT/PT? If PT how many hours

Part Time. 16 to 20 hours per week.

Comments:

 9/18/19
Contracting Agency Head's Signature and Date

 9/18/19
Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

Steve Sisolak
Governor

Susan Brown
Director

Paul Nicks
Deputy Director



STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: April 16, 2019

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Bridgette Garrison, Executive Branch Budget Officer
Governor's Finance Office

A handwritten signature in blue ink, appearing to read "B. Garrison".

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests to contract with a former employee, Robert Bratzler. Caviola Anson Group, Inc. has hired Mr. Bratzler and would like to utilize him on the I-15 South National Environmental Policy Act (NEPA) Re-Evaluation project to perform alternatives analysis and conceptual design services.

Additional Information:

In accordance with NDOT and the Federal Highway Administration (FHWA) requirements, the CA Group was awarded the contract to perform the alternative concept development and verification for the I-15 South NEPA Re-Evaluation project. Mr. Bratzler retired from state service on November 30, 2018 as a Supervisor III Associate Engineer and is well suited to support this activity. While employed at NDOT, Mr. Bratzler was not

directly, or indirectly involved in the RFP process or in the selection of Caviola Anson Group, Inc.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: <u>Jan 2</u>
ACTION ITEM: _____



1263 South Stewart Street
Carson City, Nevada 89712
Phone: (775) 888-7440
Fax: (775) 888-7201

MEMORANDUM

RECEIVED

April 11, 2019

APR 15 2019

To: State of Nevada Board of Examiners
From: Kristina L. Swallow, PE, Director *KS*
Subject: Authorization to Contract with a Former Employee – Robert Bratzler

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

SUMMARY

Pursuant to Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Mr. Robert Bratzler. Mr. Robert Bratzler retired from state service on November 30, 2018. CA Group has hired Mr. Bratzler to fill a senior designer position and is requesting to use his expertise in performing alternatives analysis and conceptual design on Agreement P671-18-015, Project 74320.

BACKGROUND

The Interstate 15 (I-15) South Corridor is a 12-mile long corridor capacity and safety improvement project located in the southern part of Las Vegas Valley in the state of Nevada. The location of the corridor is bound by the Tropicana Interchange on the north end and Sloan Interchange on the south end. The I-15 South Corridor Environmental Assessment document, dated October 2008, identifies \$1.24 billion of project improvements to be completed within the corridor. To date, the DEPARTMENT has completed \$428 million of projects within the corridor, leaving approximately \$812 million of projects to be constructed. The remaining projects will be completed through a phased approach.

In 2011, DesertXpress obtained a Record of Decision from the Federal Railroad Administration on a Final Environmental Impact Statement (FEIS) for a high-speed railway between Victorville California and Las Vegas Nevada. A privately-owned company named Brightline, is finalizing negotiations to acquire DesertXpress with the goal to start construction of the railway between Victorville and Las Vegas by the fall of 2019.

The FEIS has a preferred alignment that is mostly outside of DEPARTMENT right-of-way and an alternative alignment that is to be within the median of the Interstate from Victorville to Las Vegas. Recent meetings with Brightline indicate that the alternative alignment that is located in the median of the interstate may be preferred. Recent communication with Brightline confirms they plan to update their EIS document by June of 2019 and begin construction by fall of 2019 with a construction period from 2-3 years.

The goal of this Agreement is to assist the DEPARTMENT in obtaining FHWA approval of the NEPA Re-Evaluation and changes to the project's conceptual design. In addition, utilizing the high-speed rail technical expertise to minimize NDOT's risks in including Brightline' high-speed rail project within I-15 right-of-way.

Through a Request for Proposal (RFP) process, CA Group, Inc. was selected to perform the required services for the I-15 South NEPA Re-Evaluation and High-Speed Rail Technical Expertise. The services require expertise on a designer to assist in developing and verifying potential alternative concepts. Mr. Bratzler started his employment at CA Group on April 8, 2019. CA Group, Inc. has requested to use Mr. Bratzler's expertise to assist in alternative concept

development and verification based on NDOT and FHWA requirements for the I-15 South NEPA Re-Evaluation. Mr. Bratzler spent 30 years with NDOT including Roadway Design and brings tremendous value and expertise to this project.

At no time during Mr. Bratzler's State service was Mr. Bratzler involved in the RFP procurement and selection of CA Group, Inc. for the required services for the I-15 South NEPA Re-Evaluation, nor did he participate in the project in any capacity leading up to his retirement.

RECOMMENDATION

We respectfully request your consideration for approval for NDOT to allow the addition of Mr. Bratzler to CA Group, Inc. to complete the alternative development concept and verification for the I-15 South NEPA Re-Evaluation project, Agreement P671-18-015, Project 74320.

Steve Sisolak
Governor



Patrick Cates
Director

Jeffrey Haag
Administrator

RECEIVED
APR 15 2019
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Former Employee

Employee Information

Former Employee Name: Robert Bratzler
Former Employee ID Number: 03406
Former Job Title: Supervisor III Associate Engineer
Former Employee Agency: Nevada Department of Transportation
Former Class and Grade: Grade 40
Former Employment Dates: November 7, 1988 – November 30, 2018

Contracting Agency:

Please check which of the following applies:

- Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.
- Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.
 - a. Summarize scope of contract work.

Provide NEPA re-evaluation, alternatives review, and high-speed rail technical expertise.

b. Document former job description.

Project coordinator for Roadway Design Nevada Department of Transportation.

c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?

NDOT is requesting assistance on re-evaluating the I-15 South EA. No specialized software that is not publicly available is required for the project.

d. Explain why existing State employees within your agency cannot perform this function.

The Department staff is unable to provide these services and in the time frame of the contract along with having high speed rail technical expertise. Contract was solicited as a RFP to the general engineering/planning community.

- e. **Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.**

No relationship.

- f. **List contractor's hourly rate.**

\$46/hour

- g. **List the range of comparable State employee wages.**

\$35/hour

- h. **Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?**

The employee is not employed full time. This is a part time position thus additional pay is provided for part time benefits and the employee only works when there is work to be performed. The employee's contract term has been limited by the length of the finite contract.

- i. **Document justification for hiring contractor.**

NDOT feels they do not currently have the resources or high speed rail expertise to complete the NEPA re-evaluation and have solicited a RFP from the general engineering and planning community.

- j. **Will the employee be collecting PERS at any time during the contract?**

Yes

- k. **What is the duration of the contract with the former employee? (include start and end date)**

March 25, 2019 to December 31, 2019

- l. **Will the former employee be working FT/PT? If PT how many hours**

Part time and approximately 24 hours per week based on project workload.

Comments:

DocuSigned by:
Kristina Swallow 04/13/2019
C4B612FC2C1E4FB...

Contracting Agency Head's Signature and Date

Budget Analyst Signature

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	BOARD OF OCCUPATIONAL THERAPY	SCOTT M. COOLEY 1997 SEPARATE PROPERTY TRUST	\$227,818
		Leasing Services negotiated this lease to accommodate increased staffing levels.	
	Term of Lease:	08/01/2019 – 07/31/2026	Located in Reno
2.	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – SAGEBRUSH ECOSYSTEM PROGRAM	NEVADA PUBLIC AGENCY INSURANCE POOL	\$55,050
		This lease is an extension of an existing lease.	
	Term of Lease:	07/01/2019 – 06/30/2021	Located in Carson City
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION – SIERRA REGIONAL CENTER	KIETZKE OFFICE COMPLEX, LLC	\$95,851
		This lease is an extension of an existing lease.	
	Term of Lease:	08/01/2019 – 07/31/2024	Located in Reno
4.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES	KIETZKE OFFICE COMPLEX, LLC	\$157,494
		This lease is an extension of an existing lease.	
	Term of Lease:	08/01/2019 – 07/31/2024	Located in Reno
5.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	CVV, LLC	\$140,403
		This lease is an extension of an existing lease.	
	Term of Lease:	06/01/2019 – 05/31/2026	Located in Las Vegas
6.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	CVV, LLC	\$208,624
		This lease is an extension of an existing lease.	
	Term of Lease:	06/01/2019 – 05/31/2026	Located in Las Vegas
7.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES	JLC NEVADA OPERATIONS, INC.	\$2,779,301
		This lease is an extension of an existing lease.	
	Term of Lease:	06/01/2019 – 05/31/2024	Located in Las Vegas

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
8.	DEPARTMENT OF TRANSPORTATION	THE SHENENDOAH CO., BUSINESS TRUST DBA NYE LANE PROPERTIES	\$366,374
		This lease is an extension of an existing lease.	
	Term of Lease:	06/01/2019 – 05/31/2024	Located in Carson City
9.	DEPARTMENT OF WILDLIFE	ECD, LLC DBA KENNY SUNSET, LLC	\$94,827
		This lease is an extension of an existing lease.	
	Term of Lease:	10/01/2019 – 09/30/2024	Located in Tonopah
10.	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	CHURCHILL COUNTY	\$7,200
		This lease is an extension of an existing lease.	
	Term of Lease:	07/01/2019 – 06/30/2022	Located in Fallon

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

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

STATEWIDE LEASE INFORMATION

1. Agency: Board of Occupational Therapy
 PO Box 34779
 Reno, Nevada 89533
 Loretta Ponton
 (775) 746-4101 Fax (775) 746-4105 board@nvot.org

Remarks: Leasing Services negotiated this lease agreement to accommodate increased staffing levels. Current location does not accommodate board meetings or staffing demands. Extensive tenant improvements to reconfigure current space would have included constructing additional private offices, leveling floor and replacing flooring.

Exceptions/Special notes:

2. Name of Lessor: Scott M Cooley 1997 Separate Property Trust

3. Address of Lessor: 15900 Kennedy Road
 Los Gatos, California 95032

4. Property contact: Cooley Commercial
 15900 Kennedy Road
 Los Gatos, California 95032
 Scott Cooley
 (408) 829-4130 scottmcooley@hotmail.com

5. Address of Lease property: 6170 Mae Anne Avenue, Suite #1
 Reno, Nevada 89523

a. Square Footage: Rentable Usable 1,447

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 2,500.00	12	\$30,000.00	August 1, 2019 - July 31, 2020	\$1.73
3%	\$ 2,575.00	12	\$30,900.00	August 1, 2020 - July 31, 2021	\$1.78
3%	\$ 2,652.25	12	\$31,827.00	August 1, 2021 - July 31, 2022	\$1.83
3%	\$ 2,731.82	12	\$32,781.84	August 1, 2022 - July 31, 2023	\$1.89
3%	\$ 2,813.77	12	\$33,765.24	August 1, 2023 - July 31, 2024	\$1.94
0%	\$ 2,813.77	12	\$33,765.24	August 1, 2024 - July 31, 2025	\$1.94
3%	\$ 2,898.19	12	\$34,778.28	August 1, 2025 - July 31, 2026	\$2.00
c. Total Lease Consideration:		84	\$227,817.60		

d. Option to renew: Yes No 90 Renewal terms: One (1) identical term

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

f. Term: Seven (7) years

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

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.68 - \$2.11 - Reno Area

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

m. Lease will be paid for by Agency Budget Account Number: B031

6. Purpose of the lease: To house the Board of Occupational Therapy

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

a. Estimated Expenses: Moving: TBD Furnishings: TBD Data/Phones: TBD



APR - 3 2019

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit _____

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

Seetha Linton 4-1-19
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

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

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

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

Heath Patrick 4/3/19
Authorized Signature Date
Public Works Division

PS For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>OP</i>	3/20/19
Reviewed by: <i>DM</i>	3/25/19
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Conservation & Natural Resources, Sagebrush Ecosystem Program
901 South Stewart Street, Suite 1003
Carson City, Nevada 89701
Pat Misch
(775) 684-2713 Fax (775) 684-2715 pbmisch@dcnr.nv.gov

Remarks: This renewal was negotiated with no rent rate increase.

Exceptions/Special notes: The Lessor is exempt from obtaining a business license per NRS 277.110

2. Name of Lessor: Nevada Public Agency Insurance Pool - *Public Agency acting jointly*

3. Address of Lessor: 201 South Roop Street, Suite 102
Carson City, Nevada 89701

4. Property contact: Wayne Carlson
(775) 885-7475 Fax (775) 883-7398 waynecarlson@poolpact.com

5. Address of Lease property: 201 South Roop Street, Suite 101
Carson City, Nevada 89701

a. Square Footage: Rentable
 Usable 1,835

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
\$ 2,293.75	12	\$27,525.00	July 1, 2019 - June 30, 2020	\$1.25
\$ 2,293.75	12	\$27,525.00	July 1, 2020 - June 30, 2021	\$1.25

Increase % 0%

c. Total Lease Consideration: 24 \$55,050.00

d. Option to renew: Yes No 90 Renewal terms: One (1) identical term

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

f. Term: Two (2) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.66 - \$2.07 - Carson City Area

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

m. Lease will be paid for by Agency Budget Account Number: 4150

6. Purpose of the lease: To house the Department of Conservation & Natural Resources Sagebrush Ecosystem Program

7. This lease constitutes:

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

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

RECEIVED

MAR - 4 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes _____ No X Dec Unit Base

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

Base

Wong/duy 4-25-19
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20121663710	Exp:	11/30/2019	6	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If yes, please explain in exceptions section					
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	T32000480				
h. Affidavit of "Arms Length Transaction"			Yes		

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

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

Shaun Patrick 3/4/19
Authorized Signature Date

Public Works Division

W PS For Board of Examiners YES NO

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

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Aging and Disability Services Division, Sierra Regional Center
605 South 21st Street
Sparks, Nevada 89431
Lisa Tuttle
(775) 687-0532 Fax: (775) 687-0573 lruttle@adsd.nv.gov

Remarks: Leasing Services negotiated this lease renewal at the same terms as the existing lease. ADSD was previously subleasing this space from DCFS at this location and is now entering into a lease directly with the Lessor.

Exceptions/Special notes:

2. Name of Lessor: Kietzke Office Complex, LLC

3. Address of Lessor: 4600 Kietzke Lane, G-170
Reno, Nevada 89502

4. Property contact: Lorrie Desiderio
(775) 825-5311 fax: (775) 825-5396 lorrie@desprop.net

5. Address of Lease property: 4600 Kietzke Lane, Building A, Suite A-104
Reno, Nevada 89502

a. Square Footage: Rentable
 Usable 1,160

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 1,566.00	12	\$18,792.00	August 1, 2019 - July 31, 2020	\$1.35
0%	\$ 1,566.00	12	\$18,792.00	August 1, 2020 - July 31, 2021	\$1.35
3%	\$ 1,605.15	12	\$19,261.80	August 1, 2021 - July 31, 2022	\$1.38
0%	\$ 1,605.15	12	\$19,261.80	August 1, 2022 - July 31, 2023	\$1.38
3%	\$ 1,645.28	12	\$19,743.36	August 1, 2023 - July 31, 2024	\$1.42

c. Total Lease Consideration: 60 \$95,850.96

d. Option to renew: Yes No 90 Renewal terms: One (1) identical term

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

f. Term: Five (5) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.68 - \$2.11 - Reno Area

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

m. Lease will be paid for by Agency Budget Account Number: 3280

6. Purpose of the lease: To house the Aging and Disability Services Division, Sierra Regional Center

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

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

RECEIVED
APR - 3 2019

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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

J. Philip F. Dorn Schmidt *3/19/19*
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20071118750</u>	Exp:	<u>8/31/2019</u>	6
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>T27020158</u>			
h. Affidavit of 'Arms' length transaction'	<input checked="" type="checkbox"/> YES			

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

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

Harold F. Futch *3/24/19*
 Authorized Signature Date

Public Works Division

PS
 For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	4/10/19
Reviewed by:	
Reviewed by:	

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Child and Family Services
 4126 Technology Way, 3rd Floor
 Carson City, Nevada 89706
 Erika Pond
 (775) 684-5934 Fax: (775) 684-4455 erika.pond@dcfs.nv.gov

Remarks: Leasing Services negotiated this lease renewal at the same terms as the existing lease. DCFS was previously subleasing part of their overall space to ASD at this location. DCFS is now entering into a lease directly with the Lessor for only the space being utilized by DCFS. ASD is entering into a separate lease directly with the Lessor for the space which was previously subleased by DCFS to ASD. This is why this renewal is for less square footage than the previous lease agreement.

Exceptions/Special notes:

2. Name of Lessor: Kietzke Office Complex, LLC

3. Address of Lessor: 4600 Kietzke Lane, G-170
 Reno, Nevada 89502

4. Property contact: Lorrie Desiderio
 (775) 825-5311 fax: (775) 825-5396 lorrie@desprop.net

5. Address of Lease property: 4600 Kietzke Lane, Building A, Suite A-107
 Reno, Nevada 89502

a. Square Footage: Rentable Usable 1,906

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 2,573.10	12	\$30,877.20	August 1, 2019 - July 31, 2020	\$1.35
0%	\$ 2,573.10	12	\$30,877.20	August 1, 2020 - July 31, 2021	\$1.35
3%	\$ 2,637.43	12	\$31,649.16	August 1, 2021 - July 31, 2022	\$1.38
0%	\$ 2,637.43	12	\$31,649.16	August 1, 2022 - July 31, 2023	\$1.38
2%	\$ 2,703.36	12	\$32,440.32	August 1, 2023 - July 31, 2024	\$1.42

c. Total Lease Consideration: 60 \$157,493.04

d. Option to renew: Yes No 90 Renewal terms: One (1) identical term

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

f. Term: Five (5) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.68 - \$2.11 - Reno Area

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

m. Lease will be paid for by Agency Budget Account Number: 3145

6. Purpose of the lease: To house the Division of Child and Family Services

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

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

RECEIVED

APR - 3 2019

GOVERNOR'S FINANCE OFFICE
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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


3/20/19

 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20071118750	Exp:	8/31/2019	6
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	T27020158			
h. Affidavit of 'Arm's Length Transaction	<input checked="" type="checkbox"/> YES			

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

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


4/3/19

 Authorized Signature Date
 Public Works Division


 For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Public and Behavioral Health
 Office of Suicide Prevention
 4150 Technology Way, Suite 300
 Carson City, Nevada 89706
 Debbie Ohl
 775.684.5915 Fax: 775.684.4211 dlohl@health.nv.gov

Remarks: Leasing Services negotiated this lease renewal to include tenant improvements.

Exceptions/Special notes: Improvements include: sound proofing of wall

2. Name of Lessor: CVV LLC

3. Address of Lessor: c/o MDL Group
 5960 South Jones Boulevard
 Las Vegas, Nevada 89118

4. Property contact: Bonnie Densmore
 702.388.1800 Fax: 702.388.1010 bdensmore@mdlgroup.com

5. Address of Lease property: 3811 West Charleston Boulevard, Suite 204
 Las Vegas, Nevada 89102

a. Square Footage: Rentable
 Usable 922

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 1,613.50	12	\$19,362.00	June 1, 2019 - May 31, 2020	\$1.75
2%	\$ 1,650.38	12	\$19,804.56	June 1, 2020 - May 31, 2021	\$1.79
0%	\$ 1,650.38	12	\$19,804.56	June 1, 2021 - May 31, 2022	\$1.79
2%	\$ 1,678.04	12	\$20,136.48	June 1, 2022 - May 31, 2023	\$1.82
0%	\$ 1,678.04	12	\$20,136.48	June 1, 2023 - May 31, 2024	\$1.82
2%	\$ 1,714.92	12	\$20,579.04	June 1, 2024 - May 31, 2025	\$1.86
0%	\$ 1,714.92	12	\$20,579.04	June 1, 2025 - May 31, 2026	\$1.86

c. Total Lease Consideration: 84 \$140,402.16

d. Option to renew: Yes No 90 Renewal terms: One Identical Term

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

f. Term: Seven (7) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.84 - \$2.42 - Las Vegas / Henderson Area

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

m. Lease will be paid for by Agency Budget Account Number: 3222

6. Purpose of the lease: To house the Office of Suicide Prevention

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

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

RECEIVED

APR - 5 2019

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit _____

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

Christine Baduik 3/29/19
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20181605314	Exp:	8/31/2019	3
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	T29041383			
h. Affidavit of 'Arm's Length Transaction'				<input checked="" type="checkbox"/> YES

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

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

Hardy Patrick 4/4/19
 Authorized Signature Date

Public Works Division

//bm

For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>ABE</i>	4-8-19
Reviewed by: <i>ABW</i>	4-9-19
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Public and Behavioral Health
 Office of Informatics and Technology
 4150 Technology Way, Suite 300
 Carson City, Nevada 89706
 Debbie Ohl
 775.684.5915 Fax: 775.684.4211 dlohl@health.nv.gov

Remarks: Leasing Services negotiated this renewal of an existing lease at a reduced rate, which created a savings of \$8,877.60 over the term.

Exceptions/Special notes: Improvements include: installation of security camera.

2. Name of Lessor: CWV LLC

3. Address of Lessor: c/o MDL Group
 5960 South Jones Boulevard
 Las Vegas, Nevada 89118

4. Property contact: Bonnie Densmore
 702.388.1800 Fax: 702.388.1010 bdensmore@mdlgroup.com

5. Address of Lease property: 3811 West Charleston Boulevard, Suite 208
 Las Vegas, Nevada 89102

a. Square Footage: Rentable
 Usable 1,370

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
\$ 2,397.50	12	\$28,770.00	June 1, 2019 - May 31, 2020	\$1.75
2% \$ 2,452.30	12	\$29,427.60	June 1, 2020 - May 31, 2021	\$1.79
0% \$ 2,452.30	12	\$29,427.60	June 1, 2021 - May 31, 2022	\$1.79
2% \$ 2,493.40	12	\$29,920.80	June 1, 2022 - May 31, 2023	\$1.82
0% \$ 2,493.40	12	\$29,920.80	June 1, 2023 - May 31, 2024	\$1.82
2% \$ 2,548.20	12	\$30,578.40	June 1, 2024 - May 31, 2025	\$1.86
0% \$ 2,548.20	12	\$30,578.40	June 1, 2025 - May 31, 2026	\$1.86

Increase %

c. Total Lease Consideration: 84 \$208,623.60

d. Option to renew: Yes No 90 Renewal terms: One Identical Term

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

f. Term: Seven (7) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.84 - \$2.42 - Las Vegas / Henderson Area

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

m. Lease will be paid for by Agency Budget Account Number: 3223

6. Purpose of the lease: To house the Office of Informatics and Technology

7. This lease constitutes:

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

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

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APR - 5 2019

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit _____

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

Christine Dadih 3/29/19
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20181605314	Exp:	8/31/2019	9
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	T29041383			
h. Affidavit of 'Ann's Length Transaction				YES

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

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

David D. Patrick 4/4/19
 Authorized Signature Date
 Public Works Division

For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	<i>4/10/19</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Division of Welfare and Supportive Services
1470 College Parkway
Carson City, Nevada 89706
Barbara Smith
(775) 684-0652 Fax: (775) 684-0681 basmith@dwss.nv.gov

Remarks: Leasing Services negotiated to convert this lease renewal to a "full service" lease. Tenant improvements include new paint, carpet, VCT and breakroom, restroom, reception area upgrades within the first two years of the lease term.

Exceptions/Special notes:

2. Name of Lessor: JLC Nevada Operations, Inc.

3. Address of Lessor: 1985 West Big Beaver Road, Suite 302
Troy, Michigan 48084

4. Property contact: Jay L. Cooke
Principal - CRG Properties
(248) 614-0066 Fax: (248) 614-8934 Mobile: (248) 550-4746 jaycooke@crgproperties.com
Property Management:
Real Estate Masters of Nevada
1058 West Owens Avenue
Las Vegas, Nevada 89106
Darryl Victorian - Property Manager
(702) 743-4553 Mobile (702) 392-5443 dvictorian@gmail.com

5. Address of Lease property: 1040 West Owens Avenue
Las Vegas, Nevada 89106

a. Square Footage: Rentable
 Usable 30,840

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 44,718.00	12	\$536,616.00	June 1, 2019 - May 31, 2020	\$1.45
3%	\$ 45,951.60	12	\$551,419.20	June 1, 2020 - May 31, 2021	\$1.49
0%	\$ 45,951.60	12	\$551,419.20	June 1, 2021 - May 31, 2022	\$1.49
3%	\$ 47,493.60	12	\$569,923.20	June 1, 2022 - May 31, 2023	\$1.54
0%	\$ 47,493.60	12	\$569,923.20	June 1, 2023 - May 31, 2024	\$1.54

c. Total Lease Consideration: 60 \$2,779,300.80

d. Option to renew: Yes No 90 Renewal terms: One (1) identical term

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

f. Term: Five (5) years

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

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.84 - \$2.42 - Las Vegas / Henderson Area

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

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

6. Purpose of the lease: To house the DHHS/Division of Welfare and Supportive Services

7. This lease constitutes:

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

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

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APR - 3 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	3/22/19
Reviewed by: <i>[Signature]</i>	4-2-19
Reviewed by:	

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

STATEWIDE LEASE INFORMATION

1. Agency: Nevada Department of Transportation
123 West Nye Lane, Suite 102
Carson City, Nevada 89706
Bhupinder Sandhu
(775) 888-7708 Fax: (775) 687-3380 bsandhu@dot.nv.gov

Remarks: Leasing Services negotiated this lease renewal.

Exceptions/Special notes:

2. Name of Lessor: The Shanendoah Co., Business Trust dba Nye Lane Properties

3. Address of Lessor: 3490 South Hampton Drive
Reno, Nevada 89509

4. Property contact: NAI Alliance Carson City
504 E. Musser Street, Suite 202
Carson City, Nevada 89703
Bruce Robertson
(775) 434-0998 Fax: (775) 434-2998 robertsonb@naialliance.com

5. Address of Lease property: 123 West Nye Lane, Suites 102, 105 and 110
Carson City, Nevada 89706

a. Square Footage: Rentable Usable 5,219

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
\$ 5,897.47	12	\$70,769.64	June 1, 2019 - May 31, 2020	\$1.13
3% \$ 6,054.04	12	\$72,648.48	June 1, 2020 - May 31, 2021	\$1.16
0% \$ 6,054.04	12	\$72,648.48	June 1, 2021 - May 31, 2022	\$1.16
3% \$ 6,262.80	12	\$75,153.60	June 1, 2022 - May 31, 2023	\$1.20
0% \$ 6,262.80	12	\$75,153.60	June 1, 2023 - May 31, 2024	\$1.20

Increase %

c. Total Lease Consideration: 60 \$366,373.80

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

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

f. Term: Five (5) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.66 - \$2.07 - Carson City Area

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

m. Lease will be paid for by Agency Budget Account Number: 4660

6. Purpose of the lease: To house the Nevada Department of Transportation

7. This lease constitutes:

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

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

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MAR 27 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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


Authorized Agency Signature

03/22/2019
Date

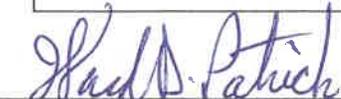
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20011000618	Exp:	5/31/2019	26
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	T27011156			
h. Affidavit of "Arm's Length Transaction"				Yes

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

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


Authorized Signature

3/26/19
Date

Public Works Division

PS For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>WJ</i>	3-28-19
Reviewed by: <i>DM</i>	3-29-19
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Nevada Department of Wildlife
6980 Sierra Center Parkway
Reno, Nevada 89511
Nancy Camarena
(775) 688-1526 Fax: (775) 688-1577 ncamarena@ndow.org

Remarks: Leasing Services negotiated this lease for an additional five (5) years.

Exceptions/Special notes:

2. Name of Lessor: ECD LLC dba Kenny Sunset, LLC
Kenny Fuller

3. Address of Lessor: PO Box 1000
Genoa, Nevada 89411

4. Property contact: Realty 500 - Rippie Realty
571 S. Main Street
Tonopah, Nevada 89049
Sean Harmon
(775) 482-3052 Fax: (775) 482-8705 sean.rippierealty500@frontier.com

5. Address of Lease property: 400 Howerton Hill Drive, Suite D
Tonopah, Nevada 89049

a. Square Footage: Rentable
 Usable 1,359

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$ 1,543.16	12	\$18,517.92	October 1, 2019 - September 30, 2020	\$1.14
\$ 1,574.02	12	\$18,888.24	October 1, 2020 - September 30, 2021	\$1.16
\$ 1,574.02	12	\$18,888.24	October 1, 2021 - September 30, 2022	\$1.16
\$ 1,605.51	12	\$19,266.12	October 1, 2022 - September 30, 2023	\$1.18
\$ 1,605.51	12	\$19,266.12	October 1, 2023 - September 30, 2024	\$1.18

Increase %

c. Total Lease Consideration: 60 \$94,826.64

d. Option to renew: Yes No 90 Renewal terms: One (1) identical term

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

f. Term: Five (5) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: Not Available - Rural Area

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

m. Lease will be paid for by Agency Budget Account Number: 4460

6. Purpose of the lease: To house the Department of Wildlife

7. This lease constitutes:

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

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

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MAR 21 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit Base

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

[Signature] _____ Date 3/18/19
Authorized Agency Signature

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20131415626</u>	Exp:	<u>7/31/2019</u>	6
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T29039247</u>			
n. Affidavit of "Arms Length Transaction"			<u>Yes</u>	

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

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

[Signature] _____ Date 3/20/19
Authorized Signature

Public Works Division

W PS For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

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

STATEWIDE LEASE INFORMATION

1. Agency: Governor's Office of Economic Development
Procurement Outreach Program
808 West Nye Lane
Carson City, Nevada 89703
Bonnie Long
(775) 687-9910 Fax: (775) 687-9924 blong@diversifynevada.com

Remarks: Leasing Services negotiated this renewal to have no rate increase.

Exceptions/Special notes: Lessor provided services include janitorial services as noted in Section 3.1, Page 3 of 11.

2. Name of Lessor: Churchill County

3. Address of Lessor: 155 North Taylor Street, Suite 153
Fallon, Nevada 89406

4. Property contact: Julie Guerrero
(775) 423-5136 Fax: (775) 423-0717 manager-jg@churchillcounty.org

5. Address of Lease property: 485 West B Street
Fallon, Nevada 89406

a. Square Footage: Rentable
 Usable 150

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
\$ 200.00	12	\$2,400.00	July 1, 2019 - June 30, 2020	\$1.33
\$ 200.00	12	\$2,400.00	July 1, 2020 - June 30, 2021	\$1.33
\$ 200.00	12	\$2,400.00	July 1, 2021 - June 30, 2022	\$1.33

Increase % 0%
0%

c. Total Lease Consideration: 36 \$7,200.00

d. Option to renew: Yes No 90 Renewal terms: One (1) identical term

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

f. Term: Three (3) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: Not Available - Rural Area

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

m. Lease will be paid for by Agency Budget Account Number: 4867

6. Purpose of the lease: To house the GOED, Procurement Outreach Program

7. This lease constitutes:

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

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

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APR 12 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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

Boris Long 4/11/19
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	EXEMPT	Exp:							1
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>				
c. Is the Contractor Exempt from obtaining a Business License:		<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO				
*If yes, please explain in exceptions section									
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO				
*If no, please explain in exceptions section									
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO				
*If no, please explain in exceptions section									
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States		<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO				
g. State of Nevada Vendor number:	T81032440								
h. Affidavit of 'Arms Length Transaction' B 423									

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

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

David Patrick 4/11/19
 Authorized Signature Date
 Public Works Division

PS
 For Board of Examiners YES NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	014	GOVERNOR'S OFFICE - OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	TEL/LOGIC, INC. DBA E-RATE CENTRAL	GENERAL	\$1,099,449	
	Contract Description:	This is the first amendment to the original contract which provides broadband technical, project management and consulting services to support the goals of coordination and oversight of activities in Nevada related to planning, mapping, and procurement of broadband service. This amendment extends the termination date from June 30, 2019, to June 30, 2021 and increases the maximum amount from \$1,099,448.88 to \$2,198,897.76 due to the continued need for these services.				
	Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19223			
2.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	ROBSON FORENSIC	OTHER: TORT CLAIM	\$35,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides ongoing expert witness services for case number CV17-00225 and A-17-765112-C. This amendment will increase the amount of \$35,000 to \$84,000 due to the continuing need for these services.				
	Term of Contract:	01/26/2018 - 01/25/2021	Contract # 19694			
3.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT (HAVA) ELECTION REFORM	CENTER FOR INTERNET SECURITY	FEDERAL	\$100,080	
	Contract Description:	This is a new contract to provide voting machine monitoring, maintenance and quarterly reporting on cybersecurity threats detected by previously purchased sensors for 12 rural Nevada counties.				
	Term of Contract:	Upon Approval - 06/30/2020	Contract # 21679			
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - CCSN - NON-EXEC	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	GENERAL	\$74,558	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Nevada State College Education Academic Building Advance Planning CIP project: CIP Project No 17-P08; SPWD Contract No. 111548. This amendment increases the maximum amount from \$1,597,140 to \$1,671,698.50 to provide bidding services, traffic study fee and engineering/architectural services required to upgrade the central plant equipment.				
	Term of Contract:	12/12/2017 - 06/30/2021	Contract # 19476			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS – MILITARY CIP PROJECTS – NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS	\$32,750	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the North Las Vegas Nevada National Guard Readiness Center CIP project: CIP Project: 17-C05; SPWD Contract No. 111356. This amendment increases the maximum amount from \$2,203,495 to \$2,236,245 due to the addition of integrated interior assemblies.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19160		
6.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	JVC ASSOCIATES, INC. DBA JVC ARCHITECTS	BONDS	\$3,300	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Caliente Youth Center - American with Disabilities Act (ADA) Upgrades CIP project: CIP Project No. 17-S02-5; SPWD Contract No. 111879. This amendment increases the maximum amount from \$48,960 to \$52,260 due to the need to provide structural design and detailing for ADA door modifications.				
		Term of Contract:	03/14/2018 - 06/30/2021	Contract # 19789		
7.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING	BONDS	\$138,748	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stewart Facility - Domestic Fire and Water Main Replacement CIP project to include construction design and bidding documents as well as construction administration services to construct new fire water main for the Stewart Facility: CIP Project No. 17-M36; SPWD Contract No. 112437.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21629		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS – NON-EXEC	BLACK EAGLE CONSULTING, INC.	BONDS	\$294,780	Professional Service
	Contract Description:	This is a new contract to provide professional material testing and inspection services for the South Reno DMV Facility CIP project to include construction materials analysis and field and laboratory assessments for the project: CIP Project No. 17-C04; SPWD Contract No. 112501.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21630		
9.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS – NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA, INC.	BONDS	\$36,129,387	Professional Service
	Contract Description:	This is a new contract to provide owner Construction Manager at Risk services for the construction of the new South Reno DMV Facility: CIP Project No. 17-C04; SPWD Contract No. 112277.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21707		
10.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS – NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS	\$301,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering design services for the new South Reno Department of Motor Vehicles Facility: CIP Project No. 17-C04; SPWD Contract No. 111343. This amendment increases the maximum amount from \$2,610,000 to \$2,911,000 due to updated 2018 Building Code Standards and requested project scope and design changes for ventilation, lighting, under floor ducting, drive-thru kiosks commissioning and furniture, fixture and equipment design services.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19188		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	DESTINATION ANALYSTS	OTHER: LODGING TAX	\$100,000	
	Contract Description:	This is the first amendment to the original contract to provide web usability research. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$100,000 to \$200,000 due to the continued need for these services.				
	Term of Contract:	09/13/2017 - 06/30/2021	Contract # 19039			
12.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	DESTINATION ANALYSTS	OTHER: LODGING TAX	\$150,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing advertising copy testing of future television, print, digital and mobile marketing components to determine if the advertising is effectively communicating the state brand's intended message. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$150,000 to \$300,000 due to the continued need for these services.				
	Term of Contract:	09/13/2017 - 06/30/2021	Contract # 19001			
13.	130	DEPARTMENT OF TAXATION - MARIJUANA REGULATION AND CONTROL ACCOUNT	ACCELA, INC.	OTHER: EXCISE TAX/ LICENSING FEES	\$772,017	
	Contract Description:	This is a new contract to provide a case management and enforcement database application to track registration, audits, investigations, complaint handling, hearing and legal actions in one system.				
	Term of Contract:	05/14/2019 - 05/31/2022	Contract # 21743			
14.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - TELE-COMMUNICATIONS	CIT FINANCE, LLC	FEE: TELECOM SERVICE	\$274,255	
	Contract Description:	This is the first amendment to the original lease agreement which provides ongoing financing for equipment required to support and refresh the state telecommunication system. This amendment changes the termination date from August 5, 2019 to May 31, 2019 and increases the total maximum amount from \$4,288,108 to \$4,562,362.96 due to the reconciliation of contract authority calculations.				
	Term of Contract:	03/11/2014 - 08/04/2019	Contract # 15373			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES – TELE-COMMUNICATIONS	CIT FINANCE, LLC	FEE: TELECOM SERVICE	\$3,868,339	
	Contract Description:	This is a new lease agreement to provide ongoing financing for equipment required to support and refresh the state telecommunication system.				
		Term of Contract:	07/01/2019 - 06/30/2024	Contract # 21677		
16.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	NATIONAL STUDENT CLEARINGHOUSE	FEDERAL	\$14,810	
	Contract Description:	This is the first amendment to the original contract which provides for the National Student Clearinghouse to develop and perform a process that will match data on students graduating from Nevada public education in school years 2015-2016, 2016-2017, and 2017-2018 to student-level data in the National Student Clearinghouse's database and will return response files containing the match results for the 2015 and 2016 graduating classes. This amendment increases the maximum amount from \$40,000 to \$54,810 to provide match results for the 2017 graduating classes.				
		Term of Contract:	11/15/2017 - 11/14/2019	Contract # 19637		
17.	300	DEPARTMENT OF EDUCATION - INDIVIDUALS WITH DISABILITIES ACT (IDEA)	RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK	FEDERAL	\$128,500	
	Contract Description:	This is a new contract to provide a survey to students with disabilities who have exited high school and collect data to be used in the State Performance Plan and Annual Performance Report.				
		Term of Contract:	Upon Approval - 04/30/2023	Contract # 21665		
18.	300	DEPARTMENT OF EDUCATION - DATA SYSTEMS MANAGEMENT	INFINITE CAMPUS, INC.	GENERAL	\$6,102,891	Sole Source
	Contract Description:	This is a new contract to provide ongoing operation of the student information system for statewide data collection and data management.				
		Term of Contract:	07/01/2019 - 06/30/2024	Contract # 21594		
19.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - EARLY INTERVENTION SERVICES	PUBLIC CONSULTING GROUP, INC.	GENERAL 67% FEDERAL 33%	(\$762,500)	
	Contract Description:	This amendment terminations the contract.				
		Term of Contract:	07/01/2018 - 05/14/2019	Contract # 19920		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - HOME AND COMMUNITY-BASED SERVICES	UNIVERSITY OF NEVADA, LAS VEGAS, MEDICINE, ACKERMAN CENTER FOR AUTISM SPECTRUM DISORDERS	GENERAL 75% OTHER: HEALTHY NEVADA FUNDS 25%	\$206,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing psychological assessments and evaluations of clients with autism spectrum disorders referred through the Autism Treatment Assistance Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21646		
21.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - CHRONIC DISEASE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, LAS VEGAS	FEE: RADIOLOGICAL	\$75,140	
	Contract Description:	This is a new interlocal agreement to provide ongoing funding for an academic faculty member to act and serve as the State Dental Hygienist as set forth in NRS 439.272.				
		Term of Contract:	02/01/2019 - 06/30/2019	Contract # 21714		
22.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	RENO CARSON MESSENGER SERVICE, INC.	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$90,000	
	Contract Description:	This is a new contract that continues services to provide Service of Process of legal documents, primarily subpoenas to non-custodial parents for the Child Support Enforcement Program.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21640		
23.	440	DEPARTMENT OF CORRECTIONS – PRISON INDUSTRY	SEWING COLLECTION, INC.	OTHER: REVENUE	\$695,796	
	Contract Description:	This is a new revenue contract to provide reimbursement of costs to utilize offender labor and facility space at High Desert State Prison for the purpose of sorting and boxing clothes hangers and related duties.				
		Term of Contract:	Upon Approval - 04/08/2021	Contract # 19429		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	654	DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT	FIRETREX, INC.	FEDERAL	\$99,858	
	Contract Description:	This is a new contract to provide a statewide credential data management and learning tracking system that will enable state, local and tribal jurisdictions to establish a skills and qualifications inventory of emergency management users and first responders.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21600		
25.	654	DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT	OCCUPATIONAL SERVICES, INC.	FEDERAL	\$82,969	
	Contract Description:	This is a new contract to provide semi-annual on-site radiological detection device calibrations and maintenance services at pre-determined locations within the State.				
		Term of Contract:	Upon Approval - 06/30/2020	Contract # 21664		
26.	700	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - Q1/AB9 BONDS-NON-EXEC	DYER ENGINEERING CONSULTANTS, INC.	BONDS	\$214,571	
	Contract Description:	This is a new contract to provide design and implementation of drought-resistant potable water supply to Lahontan State Recreation Area.				
		Term of Contract:	Upon Approval - 09/30/2021	Contract # 21520		
27.	700	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - Q1/AB9 BONDS-NON-EXEC	HALEY SHARPE DESIGN	BONDS 50% FEDERAL 50%	\$497,176	
	Contract Description:	This is the second amendment to the original contract which provides exhibit planning and design services to include project scoping, conceptual design, schematic design and vision documentation for the Ice Age Fossils State Park. This amendment extends the termination date from December 31, 2019 to December 31, 2020 and increases the maximum amount from \$160,000 to \$657,176 to address phase III of the project.				
		Term of Contract:	03/13/2018 - 12/31/2020	Contract # 19693		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	BEC ENVIRONMENTAL, INC.	FEDERAL	\$73,636	
	Contract Description:	This is the second amendment to the original contract which provides ongoing support services for the Nevada Brownfields Program by conducting a site-specific assessment, cleanup and other redevelopment activities at eligible sites. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$583,364 to \$657,000 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18715			
29.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	MCGINLEY & ASSOCIATES	FEDERAL	\$73,636	
	Contract Description:	This is the second amendment to the original contract which provides ongoing support services for the Nevada Brownfields Program by conducting a site-specific assessment, cleanup and other redevelopment activities at eligible sites. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$583,364 to \$657,000 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18713			
30.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - SAFETY CONSULTATION AND TRAINING	KPS3, INC.	OTHER: WORKERS COMPENSATION AND SAFETY FUND 67% FEDERAL 33%	\$250,000	
	Contract Description:	This is the second amendment to the original contract which provides multimedia workplace safety and health education information. This amendment extends the termination date from June 30, 2019, to June 30, 2021 and increases the maximum amount from \$280,000 to \$530,000 due to the continued need for these services.				
	Term of Contract:	07/05/2017 - 06/30/2021	Contract # 18779			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31.	742	BUSINESS AND INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS	NEVADA ALTERNATIVE SOLUTIONS	OTHER: WORKERS' COMP AND SAFETY FUND	\$238,500	
	Contract Description:	This is a new contract to provide administration services for the Uninsured Employers' Claims Account.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21698		
32.	749	DEPARTMENT OF BUSINESS AND INDUSTRY - ATHLETIC COMMISSION	INLUMON	FEE: GATE	\$126,900	
	Contract Description:	This is a new contract to provide and implement a database system to support the Commission's core business activities and automate existing manual and paper-intensive processes.				
		Term of Contract:	05/14/2019 - 05/31/2021	Contract # 21706		
33.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO TRUCKEE MEADOWS COMMUNITY COLLEGE	GENERAL 21.3% FEDERAL 78.7%	\$1,098,123	
	Contract Description:	This is a new interlocal agreement to provide ongoing support for students with disabilities who are attending College with academic preparation and job skills necessary to successfully obtain and maintain employment.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21585		
34.	902	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION - EMPLOYMENT SECURITY DIVISION	HILLTOP REFRIGERATION, INC.	GENERAL 1.9% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% FEDERAL 69%	\$20,000	
	Contract Description:	This is the second amendment to the original contract which provides regular maintenance and emergency services for heating, ventilation and air conditioning to northern Nevada facilities on an as-needed basis. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$30,500 to \$50,500 due to the continued need for these services.				
		Term of Contract:	06/08/2017 - 06/30/2021	Contract # 18817		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	EXTEND HEALTH, INC.	OTHER: 67% STATE SUBSIDY/ 33% PREMIUM REVENUE	(\$477,000)	
	Contract Description:	This is the third amendment to the original contract which provides individual Medicare Exchange and Health Reimbursement Arrangement administration for eligible Medicare retirees of the program. This amendment extends the contract termination date from June 30, 2020 to June 30, 2025; revises Attachment AA, Negotiated Items; revises Attachment GG, Performance Standards, Guarantees, and Penalties; and revises Attachment FF, Amended Cost Schedule to eliminate the per member per month fee effective July 2, 2019 for the remainder of the contract. Decreases the maximum amount from \$2,023,000 to \$1,546,000.				
		Term of Contract:	07/01/2015 - 06/30/2025	Contract # 16468		
36.	960	SILVER STATE HEALTH INSURANCE EXCHANGE - ADMINISTRATION	KPS3, INC.	FEE: CARRIER PREMIUM	\$121,288	
	Contract Description:	This is the seventh amendment to the original contract which provides ongoing website hosting, content/forms management, translation services and special projects. This amendment extends the termination date from March 31, 2020 to March 31, 2022 and increases the maximum amount from \$11,230,976 to \$11,352,264 due to the continued need for these services.				
		Term of Contract:	01/08/2013 - 03/31/2022	Contract # 13950		
37.	B002	LICENSING BOARDS AND COMMISSIONS - ARCHITECTURE, INTERIOR DESIGN AND RESIDENTIAL DESIGN	LOUIS LING	FEE: LICENSURE	\$127,000	Professional Service
	Contract Description:	This is the first amendment to the original contract to provide legal services. This amendment extends the termination date from August 31, 2019 to August 31, 2022 due to the continued need for these services.				
		Term of Contract:	09/01/2017 - 08/31/2022	Contract # 18970		
38.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	LEMONS GRUNDY & EISENBERG	FEE: LICENSURE	\$150,000	Professional Service
	Contract Description:	This is a new contract to provide appellate attorney services for cases being appealed to the Nevada Supreme Court.				
		Term of Contract:	Upon Approval - 03/31/2020	Contract # 21700		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	LOUIS LING	FEE: LICENSURE	\$212,150	Professional Service
	Contract Description:	This is the first amendment to the original contract to provide legal services. This amendment extends the termination date from August 31, 2019 to August 31, 2022 and increases the maximum amount from \$43,750 to \$255,900 due to the continued need for these services.				
	Term of Contract:	09/01/2017 - 08/31/2022	Contract # 18968			

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: **19223** Amendment Number: **1**

Agency Name: **OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY** Legal Entity Name: **TEL/LOGIC, INC. dba E-Rate Central**

Agency Code: **014** Contractor Name: **TEL/LOGIC, INC. dba E-Rate Central**

Appropriation Unit: **1003-11** Address: **E-RATE CENTRAL**

Is budget authority available?: **Yes** City/State/Zip: **WESTBURY, NY 11590-2291**

If "No" please explain: **Not Applicable** Contact/Phone: **Eric Flock 516-801-7803**

Vendor No.: **T29039669**

NV Business ID: **NV20171445786**

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

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

<input checked="" type="checkbox"/>	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #3470 ASD 2554444**

2. Contract start date:

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

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Broadband Consulting**

5. Purpose of contract:

This is the first amendment to the original contract which provides broadband technical, project management and consulting services to support the goals of coordination and oversight of activities in Nevada related to planning, mapping, and procurement of broadband service. This amendment extends the termination date from June 30, 2019, to June 30, 2021 and increases the maximum amount from \$1,099,448.88 to \$2,198,897.76 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:	\$1,099,448.88	\$1,099,448.88	\$1,099,448.88	Yes - Action
2. Amount of current amendment (#1):	\$1,099,448.88	\$1,099,448.88	\$1,099,448.88	Yes - Action
3. New maximum contract amount:	\$2,198,897.76			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 223.610 requires OSIT to coordinate activities in the State relating to the planning, mapping, and procurement of broadband service.

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

The State lacks the expertise to carry out the work contemplated in 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?

Pursuant to RFP #3470, and in accordance with NRS 333, the selected vendor was the highest scoring proposed as determined by an independently appointed evaluation committee.

d. Last bid date: 07/06/2017 Anticipated re-bid date: 02/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 provided satisfactory services to the Office of Science, Innovation, and Technology for the previous two years.

14. 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

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/04/2019 08:45:40 AM
Division Approval	ssands	04/04/2019 08:45:44 AM
Department Approval	ssands	04/04/2019 08:45:49 AM

Contract Manager Approval

ssands

04/09/2019 08:01:07 AM

Budget Analyst Approval

dbaughn

04/09/2019 13:26:26 PM

BOE Agenda Approval

tgreenam

04/11/2019 15:00:04 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: **19694** Amendment Number: **2**
 Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **Robson Forensic**
 Agency Code: **030** Contractor Name: **Robson Forensic**
 Appropriation Unit: **1348-15** Address: **354 North Prince Street**
 Is budget authority available?: **Yes** City/State/Zip: **Lancaster, PA 17603**
 If "No" please explain: **Not Applicable** Contact/Phone: **Michael Wetzel 669-273-6440**
 Vendor No.: **pending**
 NV Business ID: **NV20131198256**

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

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

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

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2018**
 Anticipated BOE meeting date **05/2019**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/25/2021**
 Contract term: **3 years**

4. Type of contract: **Contract**
 Contract description: **Expert Witness**

5. Purpose of contract:
This is the second amendment to the original contract which provides ongoing expert witness services for case number CV17-00225 and A-17-765112-C. This amendment will increase the amount \$35,000 to \$84,000 due to the continuing need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
a. Amendment 1:	\$19,000.00	\$19,000.00	\$49,000.00	Yes - Info
2. Amount of current amendment (#2):	\$35,000.00	\$35,000.00	\$84,000.00	Yes - Action
3. New maximum contract amount:	\$84,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
The state is involved in ongoing litigation that will require the service of the expert witness.

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

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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

12%

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	03/25/2019 10:24:44 AM
Division Approval	cschon1	03/25/2019 10:24:47 AM
Department Approval	cschon1	03/25/2019 10:24:50 AM
Contract Manager Approval	cschon1	03/25/2019 10:24:53 AM
Budget Analyst Approval	pnicks	03/26/2019 09:29:39 AM
BOE Agenda Approval	pnicks	03/26/2019 09:29:44 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21679**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: CENTER FOR INTERNET SECURITY
Agency Code: 040	Contractor Name: CENTER FOR INTERNET SECURITY
Appropriation Unit: 1051-14	Address: 31 TECH VALLEY DR
Is budget authority available?: Yes	City/State/Zip: EAST GREENBUSH, NY 12061-4134
If "No" please explain: Not Applicable	Contact/Phone: 518-266-2088
	Vendor No.: T29041879
	NV Business ID: NV20191219407
To what State Fiscal Year(s) will the contract be charged?	2019-2020

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

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

2. Contract start date:

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

Anticipated BOE meeting date: 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 61 days**

4. Type of contract: **Contract**

Contract description: **System Monitoring**

5. Purpose of contract:

This is a new contract to provide voting machine monitoring, maintenance and quarterly reporting on cybersecurity threats detected by previously purchased sensors for 12 rural Nevada counties.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,080.00**

Other basis for payment: \$7440 annually for each Albert sensor, plus \$900 one-time fee, for a total of \$8,340 per county

II. JUSTIFICATION

7. What conditions require that this work be done?

Monitoring cyber threats is essential to maintaining the integrity of Nevada's voting equipment. 15 of Nevada's 17 counties have already purchased sensors from CIS for the voting machines provided to them by SOS. The CIS sensors allow system monitoring and maintenance against cyber intrusion in the voting machines at no charge to the counties. CIS will provide quarterly reports to the counties and to SOS on their findings. The remaining two counties are currently in the process of procuring sensors from CIS for their voting machines; once purchases are completed the vendor will be able to provide a statewide solution.

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

Only the vendor can perform monitoring and analysis on its sensors.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	svaldez	04/03/2019 15:57:35 PM
Division Approval	shudder	04/15/2019 12:29:32 PM
Department Approval	shudder	04/15/2019 12:29:35 PM
Contract Manager Approval	shudder	04/15/2019 12:29:41 PM
EITS Approval	daxtel1	04/16/2019 09:00:55 AM
Budget Analyst Approval	aurruty	04/16/2019 10:06:53 AM
BOE Agenda Approval	lfree1	04/17/2019 16:31:06 PM
BOE Final Approval	Pending	



Purchasing Use Only:	
Approval#:	190301

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency:	Secretary of State	
	Contact Name and Title	Phone Number	Email Address
	Wayne Thorley	775-684-5720	wthorley@sos.nv.gov

Vendor Information:		
1b	Identify Vendor:	CIS - Center for Internet Security
	Contact Name:	Dawn Harnish
	Address:	31 Tech Valley Drive, East Greenbush, NY 12061
	Telephone Number:	518-880-0766
	Email Address:	Dawn.harnish@cisecurity.org

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

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

Term:			
1e	One (1) Time Purchase:		
	Contract:	Start Date:	Upon approval End Date: 8/31/2020

Funding:		
1f	State Appropriated:	
	Federal Funds:	
	Grant Funds:	Sub-grant from NDEM CFDA 97.067
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$104,640.00

03/11/19 - LM 4 Wayne 4 CW BL
 3:25

2	<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p><i>The CIS Netflow/Intrusion Detection System Monitoring and Analysis Service, known as Albert, provides a near real-time automated process that identifies and alerts on traditional and advanced threats on a network, facilitating rapid response to threats and attacks. The Albert sensor(s) provide traditional Intrusion Detection System (IDS) monitoring, along with netflow and passive DNS collection and analysis. Through its 24/7/365 Security Operations Center (SOC), CIS manages the sensor(s) to identify malicious activity, and, in accordance with escalation procedures prescribed by the partner, provides notification of malicious activity. The use of open source software allows CIS to provide enhanced monitoring capabilities in a more affordable, cost-effective way than a typical commercial IDS/IPS solution.</i></p>
---	--

3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p><i>An IDS is only as effective as the signature set running on it. The Albert solution utilizes a unique and targeted signature set to ensure sensors rapidly recognize and alert on potentially malicious traffic occurring on the network. In addition, only the vendor of the IDS can perform monitoring on the IDS. CIS is the only vendor that can provide monitoring on the sensors purchased by the counties (see the response to Question 4 below). CIS is a non-profit organization funded by the federal government and can therefore provide services at a below market rate.</i></p>
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4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p><i>The Albert service utilizes commodity hardware (Albert sensors) to help provide a robust offering. 15 of Nevada's 17 counties have already purchased and installed an Albert sensor from CIS. The remaining two counties are currently in the process of procuring an Albert sensor from CIS. Only CIS can performing monitoring and analysis on their sensors. We cannot competitively bid for this service because no vendor except CIS can perform the services needed. Additionally, the use of open source software allows CIS to provide enhanced monitoring capabilities in a more affordable, cost-effective way than a typical commercial IDS solution.</i></p>
---	--

5	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Were alternative services or commodities evaluated? Check One.</td> <td style="width: 10%;">Yes:</td> <td style="width: 10%;"></td> <td style="width: 10%;">No:</td> <td style="width: 10%; text-align: center;">X</td> </tr> </table> <p>a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i></p> <p>b. <i>If not, why were alternatives not evaluated?</i></p> <p><i>There are no alternatives available for the service that is required. As previously discussed, only CIS can perform the monitoring and analysis service on their sensors. Since all the counties have either purchased an Albert sensor from CIS or are in the process of purchasing an Albert sensor from CIS, there are no alternatives.</i></p>	Were alternative services or commodities evaluated? Check One.	Yes:		No:	X
Were alternative services or commodities evaluated? Check One.	Yes:		No:	X		

6	<p>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</p> <table border="1" style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 70%;"></td> <td style="width: 10%;">Yes:</td> <td style="width: 10%;"></td> <td style="width: 10%;">No:</td> <td style="width: 10%; text-align: center;">X</td> </tr> </table> <p>a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i></p>		Yes:		No:	X
	Yes:		No:	X		

	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)
				\$	
			\$		
			\$		
			\$		
			\$		

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>If the service is competitively bid, the only vendor that would provide a bid is CIS because they are the only vendor that can provide the monitoring and analysis service on their sensors. If this waiver request is not approved, then we will not be able to use the grant funding available to the Secretary of State's office from the Division of Emergency Management.</i>

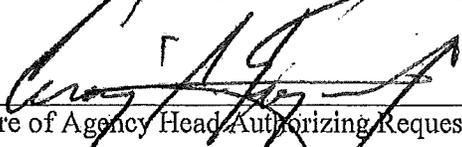
8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Based on discussions with CIS and research performed by the Secretary of State's office, it is clear that only CIS can provide the services required.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>If funding is available, either through a new grant from the Division of Emergency Management or another funding source, to continue this service beyond the initial contract term, the Secretary of State's office will seek to renew/extend its contract with CIS for monitoring and analysis services. If funding is not available beyond the initial contract term, the counties will either have to contract directly with CIS for monitoring and analysis services or discontinue their use of the Albert sensors.</i>				

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


Agency Representative Initiating Request

Wayne Thorley, Deputy Secretary for Elections
Print Name of Agency Representative Initiating Request 3/7/19
Date


Signature of Agency Head Authorizing Request

Craig S. Kozemresley, Deputy Secretary for Operations
Print Name of Agency Head Authorizing Request 3/7/19
Date

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

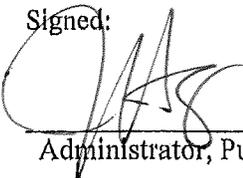
DEPARTMENT OF ADMINISTRATION, OFFICE OF INFORMATION SECURITY
Name of agency or entity who provided information or review:


Representative Providing Review

ROBERT W. DEHNHARDT, CISO
Print Name of Representative Providing Review 3/13/19
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 3-13-2019
Date

Cindy L. Stoeffler

From: Robert W. Dehnhardt
Sent: Wednesday, March 13, 2019 12:45 PM
To: Cindy L. Stoeffler
Cc: David Axtell
Subject: RE: Solicitation Waiver Review Request/SOS Center for Internet Security

Hi, Cindy. Sorry I missed your call.

I believe general questions regarding this sort of thing should go to David Axtel at this point - he's taken over the TIN submission and clearance process since Tim left. However, in this case, Jenet was correct - this purchase is entirely in my wheelhouse.

Albert sensors are tied to a specific Federal security program, run by the Multi-State Information Sharing and Analysis Center (MS-ISAC) and CIS, with funding from the Department of Homeland Security (DHS). For the Secretary of State's office, grant funding was made available by DHS expressly for the purchase and support of these sensors for coverage of election offices. The grant funds are tied to these devices and services - in essence, DHS is giving us the money needed to purchase their services from them.

There are no other sensors that can be used for this purpose, and the Albert sensors cannot be used with another security service; I think the justification for a solicitation waiver is pretty strong in this case. And the price tag is actually quite low, compared to other similar offerings out there (10 years ago, I purchased a smaller implementation of the same type of service from IBM for over \$250K/year).

Let me know if you need anything else.

Bob

Bob Dehnhardt | State Chief Information Security Officer State of Nevada | Department of Administration | Office of Information Security
T: (775) 684-7322 | E: rwdehnhardt@admin.nv.gov

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19476** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS, PC**

Agency Code: **082** Contractor Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS, PC**

Appropriation Unit: **1510-71** Address: **8882 SPANISH RIDGE AVE.**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89148-1303**

If "No" please explain: **Not Applicable** Contact/Phone: **702-251-8896**

Vendor No.: **T80997582**

NV Business ID: **NV19871041301**

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

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

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 #: **111548**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2017**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 200 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the Nevada State College Education Academic Building Advance Planning CIP project : CIP Project No 17-P08; SPWD Contract No. 111548. This amendment increases the maximum amount from \$1,597,140 to \$1,671,698.50 to the provide bidding services, traffic study fee and engineering/architectural services required to upgrade the central plant equipment.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,502,735.00	\$1,502,735.00	\$1,502,735.00	Yes - Action
a. Amendment 1:	\$94,405.00	\$94,405.00	\$94,405.00	Yes - Action
2. Amount of current amendment (#2):	\$74,558.50	\$74,558.50	\$74,558.50	Yes - Action
3. New maximum contract amount:	\$1,671,698.50			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/08/2019 14:55:13 PM
Division Approval	lmars1	04/08/2019 14:55:19 PM
Department Approval	lmars1	04/08/2019 14:55:28 PM
Contract Manager Approval	lmars1	04/08/2019 14:55:36 PM
Budget Analyst Approval	jrodrig9	04/10/2019 23:54:44 PM
BOE Agenda Approval	jrodrig9	04/10/2019 23:54:50 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: 19160	Amendment Number: 2
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Agency Code: 082	Contractor Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Appropriation Unit: 1577-33	Address: ARCHITECTS INC 5485 RENO CORPORATE DR STE 100 RENO, NV 89511-2262
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-2262
If "No" please explain: Not Applicable	Contact/Phone: Jeff@hkarchitects.com 775-332-6640
	Vendor No.: T80984709
	NV Business ID: NV19941047730

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

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

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

Agency Reference #: 111356

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**
Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the North Las Vegas Nevada National Guard Readiness Center CIP project: CIP Project: 17-C05; SPWD Contract No. 111356. This amendment increases the maximum amount from \$2,203,495 to \$2,236,245 due to the addition of integrated interior assemblies.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,173,195.00	\$2,173,195.00	\$2,173,195.00	Yes - Action
a. Amendment 1:	\$30,300.00	\$30,300.00	\$30,300.00	Yes - Info
2. Amount of current amendment (#2):	\$32,750.00	\$32,750.00	\$63,050.00	Yes - Action
3. New maximum contract amount:	\$2,236,245.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/09/2019 14:00:45 PM
Division Approval	lmars1	04/09/2019 14:00:50 PM
Department Approval	lmars1	04/09/2019 14:00:55 PM
Contract Manager Approval	lmars1	04/09/2019 14:01:00 PM
Budget Analyst Approval	jrodrig9	04/10/2019 23:34:09 PM
BOE Agenda Approval	jrodrig9	04/10/2019 23:34:17 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: 19789	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JVC ASSOCIATES, INC. DBA JVC ARCHITECTS
Agency Code: 082	Contractor Name: JVC ASSOCIATES, INC. DBA JVC ARCHITECTS
Appropriation Unit: 1585-48	Address: 5385 CAMERON ST. SUITE 15
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS,, NV 89118-6257
If "No" please explain: Not Applicable	Contact/Phone: 702-871-3416
	Vendor No.: T27007825
	NV Business ID: NV19931066659

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

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

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

Agency Reference #: 111879

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/14/2018**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 109 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Caliente Youth Center - American with Disabilities Act (ADA) Upgrades CIP project: CIP Project No. 17-S02-5; SPWD Contract No. 111879. This amendment increases the maximum amount from \$48,960 to \$52,260 due to the need to provide structural design and detailing for ADA door modifications.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,960.00	\$48,960.00	\$48,960.00	Yes - Info
2. Amount of current amendment (#1):	\$3,300.00	\$3,300.00	\$52,260.00	Yes - Action
3. New maximum contract amount:	\$52,260.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	03/29/2019 12:38:05 PM
Division Approval	lmars1	03/29/2019 12:38:09 PM
Department Approval	lmars1	03/29/2019 12:38:13 PM
Contract Manager Approval	lmars1	03/29/2019 12:38:16 PM
Budget Analyst Approval	jrodrig9	04/11/2019 11:35:00 AM
BOE Agenda Approval	jrodrig9	04/11/2019 11:35:05 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21629**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING
Agency Code: 082	Contractor Name: FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING
Appropriation Unit: 1590-80	Address: 5510 LONGLEY LANE
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: 775-851-4788
	Vendor No.: T81102795A
	NV Business ID: NV20011242988

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 112437

2. Contract start date:

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

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Stewart Facility - Domestic Fire and Water Main Replacement CIP project to include construction design and bidding documents as well as construction administration services to construct a new fire water main for the Stewart Facility: CIP Project No. 17-M36; SPWD Contract No. 112437.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$138,748.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP Project

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

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

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

19. Agency Field Contract Monitor:
Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:
Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	03/13/2019 13:09:07 PM
Division Approval	lmars1	03/13/2019 13:09:11 PM
Department Approval	lmars1	03/13/2019 13:09:17 PM
Contract Manager Approval	lmars1	03/13/2019 13:09:22 PM
Budget Analyst Approval	jrodrig9	03/19/2019 23:42:10 PM
BOE Agenda Approval	jrodrig9	03/19/2019 23:42:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21630**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BLACK EAGLE CONSULTING, INC.
Agency Code: 082	Contractor Name: BLACK EAGLE CONSULTING, INC.
Appropriation Unit: 1593-21	Address: 1345 CAPITAL BLVD. SUITE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-7140
If "No" please explain: Not Applicable	Contact/Phone: 775-359-6600
	Vendor No.: T27002047
	NV Business ID: 19971293847

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 112501

2. Contract start date:

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

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Mataerial Testing**

5. Purpose of contract:

This is a new contract to provide professional material testing and inspection services for the South Reno DMV Facility CIP project to include construction materials analysis and field and laboratory assessments for the project: CIP Project No. 17-C04; SPWD Contract No. 112501.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$294,780.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	03/14/2019 09:20:03 AM
Division Approval	Imars1	03/14/2019 09:20:07 AM
Department Approval	Imars1	03/14/2019 09:20:11 AM
Contract Manager Approval	Imars1	03/14/2019 09:38:59 AM
Budget Analyst Approval	jrodrig9	03/19/2019 23:34:16 PM
BOE Agenda Approval	jrodrig9	03/19/2019 23:34:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21707**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CORE CONSTRUCTION SERVICES OF NEVADA, INC.
Agency Code: 082	Contractor Name: CORE CONSTRUCTION SERVICES OF NEVADA, INC.
Appropriation Unit: 1593-21	Address: 7150 CASCADE VALLEY CT
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89128-0455
If "No" please explain: Not Applicable	Contact/Phone: 702-794-0550
	Vendor No.: T81092744
	NV Business ID: NV19861002524

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **112277**

2. Contract start date:

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

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 61 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR**

5. Purpose of contract:

This is a new contract to provide owner Construction Manager at Risk (CMAR) services for the construction of the new South Reno DMV Facility: CIP Project No. 17-C04; SPWD Contract No. 112277.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,129,387.00**

Other basis for payment: This is a new contract to provide owner construction manager at risk (CMAR) services for the

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/09/2019 13:22:05 PM
Division Approval	lmars1	04/09/2019 13:22:08 PM
Department Approval	lmars1	04/09/2019 13:22:11 PM
Contract Manager Approval	lmars1	04/09/2019 13:22:14 PM
Budget Analyst Approval	jrodrig9	04/10/2019 23:09:22 PM
BOE Agenda Approval	jrodrig9	04/10/2019 23:09:25 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19188** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC. DBA H & K ARCHITECTS**

Agency Code: **082** Address: **5485 RENO CORPORATE DR. SUITE 100**

Appropriation Unit: **1593-21** City/State/Zip: **RENO, NV 89511-2262**

Is budget authority available?: **Yes** Contact/Phone: **JEFF@HKARCHITECTS.COM 775-332-6640**

If "No" please explain: **Not Applicable** Vendor No.: **T80984709**

NV Business ID: **NV19941047730**

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

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

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

Agency Reference #: **111343**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**
 Anticipated BOE meeting date **05/2019**

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

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**
 Contract term: **3 years and 264 days**

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

5. Purpose of contract:
This is the first amendment to the original contract which provides professional architectural/engineering design services for the new South Reno Department of Motor Vehicles Facility: CIP Project No. 17-C04; SPWD Contract No. 111343. This amendment increases the maximum amount of \$2,610,000 to \$2,911,000 due to updated 2018 Building Code Standards and requested project scope and design changes for ventilation, lighting, under floor ducting, drive-thru kiosks commissioning and furniture, fixture and equipment design services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,610,000.00	\$2,610,000.00	\$2,610,000.00	Yes - Action
2. Amount of current amendment (#1):	\$301,000.00	\$301,000.00	\$301,000.00	Yes - Action
3. New maximum contract amount:	\$2,911,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Demonstrated the required expertise for work on this project.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results.

14. 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

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/09/2019 12:39:32 PM
Division Approval	Imars1	04/09/2019 12:39:37 PM
Department Approval	Imars1	04/09/2019 12:39:43 PM
Contract Manager Approval	Imars1	04/09/2019 12:39:48 PM

Budget Analyst Approval
BOE Agenda Approval

jrodrig9
jrodrig9

04/10/2019 22:50:37 PM
04/10/2019 22:50:46 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: 19039	Amendment Number: 1
Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: DESTINATION ANALYSTS
Agency Code: 101	Contractor Name: DESTINATION ANALYSTS
Appropriation Unit: 1522-31	Address: 1728 UNION STREET, STE 310
Is budget authority available?: Yes	City/State/Zip: SAN FRANCISCO, CA 94123
If "No" please explain: Not Applicable	Contact/Phone: DAVID BRATTON 415-307-3283
	Vendor No.: T27030585
	NV Business ID: NV20121290187

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

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

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

Agency Reference #: **RFP #3453-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/13/2017**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 291 days**

4. Type of contract: **Contract**

Contract description: **Web Usability Test**

5. Purpose of contract:

This is the first amendment to the original contract to provide web usability research. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$100,000 to \$200,000 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:	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
2. Amount of current amendment (#1):	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
3. New maximum contract amount:	\$200,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

The state's promotional website carries our advertising and marketing messages to the world. The website therefore stands as an extremely important tool in the agency's ability to carry out its mission and attract visitors to the state. Website usability testing will generate insight which will help the agency make the website more effective, by answering questions such as:

1. How do visitors of the site use the site to plan vacations, explore and interact with the State of Nevada?
2. How effective is the site in converting users to book, register for programs/services, share through social networking, and bookmarking
3. What are the strengths and weaknesses of the site?
4. Are there any key content features that are missing and what areas of the site should be revised or improved?
5. What feedback do audiences have on specific features and functionality of the site?
6. What are comments that key audiences have on competitor sites?
7. Does the site convey the brand promise and engage users in the brand experience?
8. Is there any non-essential information, content or services on the site?
9. What are the paths that visitors take to get to the site in order to determine potential partners such as social media, online travel agencies, search engines, etc.?

In answering each question, the research will be designed to generate actionable recommendations to make the website more effective in promoting the state.

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

Various reasons apply:

1. For the sake of credibility, research such as this needs to be conducted by an independent third party. State employees are responsible for development of the website and may have pride of authorship or personal relationships that would get in the way of clear analysis and frank reporting.
2. The state lacks the technical capacity to conduct this research in the online video conference facilities we propose to use.
3. Website usability testing is a specialty profession that requires specific training and experience to conduct.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3453, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/25/2017 Anticipated re-bid date: 01/15/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

Nevada Commission on Tourism; FY 2015 and 2016
Nevada Commission on Tourism; FY 2013 and 2016
Nevada Commission on Tourism; FY 2007, 2008 and 2009
Nevada Commission on Tourism; FY 2011 as a subcontractor to Branding Research
They have been verified as satisfactory.

14. 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

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	04/01/2019 12:25:41 PM
Division Approval	amathies	04/01/2019 12:25:43 PM
Department Approval	amathies	04/01/2019 12:25:47 PM
Contract Manager Approval	amathies	04/01/2019 12:27:22 PM
Budget Analyst Approval	lfree1	04/04/2019 16:08:13 PM
BOE Agenda Approval	lfree1	04/04/2019 16:08:16 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19001** Amendment Number: **1**

Agency Name: **DTCA - DIVISION OF TOURISM** Legal Entity Name: **DESTINATION ANALYSTS**

Agency Code: **101** Contractor Name: **DESTINATION ANALYSTS**

Appropriation Unit: **1522-31** Address: **1728 UNION STREET, STE. 310**

Is budget authority available?: **Yes** City/State/Zip: **SAN FRANCISCO, CA 94123-1464**

If "No" please explain: Not Applicable Contact/Phone: **DAVID BRATTON 415-307-3283**

Vendor No.: **T27030585**

NV Business ID: **NV20121290187**

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

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

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

Agency Reference #: **RFP #3454-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/13/2017**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 291 days**

4. Type of contract: **Contract**

Contract description: **Ad-Copy Testing**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing advertising copy testing of future television, print, digital and mobile marketing components to determine if the advertising is effectively communicating the state brand's intended message. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$150,000 to \$300,000 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:	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
2. Amount of current amendment (#1):	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
3. New maximum contract amount:	\$300,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

The state's advertisements (and marketing vehicles such as our promotional website) are vitally important to our ability to attract new visitors to the state. They are the most important tools that give us our ability to carry out our mission and attract visitors to the state. The copy used in these advertisements and promotions must be effective in attracting interest in visiting Nevada. Copy testing will generate insight which will help us make these tools more effective, by answering questions such as:

- What are the words, phrases and promotional content that generate the most interest in visiting the state?
- How do real world travelers react to proposed advertising copy?
- Is the copy developed by our advertising agency and marketing staff consistent with the state's brand guidelines?
- What possible pitfalls exist in using this copy?
- How could it be improved?

In answering each question, the research will be designed to generate actionable recommendations to make the state's advertisements more effective in promoting the state.

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

For the sake of credibility, research such as this needs to be conducted by an independent third party. State employees and ad agency staff are responsible for development of the state's advertisements and may have pride of authorship or personal relationships that would get in the way of clear analysis and frank reporting. Advertising copy testing is a specialty profession that requires specific experience to conduct. The state lacks the technical capacity to conduct this research.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3454, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/23/2017 Anticipated re-bid date: 02/15/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

Nevada Commission on Tourism - FY 2015 and 2016, Nevada Commission on Tourism - FY 2013 and 2016, Nevada Commission on Tourism FY 2007, 2008 and 2009, Nevada Commission on Tourism FY 2011 as a subcontractor to Branding Research. They have been verified as satisfactory.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	04/01/2019 12:34:35 PM
Division Approval	amathies	04/01/2019 12:34:38 PM
Department Approval	amathies	04/01/2019 12:34:43 PM
Contract Manager Approval	amathies	04/01/2019 12:34:47 PM
Budget Analyst Approval	lfree1	04/04/2019 15:56:31 PM
BOE Agenda Approval	lfree1	04/04/2019 15:56:33 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: **21743**

Agency Name: **DEPARTMENT OF TAXATION**
Agency Code: **130**
Appropriation Unit: **4207-26**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **ACCELA, INC.**
Contractor Name: **ACCELA, INC.**
Address: **2633 Camino Ramon, Ste. 500**
City/State/Zip: **San Ramon, CA 94583**
Contact/Phone: **Ken Anderson 925-659-3200**
Vendor No.:
NV Business ID: **NV20141641164**

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

General Funds	0.00 %	X	Fees	100.00 % MARIJUANA TAXES AND FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 13DAT-S478**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2019**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2022**

Contract term: **3 years and 18 days**

4. Type of contract: **Contract**

Contract description: **MCMES - Marijuana**

5. Purpose of contract:

This is a new contract to provide a case management and enforcement database application to track registration, audits, investigations, complaint handling, hearing and legal actions in one system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$772,017.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division is tasked with regulating the marijuana industry as it specifically relates to taxing, licensure, investigations and regulatory enforcement for the protection of consumers and benefit of the citizens of the State. Of the numerous services the Division provides, the more strenuous on staff include licensure and ownership, complaints, investigations, audits and inspections. Currently all business processes require manual research through a variety of portals/systems, files (both physical and electronic), folders and spreadsheets to gather necessary information. Each computer system/portal provides very limited and specific information.

Currently when customers want to apply, verify status, or pay fees, they must contact the Division via email, phone call, mail or in-person. Responding to these customers requires looking in a variety of electronic and physical locations for information, and in many cases requires confirming information with other Division staff members.

All Division information with regard to registrations, inspections, audits, investigations, complaint handling, hearings and legal action is spread out in a variety of computer systems, electronic files, paper files and spreadsheets. They are not connected and have to be manually reviewed prior to moving forward with assigned tasks. Once the tasks are completed, each system, file and spreadsheet must be manually updated.

The Division does not have an accurate and effective tool to visualize licensee locations, activities or investigation data geographically. The Division expends valuable time and resources when evaluating licensee locations and scheduling activities, resulting in many versions and a lack of accuracy/updates.

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

Immediate implementation is necessary as there currently is no centralized system in place for the Division to reliably track licensees or enforcement activities. The current process requires manually pulling information from numerous electronic and paper-based sources that are not always up to date with the most relevant information. Some current processes also require citizens to conduct in-person visits, emails and phone calls to secure information and statuses, creating an inconvenience to citizens and a drain on already limited staffing resources within the Division. The Division/Department does not have staffing resources available to complete this project in a timeframe that would meet the needs of the State.

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):

Accela
EduLoka Ltd DBA inLumon
Nebulogic Technologies

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #13DAT-S478, 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: 01/31/2019 Anticipated re-bid date: 01/31/2022

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Jason Giesler, Administrative Services Officer II Ph: 775-684-2071

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jgiesle2	04/12/2019 10:47:16 AM
Division Approval	jgiesle2	04/12/2019 10:47:19 AM
Department Approval	jgiesle2	04/12/2019 10:47:21 AM
Contract Manager Approval	hfield	04/12/2019 10:57:36 AM
EITS Approval	daxtel1	04/12/2019 13:20:01 PM
Budget Analyst Approval	aurruty	04/18/2019 11:52:35 AM
BOE Agenda Approval	lfree1	04/18/2019 12:03:12 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: 15373	Amendment Number: 1
Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: CIT FINANCE LLC
Agency Code: 180	Contractor Name: CIT FINANCE LLC
Appropriation Unit: 1387-22	Address: DBA AVAYA FINANCIAL SERVICES 10201 CENTURION PKWY N #100
Is budget authority available?: Yes	City/State/Zip: JACKSONVILLE, FL 32256
If "No" please explain: Not Applicable	Contact/Phone: Mike Kennedy 949-306-4015
	Vendor No.: T81077517
	NV Business ID: NV19951152752

To what State Fiscal Year(s) will the contract be charged? **2014-2020**

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

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

Agency Reference #: **RFP #3067**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2014**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/04/2019**

Contract term: **5 years and 147 days**

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

Contract description: **Telecom**

5. Purpose of contract:

This is the first amendment to the original lease agreement which provides ongoing financing for equipment required to support and refresh the state telecommunication system. This amendment reduces the termination date from August 5, 2019 to May 31, 2019 and increases the total maximum amount from \$4,288,108 to \$4,562,362.96 due to the reconciliation of contract authority calculations.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,288,108.03	\$4,288,108.03	\$4,288,108.03	Yes - Action
2. Amount of current amendment (#1):	\$274,254.93	\$274,254.93	\$274,254.93	Yes - Action
3. New maximum contract amount:	\$4,562,362.96			

II. JUSTIFICATION

7. What conditions require that this work be done?

Telecom systems must be kept up to date to provide continuous support to customers.

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

Lack of manpower and expertise.

9. Were quotes or proposals solicited? Yes

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3067, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. Financing through Avaya Financial Services was included in the bid for service.

d. Last bid date: 02/01/2014 Anticipated re-bid date: 12/31/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

EITS since 2014 and satisfactory

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	04/08/2019 13:20:23 PM
Division Approval	ddav12	04/08/2019 13:20:29 PM
Department Approval	ddav12	04/08/2019 13:20:33 PM
Contract Manager Approval	ddav12	04/10/2019 10:28:14 AM
Budget Analyst Approval	cmurph3	04/15/2019 10:08:03 AM
BOE Agenda Approval	cmurph3	04/15/2019 10:19:33 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21677**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: CIT FINANCE, LLC
Agency Code: 180	Contractor Name: CIT FINANCE, LLC
Appropriation Unit: 1387-22	Address: 10201 CENTURION PKWY STE 100
Is budget authority available?: Yes	City/State/Zip: JACKSONVILLE, FL 32256-4114
If "No" please explain: Not Applicable	Contact/Phone: MIKE KENNEDY 248-746-5291
	Vendor No.: T27036758
	NV Business ID: NV20111396654
To what State Fiscal Year(s) will the contract be charged?	2020-2024

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 % Telecom Service
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **MSA 21427**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

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

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

Contract description: **Telecom**

5. Purpose of contract:

This is a new lease agreement to provide ongoing financing for equipment required to support and refresh the state telecommunication system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,868,338.97**

Payment for services will be made at the rate of \$71,892.00 per month for 60 months

Other basis for payment: Estimated property taxes at \$75,917.96 per contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

Telecom systems must be kept up to date to provide continuous support to customers.

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

Lack of manpower and expertise

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

RFP #3067

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

Telecom has used them since 2014 and they had excellent service.

14. 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

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Fred Springer, Telecom Manager Ph: 775-684-7340

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	04/05/2019 07:59:34 AM
Division Approval	ddav12	04/05/2019 07:59:38 AM
Department Approval	ddav12	04/05/2019 07:59:43 AM
Contract Manager Approval	ddav12	04/08/2019 12:57:40 PM
Budget Analyst Approval	cmurph3	04/15/2019 10:25:39 AM
BOE Agenda Approval	cmurph3	04/15/2019 10:27:10 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 19637	Amendment Number: 1
Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: National Student Clearinghouse
Agency Code: 300	Contractor Name: National Student Clearinghouse
Appropriation Unit: 2697-45	Address: P.O. Box 79252
Is budget authority available?: Yes	City/State/Zip: Baltimore, MD 21279
If "No" please explain: Not Applicable	Contact/Phone: Ricardo D. Torres 703-742-4234
	Vendor No.: T29028014
	NV Business ID: NV20111589410

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2017**

Anticipated BOE meeting date 04/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **11/14/2019**

Termination Date:

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Data Development**

5. Purpose of contract:

This is the first amendment to the original contract which provides for the National Student Clearinghouse to develop and perform a process that will match data on students graduating from Nevada public education in school years 2015-2016, 2016-2017, and 2017-2018 to student level data in the National Student Clearinghouse's database and will return response files containing the match results for the 2015 and 2016 graduating classes. This amendment increases the maximum contract amount from \$40,000 to \$54,810 to provide match results for the 2017 graduating classes.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
2. Amount of current amendment (#1):	\$14,810.00	\$14,810.00	\$54,810.00	Yes - Action
3. New maximum contract amount:	\$54,810.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To meet the United States Department of Education reporting requirements as outlined in the Education Data Exchange Network (EDEN) data files (N160) and required by the State Fiscal Stabilization Fund (SFSF) as signed into law in March 2009.

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

The Nevada Department of Education does not have necessary staff, resources, expertise, or the system to perform and process the student data as required.

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?

There is no other agency or service around that will allow the Department of Education to gather the required data. The National Student Clearinghouse (NSC) is the only postsecondary data collection agency that works with colleges and universities within Nevada.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 Education has contracted with this vendor previously under CETS #12539 and #16237 and the work has been satisfactory.

14. 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

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vostin	03/22/2019 13:56:08 PM
Division Approval	vrutledg	03/22/2019 14:10:48 PM
Department Approval	amccalla	03/22/2019 15:54:07 PM
Contract Manager Approval	amccalla	03/22/2019 15:54:12 PM
Budget Analyst Approval	cbrekken	04/03/2019 10:55:13 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21665**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK
Agency Code: 300	Contractor Name: RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK
Appropriation Unit: 2715-14	Address: PO BOX 9
Is budget authority available?: Yes	City/State/Zip: ALBANY, NY 12201
If "No" please explain: Not Applicable	Contact/Phone: AIMEE COATES 518-434-7134
	Vendor No.: T27042736
	NV Business ID: NV20191293961

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

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

Agency Reference #: 300

2. Contract start date:

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

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Conduct surveys**

5. Purpose of contract:

This is a new contract to provide a survey to students with disabilities who have exited high school and collect data to be used in the State Performance Plan and Annual Performance Report.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$128,500.00**

Other basis for payment: Monthly upon receipt of an itemized invoice for services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

Information needs to be collected for Indicator 14

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

There is not enough staff to conduct these surveys and produce reports.

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):

LaDuke Pelster
Lifetrack
University of Nevada Reno

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP # 30 DOE-S395, 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: 11/14/2018 Anticipated re-bid date: 11/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vrutledg	04/01/2019 09:46:14 AM
Division Approval	vrutledg	04/01/2019 09:46:17 AM
Department Approval	amccalla	04/01/2019 15:38:46 PM
Contract Manager Approval	amccalla	04/01/2019 15:38:49 PM
Budget Analyst Approval	cbrekken	04/10/2019 09:13:46 AM
BOE Agenda Approval	tgreenam	04/11/2019 16:08:05 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: **21594**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: INFINITE CAMPUS, INC.
Agency Code: 300	Contractor Name: INFINITE CAMPUS, INC.
Appropriation Unit: 2716-55	Address: 4321 109TH AVE NE
Is budget authority available?: Yes	City/State/Zip: BLAINE, MN 55449-6794
If "No" please explain: Not Applicable	Contact/Phone: SARAH GANGL 651/631-0000
	Vendor No.: T29032839
	NV Business ID: NV20121635586

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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 #: 300

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

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

4. Type of contract: **Contract**

Contract description: **SOFTWARE LIC.&MAINT.**

5. Purpose of contract:

This is a new contract to provide ongoing operation of the student information system for statewide data collection and data management. .

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,102,891.00**

Other basis for payment: **PER ITEMIZED INVOICE UPON DELIVERABLES**

II. JUSTIFICATION

7. What conditions require that this work be done?

According to NRS 385A.800, 385A.810, 385A.820, and 385A.830, the State School Superintendent has the authority to dictate the information systems used to collect and report State required data fields for the Student Accountability Information Network (SAIN). The Superintendent has selected the Infinite Campus product as the State standard. This decision was reaffirmed by the selection, through a competitive bid process performed by Washoe County, Clark County, and the State Public Charter Schools as the student information system that best meets their needs.

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

Infinite Campus is a proprietary software product only available through the vendor. This contract will license a cloud based product that has no impact on the technology resources of the State.

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 #: 181102

Approval Date: 11/26/2018

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

Per to NRS 385A.800,385A.810, 385A.820, and 385A.830

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

With the Nevada Department of Education from September 22, 2015 to present day. Their work is satisfactory to our needs.

14. 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

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vrutledg	04/04/2019 15:38:29 PM
Division Approval	vrutledg	04/04/2019 15:38:32 PM
Department Approval	vrutledg	04/04/2019 15:39:24 PM
Contract Manager Approval	vrutledg	04/04/2019 15:40:21 PM
EITS Approval	daxtel1	04/19/2019 10:14:54 AM
Budget Analyst Approval	cbrekken	04/19/2019 10:47:42 AM
BOE Agenda Approval	tgreenam	04/22/2019 15:59:11 PM
BOE Final Approval	Pending	

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



RECEIVED

NOV - 2 2018

GOVERNOR'S FINANCE OFFICE
 BUDGET DIVISION

Brian Sandoval
 Governor
 Patrick Cates
 Director
 Jeffrey Haag
 Administrator

Purchasing Use Only:	
Approval#:	181102

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:			
State Agency:			
1a	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Nancy Martineau</i>	<i>(775) 687-9136</i>	<i><u>nmartineau@doe.nv.gov</u></i>
	<i>Glenn Meyer</i>	<i>(775) 687-9126</i>	<i><u>gmeyer@doe.nv.gov</u></i>

Vendor Information:	
Identify Vendor:	<i>Infinite Campus, Inc.</i>
Contact Name:	<i>Sarah Gangl</i>
Address:	<i>4321 109th Ave NE, Blaine, Minnesota 5549-6794</i>
Telephone Number:	<i>(651) 631-0000</i>
Email Address:	<i><u>Sarah.Gangl@infinitecampus.com</u></i>

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

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

Term:			
1e	One (1) Time Purchase: <input type="checkbox"/>		
	Contract:	Start Date: <i>July 1, 2019</i>	End Date: <i>June 30, 2024</i>

Funding:		
1f	State Appropriated:	<i>Full</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

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

2	<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p><i>To provide the Nevada Department of Education access to the statewide version of the Infinite Campus Student Information System. The system is responsible for the collection and reporting of all public school and student information. The system is used as the primary method for data collection and reporting to the State and Federal Government as well as student enrollment and apportionment of the DSA funds.</i></p>
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3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p><i>Per NRS 385A.810 Adoption of uniform program for school districts to collect, maintain and transfer data to system. The board of trustees of each school district shall:</i></p> <ol style="list-style-type: none"> 1. Adopt and maintain the program prescribed by the Superintendent of Public Instruction pursuant to <u>NRS 385A.820</u> for the collection, maintenance and transfer of data from the records of individual pupils to the automated system of information, including, without limitation, the development of plans for the educational technology which is necessary to adopt and maintain the program; 2. Provide to the Department electronic data concerning pupils as required by the Superintendent of Public Instruction pursuant to <u>NRS 385A.820</u>; and 3. Ensure that an electronic record is maintained in accordance with subsection 3 of <u>NRS 385A.830</u>. (Added to NRS by <u>1997, 1227; A 2001, 3141; 2003, 19th Special Session, 47; 2005, 1174, 2410, 2546; 2007, 1197, 1959; 2010, 26th Special Session, 38; 2011, 508, 2371, 3083; 2013, 1923, 2697, 3147; 2015, 51, 2402, 3825</u>) — (Substituted in revision for part of NRS 386.650) <p>NRS 385A.820 Duties of Superintendent of Public Instruction regarding uniform program for collection, maintenance and transfer of data to system. The Superintendent of Public Instruction shall:</p> <ol style="list-style-type: none"> 1. Prescribe a uniform program throughout this State for the collection, maintenance and transfer of data that each school district must adopt, which must include standardized software; 2. Prescribe the data to be collected and reported to the Department by each school district and each sponsor of a charter school pursuant to <u>NRS 385A.810</u> and by each university school for profoundly gifted pupils; 3. Prescribe the format for the data; 4. Prescribe the date by which each school district shall report the data to the Department; 5. Prescribe the date by which each charter school shall report the data to the sponsor of the charter school; 6. Prescribe the date by which each university school for profoundly gifted pupils shall report the data to the Department; 7. Prescribe standardized codes for all data elements used within the automated system and all exchanges of data within the automated system, including, without limitation, data concerning: <ol style="list-style-type: none"> (a) Individual pupils; (b) Individual teachers; (c) Individual schools and school districts; and (d) Programs and financial information; 8. Provide technical assistance to each school district to ensure that the data from each public school in the school district, including, without limitation, each charter school and university school for profoundly gifted pupils located within the school district, is compatible with the automated system of information and comparable to the data reported by other school districts; and 9. Provide for the analysis and reporting of the data in the automated system of information. <p><i>As per NRS 385A.820, the Superintendent selected the Infinite Campus product for the Nevada Student Data System (Effective July 1, 2014). This decision was reaffirmed by the selection through a competitive bid process (RFP) performed by Washoe County and Clark County as the student information system would that best meet their needs.</i></p> <p><i>The Infinite Campus product is unique in its architecture differentiating itself fundamentally from other similar products. Each district maintains a version of Infinite Campus and the Department maintains a State Edition of the product which synchronizes selected data elements with the district editions in real time. The State Edition data is then used to populate the SAIN longitudinal data warehouse and used for all state and federal reporting requirements.</i></p>
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Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

Infinite Campus is a proprietary software product only available through the vendor. The product is a statewide system that requires the presence of the State Edition to collect and report data from each district edition in Nevada. The system currently consists of 53 district editions that are connected and synchronizing student data to the State.

When the software was originally purchased it could not be competitively bid as the three largest school districts in the state had already chosen and implemented Infinite Campus (87% of the total student population). If the state went out to bid and selected another product, Washoe, Clark and the SPCSA would be forced to implement a new system even though they had just selected IC as the best product for their districts. With 87% of the student's information already in Infinite Campus, solicitation for another product is unreasonable from a systems or a fiscal perspective.

The Department cannot competitively bid and select any other product and still maintain a statewide system of accountability. District editions of Infinite Campus will not synchronize with any other product. If the Department were to select another vendor, the statewide system would be missing the central repository for data and districts would go back to being independent systems with custom configurations based only on local district needs. The Department would have to contract with another vendor to write code that would extract necessary data from each district and load into the state system. This work would have to be repeated 53 times, once for each district student information system.

The Infinite Campus product in Nevada is currently based on a statewide pricing model. Each district pays a per-student licensing fee a per-student hosting fee; and a maintenance fee. The State pays a per-student licensing fee; a per-student hosting fee; and a maintenance fee. Per student licensing fees are dependent on maintaining a State Edition. The portion the State pays for licensing is deducted from the District licensing cost. Currently the State pays \$2/student and the Districts receive a \$2 discount. If the Department were to bid and select another product, all District's pricing would increase. The following table shows the estimated price increases for each district if the State did not use Infinite Campus. The immediate licensing cost increase to our districts would total almost one million dollars.

District Detail	Qty	Unit Price	Current	New Unit Price	New Total	Increase
Carson City Licensing	8,085	\$4.00	\$32,340	\$6.00	\$48,510.00	\$16,170.00
Churchill Licensing	3,374	\$4.00	\$13,496	\$6.00	\$20,244.00	\$6,748.00
Clark Licensing	324,030	\$4.00	\$1,296,120	\$6.00	\$1,944,180.00	\$648,060.00
Douglas Licensing	5798	\$4.00	\$23,192	\$6.00	\$34,788.00	\$11,596.00
Elko Licensing	9924	\$4.00	\$39,696	\$6.00	\$59,544.00	\$19,848.00

Esmeralda Licensing	73	\$4.00	\$292	\$6.00	\$438.00	\$146.00
Eureka Licensing	291	\$4.00	\$1,164	\$6.00	\$1,746.00	\$582.00
Humboldt Licensing	3573	\$4.00	\$14,292	\$6.00	\$21,438.00	\$7,146.00
Lander Licensing	1027	\$4.00	\$4,108	\$6.00	\$6,162.00	\$2,054.00
Lincoln Licensing	1057	\$4.00	\$4,228	\$6.00	\$6,342.00	\$2,114.00
Lyon Licensing	8927	\$4.00	\$35,708	\$6.00	\$53,562.00	\$17,854.00
Mineral Licensing	565	\$4.00	\$2,260	\$6.00	\$3,390.00	\$1,130.00
Nye Licensing	5337	\$4.00	\$21,348	\$6.00	\$32,022.00	\$10,674.00
Pershing Licensing	667	\$4.00	\$2,668	\$6.00	\$4,002.00	\$1,334.00
SPCSA Licensing	37000	\$4.00	\$148,000	\$6.00	\$222,000.00	\$74,000.00
Storey Licensing	443	\$4.00	\$1,772	\$6.00	\$2,658.00	\$886.00
Washoe Licensing	64240	\$4.00	\$256,960	\$6.00	\$385,440.00	\$128,480.00
White Pine Licensing	1955	\$4.00	\$7,820	\$6.00	\$11,730.00	\$3,910.00
TOTAL INCREASE ACROSS THE STATE						\$ 952,732.00

If the Department were to select another vendor's product, all districts would have to incur costs to build new systems for the collection and reporting of data to the Department. These cost increases

would be in addition to the increases in licensing. Infinite Campus automates much of the State data collection and reporting requirements for Districts and we are continually enhancing the product to increase the level of interoperability this statewide systems offers.

Infinite Campus was selected by both Washoe and Clark County School Districts as the best solution on the market for managing students and their data. Infinite Campus is primarily a student information system. It is designed specifically for managing districts, schools and students and the data associated with them. Infinite Campus also has a State Edition which allows for the collection and consolidation of district data into a single data store that is then used for federal and state reporting. However, the product is mainly about students and the management of student data. For the State to competitively bid this system and potentially select a different product than was already determined the best product by our largest school districts would not benefit the State or our students in any way.

Were alternative services or commodities evaluated? Check One.		Yes:		No:	X
5	a. <i>If yes</i> , what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.				
	b. <i>If not</i> , why were alternatives not evaluated?	<p><i>Infinite Campus is a proprietary software product only available through the vendor. Per NRS 385A.810 Adoption of uniform program for school districts to collect, maintain and transfer data to system. The board of trustees of each school district shall:</i></p> <p><i>1. Adopt and maintain the program prescribed by the Superintendent of Public Instruction pursuant to NRS 385A.820 for the collection, maintenance and transfer of data from the records of individual pupils to the automated system of information, including, without limitation, the development of plans for the educational technology which is necessary to adopt and maintain the program;</i></p> <p><i>At the time of original purchase, it was determined that based on NRS 385A.810 the authority to prescribe what system will be used resides with the Superintendent of Public Instruction and that this authority superseded the Solicitation requirement. We were instructed by Purchasing to move forward with a contract based on the Superintendent's authority.</i></p> <p><i>As stated above, this vendor was selected by the State Superintendent of Public Instruction, and reaffirmed by Washoe County and Clark County through the RFP process as the information system that best meets their needs. The SPCSA also adopted Infinite Campus for all their Charter Schools. These three entities make up 87% of the total student population in Nevada. The Department would have no reason to go to bid for a product that is already so widely adopted. Any other choice for a statewide system would force 87% of our student population to migrate to a product not currently in use in their district, by their parents or the students.</i></p>			

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.	Yes:	X and (3)(a)	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:				

Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)
7/22/15	9/22/15	\$0.00	Software license and maintenance amendment 1 - Time Extension only	Exempt Per Statute NRS 386.650 (2)(a) and (3)(a)
9/22/2015	6/30/2017	\$3,500,000.00	Software license and maintenance amendment 2 -	Exempt Per Statute NRS 386.650 (2)(a) and (3)(a)
7/1/2017	6/30/2018	\$0.00	Software license and maintenance amendment 3 - Time Extension only	Exempt Per Statute NRS 386.650 (2)(a) and (3)(a)
9/13/17	6/30/18	\$1,115,595.00	Software license and maintenance amendment 4	Exempt Per Statute NRS 386.650 (2)(a) and (3)(a)
7/1/2018	6/30/2019	\$1,120,582.00	New Contract	Sole Source #180606

7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p> <p><i>Infinite Campus is a cloud based, proprietary software product only available through the vendor.</i></p> <ul style="list-style-type: none"> <i>A competitive process resulting in the selection of another product would require the state to go through a full system conversion. The costs associated with implementing a new student information system would result in millions of dollars in implementation costs over and above the cost of the product itself. The initial implementation costs for the State Edition of Infinite Campus exceeded \$1 million dollars.</i> <i>If the State was unable to maintain the State Edition of Infinite Campus, the state would no longer have a fully integrated statewide system. This would result in the need to develop custom data collection routines for each of the public school districts and charter schools. This would be a giant step backwards for Nevada and result in additional costs associated with maintaining multiple custom data collection methods.</i> <i>Without this product, the Department would not be able to meet State and Federal data collection and reporting requirements for any of our 480,000 students. Student data would no longer synchronize between district and state requiring additional development or new products would have to be purchased to collect and report student data.</i> <i>The Department would be unable to calculate Average Daily Enrollment and would be unable to make DSA payments to districts and charters.</i> <i>The Department would not be able to determine the number of students in special populations like Gifted and Talented, English Language Learners, Free and Reduced Lunch or Special Education and could no longer report on those populations.</i> <i>Districts would be forced to enter into new contracts with Infinite Campus that were not protected by a statewide contract and would be subject to individual price increases. If the state's contract with Infinite Campus does not continue, the Superintendent's decision to utilize Infinite Campus as Nevada's student information system would be moot as the statewide system is dependent on the State Edition.</i> <i>The Department would need to hire additional resources to maintain the 53 district's data collections and reporting.</i>
	<p>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?</p> <p><i>In 2009 Washoe County initiated a RFP process to replace their district's student information system. Through the competitive bid process, Washoe selected Infinite Campus. In 2014 Clark County</i></p>

8	<p>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?</p> <p><i>In 2009 Washoe County initiated a RFP process to replace their district's student information system. Through the competitive bid process, Washoe selected Infinite Campus. In 2014 Clark County</i></p>
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initiated a RFP process to replace their student information system. Clark County, through the competitive bid process, selected Infinite Campus. The State Public Charter School Authority also decided to replace their student information system with Infinite Campus and used Washoe and Clark's RFP results as justification for selecting the Infinite Campus product. Washoe, Clark and the SPCSA make up 87% of the total student population in Nevada. Due to the fact Infinite Campus was the system of choice for almost 90% of our total student population, the decision was made by the Superintendent to make Infinite Campus the statewide system.

The RFP process conducted by Washoe and Clark as well as the SPCSA decision to use Infinite Campus and the Superintendent's statewide mandate has solidified the fact that Infinite Campus is the product of choice and the State contract has ensured the state as well as all our schools are getting the product at a fair and reasonable price.

Because of the statewide buying power, Nevada has been able to keep the cost of the product at the same level as when we initially purchased and has been successful in negotiating reduced pricing for new add-on products being offered by Infinite Campus.

Comparable contracts exist in Kentucky and Hawaii. Kentucky pays slightly more (.67/student) than Nevada but their cost includes an additional Transcript fulfillment application. Hawaii pays slightly less but Hawaii is a single school district so they only have a single district edition and one state edition. Based on these comparisons Nevada is getting comparable pricing from the vendor and the vendor's pricing is comparable in the market.

	<p>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></p>	Yes:	X	No:	
9	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> <p><i>There are no future obligations outside the scope of the current contract. All maintenance, licensing and services are included in the contract and those services would be required in future years (beyond this contract period) as long as the Superintendent of Public Instruction continues to declare Infinite Campus as the system of choice for reporting student information to the Department.</i></p>				

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

Peter Zutz, ADAM Administrator
Print Name of Agency Representative Initiating Request

10/29/2018
Date



Signature of Agency Head Authorizing Request

Steve Canavero, Superintendent of Public Instruction
Print Name of Agency Head Authorizing Request

10.31.18
Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

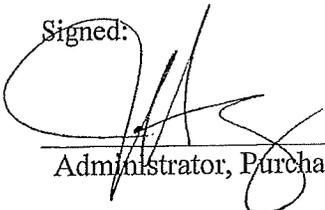
Print Name of Representative Providing Review

Date

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

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

Signed:



Administrator, Purchasing Division or Designee

11-06-2018
Date

Steve Sisolak
Governor



Deonne Contine
Director

**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Michael Dietrich
State CIO

Enterprise I.T. Services Division

100 N. Stewart Street, Suite 100 | Carson City, NV 89701
Phone: (775) 684-5800

David Haws
EITS Administrator

DATE: April 18, 2019

TO: Glenn Meyer, ITM, DOE
Andrea Osborne, Fiscal Manager, DOE
Peter Zutz, Administrator – Assessment, Data, Accountability, Management, DOE

CC: David Haws, Administrator, DOA, EITS
Robert Dehnhardt, CISO, DOA

FROM: David Axtell, Chief Enterprise Architect (Acting Technical Investment Administrator), DOA, EITS

SUBJECT: TIN Review Completed: Education Infinite Campus

We completed the review of Education's *Infinite Campus* TIN.

This TIN documents the need for statewide student information system used by all public schools and charter schools for standardized data collection and reporting. This solution has been in use by over 40,000 school users and 30 administrative users since 2014.

EITS understands that this application is supported by the agency and functional and security updates are monitored as they occur.

Originally, this vendor-hosted application was acquired after a Technology Waiver for Enhancements (TWE) document was approved by EITS on August 27, 2014. At that time, EITS was not focused on capturing information about cloud technology solutions (SaaS, IaaS, or PaaS) employed by agencies. More than four years hence however, the use of cloud technology has dramatically increased as well as security and network complexities and we've identified the need to capture information on all cloud technology to ensure visibility with security, network capacity, and the tracking of solutions used.

This completion memo is also attached to the TIN itself. If I can be of further assistance, please feel free to contact me.

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: 19920	Amendment Number: 1
Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: Public Consulting Group, Inc.
Agency Code: 402	Contractor Name: Public Consulting Group, Inc.
Appropriation Unit: 3208-24	Address: 148 State St. 10th Floor
Is budget authority available?: Yes	City/State/Zip: Boston, MA 02109
If "No" please explain: Not Applicable	Contact/Phone: Jamie Kilpatrick 615-983-5318
	Vendor No.: T32000898
	NV Business ID: NV20021466314

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

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

<input checked="" type="checkbox"/>	General Funds	67.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	33.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 40DHHS-S11**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2021**

Contract term: **317 days**

4. Type of contract: **Contract**

Contract description: **Early Intervention**

5. Purpose of contract:

This is the first amendment to the original contract for the termination of this contract.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$762,500.00	\$762,500.00	\$762,500.00	Yes - Action
2. Amount of current amendment (#1):	-\$762,500.00	-\$762,500.00	-\$762,500.00	Yes - Action
3. New maximum contract amount:	\$0.00			
and/or the termination date of the original contract has changed to:	05/14/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

There is a need for an integrated system that will meet all Federal and State reporting and tracking needs (as defined by IDEA Part C) and improve visibility across programs and services. There is a need for a service module that will allow for detailed logging, tracking and monitoring of specific services provided. Additionally, there is a need for detailed billing services to both Medicaid and commercial / private insurance. This is cloud-based Software as a Service (SaaS) system.

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

The state does not have the staffing or expertise available to perform these services.

9. Were quotes or proposals solicited? Yes

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

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

Public Consulting Group

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S11, 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: 02/20/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 is currently contracted with all DHHS Divisions and service has been satisfactory

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mlockyer	03/28/2019 13:47:24 PM
Division Approval	sjohnso9	04/10/2019 15:40:56 PM
Department Approval	sjohnso9	04/10/2019 15:41:01 PM

Contract Manager Approval	sjohnso9	04/10/2019 15:43:00 PM
EITS Approval	daxtel1	04/11/2019 15:16:05 PM
Budget Analyst Approval	bwooldri	04/12/2019 08:09:37 AM
BOE Agenda Approval	bwooldri	04/12/2019 08:09:42 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21646**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	UNLV Medicine, Ackerman Center for Autism Spectrum Disorders
Agency Code:	402	Contractor Name:	UNLV Medicine, Ackerman Center for Autism Spectrum Disorders
Appropriation Unit:	3266-16	Address:	630 S. Rancho, Ste. A
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89106
If "No" please explain:	Not Applicable	Contact/Phone:	Sheila Barela 702/998-9505
		Vendor No.:	T29039422A
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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	75.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	25.00 % Healthy Nevada Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

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

Contract description: **Autism Disorders**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing psychological assessments and evaluations of clients with autism spectrum disorders referred through the Autism Treatment Assistance Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$206,000.00**

Other basis for payment: As invoiced per Attachment B

II. JUSTIFICATION

7. What conditions require that this work be done?

These assessments are required per NRS 427A.875 for the Autism Treatment Assistance Program and services are being provided by University of Nevada, Las Vegas (UNLV Medicine), Ackerman Center.

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

Autism Treatment Assistance Program (ATAP) staff do not have the expertise or Psychology credentials to complete these assessments and evaluations, as a result, the program has historically partnered with UNLV to meet the needs of the 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):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

ADSD - 12/2013 to current. Satisfactory.

14. 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

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mlewi7	03/19/2019 15:55:26 PM
Division Approval	mlewi7	03/22/2019 08:07:15 AM
Department Approval	mwinebar	03/22/2019 08:20:46 AM
Contract Manager Approval	ltuttl1	03/22/2019 11:00:25 AM
Budget Analyst Approval	bwooldri	04/09/2019 12:17:02 PM
BOE Agenda Approval	bwooldri	04/09/2019 12:17:15 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21714**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	BOARD OF REGENTS-UNLV
Agency Code:	406	Contractor Name:	BOARD OF REGENTS-UNLV
Appropriation Unit:	3220-16	Address:	School of Dental Medicine 4505 South Maryland Parkway
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89154
If "No" please explain:	Not Applicable	Contact/Phone:	Antonina Capurro, D.M.D., M.P.H., M.B.A., State Dentist 702-774-2573
		Vendor No.:	D35000813
		NV Business ID:	Governmental Entity

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

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

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

Agency Reference #: C 17058

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2019**
Anticipated BOE meeting date 05/2019

Retroactive? **Yes**

If "Yes", please explain

Provide a State Dental Hygienist for the Division of Public and Behavioral Health and is necessary to comply with NRS 439.272. If this is not retroactive the division will not be in compliance with NRS and NAC.

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

Contract term: **148 days**

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

Contract description: **State Dental Hygieni**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing funding for an academic faculty member to act and serve as the State Dental Hygienist as set forth in NRS 439.272.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,140.00**

Other basis for payment: Upon receipt of monthly invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will fund the position of State of Nevada Dental Hygienist in accordance with NRS 439.272.

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

State employees are performing this work.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

12. 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

13. 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 agencies routinely perform services for other agencies - satisfactory

14. 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

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	04/09/2019 16:19:58 PM
Division Approval	rmorse	04/09/2019 16:20:01 PM
Department Approval	mwinebar	04/11/2019 10:17:38 AM
Contract Manager Approval	rmorse	04/11/2019 11:33:54 AM
Budget Analyst Approval	afrantz	04/12/2019 07:50:22 AM
BOE Agenda Approval	bwooldri	04/12/2019 11:21:57 AM
BOE Final Approval	Pending	

STATE OF NEVADA

STEVE SISOLAK
Governor

RICHARD WHITLEY, MS
Director



JULIE KOTCHEVAR
Administrator

IHSAN AZZAM, PhD., MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300
Carson City, NV 89706

Telephone: (775) 684-4220 · Fax: (775) 684-4211

April 3, 2019

MEMORANDUM

TO: Aaron Frantz
Budget Officer
Governor's Finance Office

THROUGH: Christina Hadwick
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Rick Morse
Division Contract Manager
Division of Public and Behavioral Health

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – UNLV-School of Dental Medicine (CETS #21714)**

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **University of Nevada Las Vegas - School of Dental Medicine**
- Services to be provided: Describe services in detail: **Provide a State Dental Hygienist for the Division of Public and Behavioral Health and is necessary to comply with NRS 439.272.**
- Funding source and expenditure category: **BA 3220 - CAT 16; Radiological Fees**
- Requested start date of work: **February 1, 2019**
- Expected execution date of agreement (IFC approvals): **May 14, 2019**
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - **This contract was delayed due to negotiations between the two State agencies and the type of agreement that would accommodate the unique nature of the project.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **The division would not be in compliance with NRS and NAC to provide dental services to the State.**
 - Explain how the program/bureau will prevent future retroactive requests: **The division will endeavor to allow more time for negotiations in the future to prevent the need for retroactive requests.**

If you have any questions, please contact Rick Morse at (775) 684-5932 or ramorse@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

Revised 4/19

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: **21640**

Agency Name:	DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name:	RENO CARSON MESSENGER SERVICE, INC.
Agency Code:	407	Contractor Name:	RENO CARSON MESSENGER SERVICE, INC.
Appropriation Unit:	3238-04	Address:	185 MARTIN ST.
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89509
If "No" please explain:	Not Applicable	Contact/Phone:	Johnno Lazetich 775-322-2424
		Vendor No.:	T60159830
		NV Business ID:	NV19931072732

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Service of Process**

5. Purpose of contract:

This is a new contract that continues services to provide Service of Process of legal documents, primarily subpoenas to non-custodial parents for the Child Support Enforcement Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,000.00**

Other basis for payment: \$45 per in state referral; \$90 per out of state referral.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per Federal Regulations, State Child Support Offices are required to serve child support enforcement documents to noncustodial parents in a timely manner. Serving these documents in a quick and efficient manner will expedite child support payments, medical benefits and other financial assistance to custodial parents and their children.

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

This is a joint effort between the Child Support Enforcement Program, local law enforcement offices and the selected vendor (Reno Carson Messenger Services). The Child Support Program uses local law enforcement personnel when available but due to resource limitations they are not always successful. When they are unsuccessful, the Child Support Enforcement Program resorts to the private vendor to locate the non-custodial parent and serve the legal documents.

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):

ServeNow
Bootleg Courier Co.
TC's Courier
Reno Carson Messenger Service

b. Solicitation Waiver: **Not Applicable**

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

Reno Carson Messenger Service was the only vendor to submit a proposal. This vendor has been providing ongoing courier services to the division in a satisfactory manner.

d. Last bid date: 02/05/2019 Anticipated re-bid date: 02/05/2023

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

Currently under contract with the division and providing satisfactory service.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Cathy Kaplan, Chief- Child Support Enforcement Ph: (775) 684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	03/28/2019 12:00:09 PM
Division Approval	bberry	04/05/2019 13:41:05 PM
Department Approval	mwinebar	04/08/2019 09:41:06 AM
Contract Manager Approval	mpomerle	04/08/2019 12:44:18 PM
Budget Analyst Approval	laaron	04/09/2019 17:06:27 PM
BOE Agenda Approval	bwooldri	04/10/2019 15:35:10 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **19429**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3719-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Sewing Collection, Inc.

Contractor Name: **Sewing Collection, Inc.**Address: **3113 E. 26th Street**City/State/Zip: **Vernon, CA 90058**

Contact/Phone: Rob Molaie 323-264-2223

Vendor No.:

NV Business ID: NV20191231743

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X Other funding	100.00 % Revenue Generating Contract

2. Contract start date:

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

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/08/2021**Contract term: **1 year and 343 days**4. Type of contract: **Revenue Contract**Contract description: **Offender Labor**

5. Purpose of contract:

This is a new revenue contract to provide reimbursement of costs to utilize offender labor and facility space at High Desert State Prison for the purpose of sorting and boxing clothes hangers and related duties.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$695,796.00**

Other basis for payment: Revenue payable to NDOC, Silver State Industries in accordance with the terms of Attachment AA and AA-1.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 209.461 authorizes the State of Nevada, Department of Corrections, (NDOC), by and through its Director to provide offender work, contractual activity or business activity, subject to the approval of the Board of State Prison Commissioners and the State Board of Examiners. This contract will allow NDOC to provide work and occupational training for offenders through Sewing Collection Inc.

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

This is a revenue generating contract.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

NRS 209.391. This contractor was chosen because they approached NDOC for work.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Dastal, Diane, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddastal	04/05/2019 05:11:10 AM
Division Approval	amonro1	04/09/2019 08:18:17 AM
Department Approval	sewart	04/09/2019 09:38:17 AM
Contract Manager Approval	vfajota	04/12/2019 10:38:13 AM
Budget Analyst Approval	bmacke1	04/12/2019 11:11:33 AM
BOE Agenda Approval	jrodrig9	04/22/2019 22:47:04 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: **21600**

Agency Name: DPS-EMERGENCY MANAGEMENT	Legal Entity Name: FIRETREX, INC.
Agency Code: 654	Contractor Name: FIRETREX, INC.
Appropriation Unit: 3673-53	Address: P.O. Box 1194
Is budget authority available?: Yes	City/State/Zip: BOTHELL, WA 98041
If "No" please explain: Not Applicable	Contact/Phone: 206-452-1976
	Vendor No.: T29039255
	NV Business ID: n/a
To what State Fiscal Year(s) will the contract be charged?	2019-2022

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

General Funds	0.00 %	Fees	0.00 %
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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Data Management**

5. Purpose of contract:

This is a new contract to provide a statewide credential data management and learning tracking system that will enabling state, local and tribal jurisdictions to establish a skills and qualifications inventory of emergency management users and first responders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,858.00**

Other basis for payment: payment will be made per the consideration section of the contract

II. JUSTIFICATION

7. What conditions require that this work be done?

Currently there is no statewide database that tracks the qualifications, certifications and licenses for emergency management and first responders. This can cause delays in deployment of needed staff while qualifications are researched and documented. This contract will provide a statewide database that will provide an inventory of all emergency management and first responder qualifications, certifications, and licensing and enable the user to register for classes based on established requirements. The inventory will enable the Division of Emergency Management to find qualified first responders able to be deployed when requests for assistance are received.

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 level of expertise to develop a statewide database that provides the ability to incorporate the level of detail needed for tracking the emergency management and first responder qualification, certification, licensing & training and enable the user to register for classes based on established requirements.

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):

RC Consulting Services LLC
Sagebrush Consulting LLC
FireTrex Inc
Intellectyx

b. Solicitation Waiver: **Not Applicable**

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

The selected vendor was chosen based on the product availability and cost of the product. Also taken into consideration is the fact that the selected vendor is currently contracted with another state agency.

d. Last bid date: 01/25/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

This contractor will not be doing work in the State of Nevada for more than 30 days per NRS 80.015(j). Additionally, this contractor does not meet the requirement of NRS 76.100 paragraph (7b).

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

Yes

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

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

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

This contractor will not be doing work in the State of Nevada for more than 30 days per NRS 80.015(j). Additionally, this contractor does not meet the requirement of NRS 76.100 paragraph (7b).

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

No b. If "NO", please explain.

This contractor will not be doing work in the State of Nevada for more than 30 days per NRS 80.015(j). Additionally, this contractor does not meet the requirement of NRS 76.100 paragraph (7b).

19. Agency Field Contract Monitor:

Judith Lyman, MA I Ph: 775-687-0324
Jon Bakkedahl, Training Officer Ph: 775-687-0320
Kelli Baratti, Operations Chief Ph: 775-687-0310
Eric Wilson, ASO I Ph: 775-687-0316

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlun1	03/28/2019 12:32:47 PM
Division Approval	lgallow1	03/29/2019 10:23:32 AM
Department Approval	cboegle	03/29/2019 11:03:15 AM
Contract Manager Approval	cboegle	03/29/2019 11:03:20 AM
Budget Analyst Approval	jrodrig9	04/03/2019 23:45:55 PM
BOE Agenda Approval	jrodrig9	04/03/2019 23:46:00 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21664**Agency Name: **DPS-EMERGENCY MANAGEMENT**Agency Code: **654**Appropriation Unit: **3673-69**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: OCCUPATIONAL SERVICES, INC.

Contractor Name: **OCCUPATIONAL SERVICES, INC.**Address: **6397 NANCY RIDGE DR.**City/State/Zip: **SAN DIEGO, CA 92121**

Contact/Phone: 858-558-6736

Vendor No.: T29009668

NV Business ID: n/a

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **1 year and 61 days**4. Type of contract: **Contract**Contract description: **calibrations**

5. Purpose of contract:

This is a new contract to provide semi-annual on-site radiological detection device calibrations and maintenance services at pre-determined locations within the State.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$82,969.00**

Other basis for payment: per the consideration section of the contract

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Emergency Management receives funding to purchase radiological detection devices and to provide for the annual device calibrations. The Division transfers the devices to local jurisdictions for radiological detection and monitoring as well as facilitates the required annual calibrations to ensure accuracy.

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

The Division is currently in the process of identifying staff & obtaining training, applying for the required licensing, purchasing necessary equipment and securing the radiological sources to perform the required calibrations. This contract will provide for the required calibrations while the Division's program and procedures are implemented.

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):

Transcat Services
Tektronix
Ludlum Measurements
Simco
Trescal Co

b. Solicitation Waiver: **Not Applicable**

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

Occupational Services Inc was the only vendor that submitted a proposal to perform the work. All the other vendors solicited submitted a 'no bid' or there was no notification received.

d. Last bid date: 01/09/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

n/a

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

Yes

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

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

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

n/a

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

No b. If "NO", please explain.

n/a

19. Agency Field Contract Monitor:

Jon Bakkedahl, Training Officer Ph: 775-687-0320

Eric Wilson, ASO I Ph: 775-687-0316

Judith Lyman, MAI Ph: 775-687-0324

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlun1	04/05/2019 08:46:45 AM
Division Approval	lgallow1	04/05/2019 12:49:17 PM
Department Approval	cboegle	04/05/2019 13:03:49 PM

Contract Manager Approval	cboegle	04/05/2019 13:03:53 PM
Budget Analyst Approval	jrodrig9	04/10/2019 22:15:09 PM
BOE Agenda Approval	jrodrig9	04/10/2019 22:15:19 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: **21520**

Agency Name: DCNR - CONSERVATION & NATURAL RESOURCES	Legal Entity Name: Dyer Engineering Consultants, Inc.
Agency Code: 700	Contractor Name: Dyer Engineering Consultants, Inc.
Appropriation Unit: 4144-50	Address: 9160 DOUBLE DIAMOND PARKWAY SUITE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521
If "No" please explain: Not Applicable	Contact/Phone: Shane Dyer 775/852-1440
	Vendor No.: T29030589
	NV Business ID: NV19981192874

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2021**

Contract term: **2 years and 153 days**

4. Type of contract: **Contract**

Contract description: **Design & Implement**

5. Purpose of contract:

This is a new contract to provide design and implementation of drought resistant potable water supply to Lahontan State Recreation Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$214,571.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide drought resistant potable water supply to Lahontan State Recreation Area.

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

We don't have the specialized equipment and our workload is to heavy.

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):

Lumos & Associates
Summit Engineering
Tectonics Design Group

b. Solicitation Waiver: **Not Applicable**

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

RFQ was done for phase I and Dyer was the only qualified bidder

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

With State Parks 2017 & 2018 and NDOW 2012-2017 with satisfactory performance.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Tim Hunt, Chief of Planning & Development Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/26/2019 13:01:45 PM
Division Approval	sdecrona	03/26/2019 13:01:55 PM
Department Approval	sdecrona	03/26/2019 13:02:04 PM
Contract Manager Approval	sdecrona	03/26/2019 13:02:09 PM
Budget Analyst Approval	cpalme2	03/27/2019 12:42:49 PM
BOE Agenda Approval	cmurph3	03/27/2019 15:26:07 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: 19693	Amendment Number: 2
Agency Name: DCNR - CONSERVATION & NATURAL RESOURCES	Legal Entity Name: Haley Sharpe Design
Agency Code: 700	Contractor Name: Haley Sharpe Design
Appropriation Unit: 4144-50	Address: 75 Sherbourne Street Suite 223 CANADA
Is budget authority available?: Yes	City/State/Zip: Toronto, ON M5A2P9
If "No" please explain: Not Applicable	Contact/Phone: Jane Statham 416-361-3338
	Vendor No.:
	NV Business ID: NV20181553482

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

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	50.00 %	X Bonds	50.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2018**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2019**

Contract term: **2 years and 294 days**

4. Type of contract: **Contract**

Contract description: **Design New Park**

5. Purpose of contract:

This is the second amendment to the original contract which provides exhibit planning and design services to include project scoping, conceptual design, schematic design and vision documentation for the Ice Age Fossils State Park. This amendment extends the termination date from December 31, 2019 to December 31, 2020 and increases the maximum amount from \$160,000 to \$657,176 to address phase III of the project.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$68,000.00	\$68,000.00	\$68,000.00	Yes - Action
a. Amendment 1:	\$92,000.00	\$92,000.00	\$92,000.00	Yes - Action
2. Amount of current amendment (#2):	\$497,176.00	\$497,176.00	\$497,176.00	Yes - Action
3. New maximum contract amount:	\$657,176.00			
and/or the termination date of the original contract has changed to:	12/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

There is a new park that requires planning and development.

GFO Note: Email from 2/6/18, Shirley DeCrona, All funds for the contract are in US Dollars.

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

Staff does not possess the required expertise for exhibit planning and design for the project of this scale.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This was the highest ranked firm out of six.

d. Last bid date: 12/15/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/29/2019 08:51:22 AM
Division Approval	sdecrona	03/29/2019 08:51:25 AM
Department Approval	sdecrona	03/29/2019 08:51:29 AM
Contract Manager Approval	sdecrona	04/04/2019 11:00:46 AM

Budget Analyst Approval
BOE Agenda Approval

cpalme2
pnicks

04/09/2019 12:05:18 PM
04/10/2019 16:22:08 PM

Dana Dapolito

From: Dana Dapolito
Sent: Tuesday, March 19, 2019 11:38 AM
To: Jeffrey Haag
Cc: Tim Hunt; Jennifer Idema; Shirley DeCrona
Subject: RE: Follow up from 28 February meeting - amendment to Haley Sharpe Design contract

Thank you, Jeff – this is most appreciated.

Best,

Dana

From: Jeffrey Haag <jhaag@admin.nv.gov>
Sent: Tuesday, March 19, 2019 10:53 AM
To: Dana Dapolito <ddapolito@parks.nv.gov>
Subject: RE: Follow up from 28 February meeting - amendment to Haley Sharpe Design contract

Good morning Dana,

I'm in agreement as these services were requested in the original RFQ.

Thank you
Jeff

Jeffrey Haag
Administrator | State Purchasing
515 E Musser St, 3rd Floor
Carson City NV 89701
775-684-0170



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From: Dana Dapolito
Sent: Tuesday, March 19, 2019 10:41 AM
To: Jeffrey Haag <jhaag@admin.nv.gov>
Subject: Follow up from 28 February meeting - amendment to Haley Sharpe Design contract

Good morning, Jeff.

I am following up on our conversation from 28 February, regarding amendment to our existing contract with Haley Sharpe Design (**hsd**).

As we discussed during our meeting, NDSP's original contract was solicited through a Request for Qualifications process to select the most qualified candidate to support design, fabrication, and installation of exhibits at the new Ice Age Fossils State Park. NDSP moved this contract forward believing that these services met the criteria for professional services under NRS 333.150.2(b)(6).

hsd has successfully completed phases one and two of the exhibit project – specifically, conceptual design and design development - and NDSP would like to move forward under a second amendment to the contract to provide construction documentation, media development, and construction administration services.

Per discussion, Ice Age Fossils State Park is a high priority and complex project, which requires a high level of certainty around the consultants with which we will be contracting. Having completed phases one and two of the scope of work, **hsd** can provide that certainty to the State. As such, NDSP is requesting your concurrence that we may move forward with this amendment.

NDSP would like to present this for approval at the May Board of Examiners' meeting. A response at your earliest convenience would be most appreciated. Thank you for your assistance in moving this forward, and please do not hesitate to connect with me should you have any questions on this matter.

Best,

Dana

Dana A. Dapolito

Program Manager, Park Planning
Department of Conservation and Natural Resources
Nevada Division of State Parks
901 S. Stewart St., Suite 2003
Carson City, NV 89701
ddapolito@parks.nv.gov
(O) 775-684-2789 | (F) 775-684-2777
Find your next adventure at parks.nv.gov.



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The proposed Scope of Work under this amendment includes:

1. Construction Documents (Production Documents) - full technical package (exhibit, display case, physical interactives, lighting, etc.), artwork for production ready graphics, preparation of fabrication bid, and support review of fabrication bid;
2. Construction Administration – drawing review and sign off, factory visits and fabrication review, installation oversight, progress reports, project management, project administration; and
3. Media development and Production – development of media briefs (immersive panorama, Camelops AV, Big Dig interactive, and theatre film), script and storyboard development, design development for software/media, pre-production of software/media, and production of software/media.

NDSP anticipates that work under Amendment #2 will begin following Board of Examiners' approval and dovetail in with current facility planning and development processes.

The value of the proposed contract amendment is \$497,176 and will be billed monthly on a percent complete basis. The maximum amount of the contract for the term of the contract will not exceed \$657,176, including Amendment #2.

This contract will be funded through Budget Accounts 4144 and 4103. The new contract term, including Amendment #2, will be March 2018 – December 2020.

/dd

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: **18715** Amendment Number: **2**
 Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **BEC ENVIRONMENTAL, INC.**
 Agency Code: **709** Contractor Name: **BEC ENVIRONMENTAL, INC.**
 Appropriation Unit: **3187-54** Address: **7660 WEST SAHARA AVENUE SUITE 150**
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89117-2786**
 If "No" please explain: **Not Applicable** Contact/Phone: **Eileen Christensen 702/304-9830**
 Vendor No.: **T32000808**
 NV Business ID: **NV20021197371**

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

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

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

Agency Reference #: **RFP #3430 / DEP #17-026**

2. Contract start date:

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

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Brownfields Program**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing support services for the Nevada Brownfields Program by conducting site-specific assessment, cleanup and other redevelopment activities at eligible sites. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$583,364 to \$657,000 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:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
a. Amendment 1:	\$283,364.00	\$283,364.00	\$283,364.00	Yes - Action
2. Amount of current amendment (#2):	\$73,636.00	\$73,636.00	\$73,636.00	Yes - Action
3. New maximum contract amount:	\$657,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Small Business Liability Relief and Brownfields Revitalization Act (1-11-2002) set initiatives and provisions to aid in the identification, assessment, and remediation of properties where expansion, reuse, or redevelopment has been complicated due to the presence, or potential presence of a hazardous substance, pollutant, or contaminant. US EPA provides Grants to NDEP to assist in meeting Federal and State requirements to address corrections at sites where groundwater or soil is affected by hazardous substance contamination.

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

The State of Nevada does not have the staffing capacity, technical expertise, or resources to fulfill 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?

In accordance with NRS 333, and per RFP #3430, the selected vendor was the second highest scoring proposer as determined by an independent, appointed evaluation committee. Per RFP #3430, this vendor is one of two selected to perform work under the contract, DEP #17-026.

d. Last bid date: 03/31/2017 Anticipated re-bid date: 03/31/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

This vendor has provided services to the NDEP Brownfields Program, as well as various other State and NDEP contracts. The NDEP has been satisfied with this vendor's performance and quality of work under each of the various contracts held.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	ddobson	03/15/2019 07:39:46 AM
Division Approval	jcollin5	03/19/2019 10:30:30 AM
Department Approval	jcollin5	03/19/2019 10:30:37 AM
Contract Manager Approval	kvalde1	03/19/2019 13:10:17 PM
Budget Analyst Approval	cpalme2	03/20/2019 10:08:54 AM
BOE Agenda Approval	cmurph3	03/21/2019 11:10:43 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18713** Amendment Number: **2**
 Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **MCGINLEY & ASSOCIATES**
 Agency Code: **709** Contractor Name: **MCGINLEY & ASSOCIATES**
 Appropriation Unit: **3187-54** Address: **815 MAESTRO DRIVE**
 Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89511-2387**
 If "No" please explain: **Not Applicable** Contact/Phone: **Joe McGinley 775/829-2245**
 Vendor No.: **T81202459**
 NV Business ID: **NV20021218343**

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

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

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

Agency Reference #: **RFP #3430 / DEP #17-026**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**
 Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Brownfields Program**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing support services for the Nevada Brownfields Program by conducting site-specific assessment, cleanup and other redevelopment activities at eligible sites. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$583,364 to \$657,000 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:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
a. Amendment 1:	\$283,364.00	\$283,364.00	\$283,364.00	Yes - Action
2. Amount of current amendment (#2):	\$73,636.00	\$73,636.00	\$73,636.00	Yes - Action
3. New maximum contract amount:	\$657,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Small Business Liability Relief and Brownfields Revitalization Act (1-11-2002) set initiatives and provisions to aid in the identification, assessment, and remediation of properties where expansion, reuse, or redevelopment has been complicated due to the presence, or potential presence of a hazardous substance, pollutant, or contaminant. US EPA provides Grants to NDEP to assist in meeting Federal and State requirements to address corrections at sites where groundwater or soil is affected by hazardous substance contamination.

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

The State of Nevada does not 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):

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 333, and per RFP #3430, the selected vendor was the highest scoring proposer as determined by an independent, appointed evaluation committee. Per RFP #3430, this vendor is one of two selected to perform work under the contract, DEP #17-026.

d. Last bid date: 03/31/2017 Anticipated re-bid date: 03/31/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

This vendor has provided services to the NDEP Brownfields Program, as well as various other NDEP contracts. The NDEP has been satisfied with this vendor's performance and quality of work under each of the various contracts held.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	ddobson	03/19/2019 10:54:24 AM
Division Approval	jcollin5	03/19/2019 10:55:22 AM
Department Approval	jcollin5	03/19/2019 10:55:26 AM
Contract Manager Approval	kvalde1	03/19/2019 13:12:32 PM
Budget Analyst Approval	cpalme2	03/20/2019 10:07:27 AM
BOE Agenda Approval	cmurph3	03/21/2019 11:13:07 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18779** Amendment Number: **2**
 Agency Name: **B&I - INDUSTRIAL RELATIONS DIV** Legal Entity Name: **KPS3, Inc.**
 Agency Code: **742** Contractor Name: **KPS3, Inc.**
 Appropriation Unit: **4685-15** Address: **500 RYLAND ST STE 300**
 Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89502-1662**
 If "No" please explain: **Not Applicable** Contact/Phone: **Stephanie Kruse 775-686-7439**
 Vendor No.: **PUR0004720**
 NV Business ID: **NV19941094961**

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

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	33.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	67.00 % Workers Compensation and Safety Fund

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/05/2017**
 Anticipated BOE meeting date **05/2019**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**
 Contract term: **3 years and 361 days**

4. Type of contract: **Contract**
 Contract description: **Multi-Media Contract**

5. Purpose of contract:
This is the second amendment to the original contract which provides multimedia workplace safety and health education information. This amendment extends the termination date from June 30, 2019, to June 30, 2021 and increases the maximum amount from \$280,000 to \$530,000 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:	\$250,000.00	\$250,000.00	\$250,000.00	Yes - Action
a. Amendment 1:	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
2. Amount of current amendment (#2):	\$250,000.00	\$250,000.00	\$280,000.00	Yes - Action
3. New maximum contract amount:	\$530,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 618.353 requires the Division of Industrial Relations to conduct workplace safety and health education and informational programs in Nevada to promote safe practices and increase the recognition, avoidance and prevention of unsafe and unhealthy work conditions. This contract also supports our 21(d) federal cooperative agreement grant.

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

State employees do not have the expertise to provide these services. Our marketing campaigns include search engine optimization and Google AdWords. The contract also supports development of pamphlets, handouts, newspaper ads, and other multimedia and online advertising.

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):

The Glenn Group
Penna Powers
KPS3
Crearmagnum

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3415, 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: 03/08/2017 Anticipated re-bid date: 01/08/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

Since 1992, Business & Industry. KPS3 has had the multimedia contract for SCATS for more than 25 years. They have performed a variety of tasks, always exceeding expectations and with high-quality results. In 2016 SCATS was awarded the Onsite Consultation Achievement Recognition Award for the Google AdWords campaign developed and implemented by KPS3. This contractor continues to be innovative in developing new marketing strategies to increase our ability to reach employers throughout Nevada.

14. 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

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

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

Yes

17. 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

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ljon13	03/18/2019 17:11:39 PM
Division Approval	ljon13	03/19/2019 08:33:59 AM
Department Approval	jhanse4	04/05/2019 13:48:51 PM
Contract Manager Approval	jwhi11	04/05/2019 14:35:08 PM
Budget Analyst Approval	aurruty	04/16/2019 10:46:24 AM
BOE Agenda Approval	lfree1	04/17/2019 16:23:07 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21698**

Agency Name:	B&I - INDUSTRIAL RELATIONS DIV	Legal Entity Name:	NEVADA ALTERNATIVE SOLUTIONS
Agency Code:	742	Contractor Name:	NEVADA ALTERNATIVE SOLUTIONS
Appropriation Unit:	All Budget Accounts - Category 04	Address:	9506 West Flamingo Road Suite 102
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89147
If "No" please explain:	Not Applicable	Contact/Phone:	Charles Nort 702/796-1333
		Vendor No.:	T81042202
		NV Business ID:	NV19931097191

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X Other funding	100.00 % Workers' Comp and Safety Fund

2. Contract start date:

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

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 61 days**4. Type of contract: **Contract**Contract description: **WC Uninsured Claims**

5. Purpose of contract:

This is a new contract to provide administration services for the Uninsured Employers' Claims Account.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$238,500.00**

Other basis for payment: \$29,500.00 for transfer, setup and audit of existing files to be provided by current contractor; \$37,500.00 per year, to be billed monthly; monthly reimbursement of claims paid out, less 25% of any negotiated savings beyond med fee schedule; \$500.00 one-time fee for addition of any claim file in excess of 40 during any given year; \$90.00 per hour for legal costs at Hearing Officer level; and \$125.00 per hour for legal costs at Appeals Officer level.

II. JUSTIFICATION

7. What conditions require that this work be done?

Required per NRS 616C.220. Injured employees shall receive accurate and timely benefits (pursuant to Chapters 616 and 617 of NRS and NAC, inclusive).

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

NRS 616C.220 requires that this process must be done by a third-party administrator.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):

Pacific Securities Equities inc
Hometown Health Providers Insurance Company
Sierra Nevada Administrators
Nevada Alternative Solutions

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #74BAI-S396, 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: 03/15/2015 Anticipated re-bid date: 03/15/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 Business and Industry, Division of Insurance. The service provided is satisfactory.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ljon13	04/08/2019 09:52:19 AM
Division Approval	ljon13	04/08/2019 09:52:22 AM
Department Approval	jhanse4	04/09/2019 10:35:38 AM
Contract Manager Approval	rryan	04/10/2019 08:54:48 AM
Budget Analyst Approval	aurruty	04/16/2019 11:31:35 AM
BOE Agenda Approval	lfree1	04/18/2019 10:24:09 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21706**

Agency Name: B&I - ATHLETIC COMMISSION	Legal Entity Name: InLumon
Agency Code: 749	Contractor Name: InLumon
Appropriation Unit: 3952-26	Address: 9645 GATEWAY DR STE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-2967
If "No" please explain: Not Applicable	Contact/Phone: Nick Aliberti 800/246-0541
	Vendor No.: T29034911
	NV Business ID: NV20101126878
To what State Fiscal Year(s) will the contract be charged?	2019-2021

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 % Athletic Commission Gate Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: RFP#74BAI-S474

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2021**

Contract term: **2 years and 18 days**

4. Type of contract: **Contract**

Contract description: **Database for NSAC**

5. Purpose of contract:

This is a new contract to provide and implement a database system to support the Commission's core business activities and automate existing manual and paper-intensive processes.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$126,900.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Athletic Commission needs a database system to track information regarding events.

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

This is a specialized 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):

Vtech Solutions Inc.
EduLoka Ltd.
Main Street Computing

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #74BAI-S474, 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: 01/17/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Grant Reynolds, IT Ph: 775-684-2994

Colleen Patchin, Program Officer II Ph: 702-486-2578

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	avance	04/12/2019 15:26:41 PM
Division Approval	avance	04/12/2019 15:26:44 PM
Department Approval	jhans4	04/12/2019 15:59:27 PM
Contract Manager Approval	fmason	04/12/2019 16:06:45 PM
EITS Approval	daxtel1	04/16/2019 09:33:51 AM
Budget Analyst Approval	aurruty	04/16/2019 14:33:40 PM
BOE Agenda Approval	lfree1	04/17/2019 16:12:29 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: **21585**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BOARD OF REGENTS-TMCC
Agency Code: 901	Contractor Name: BOARD OF REGENTS-TMCC
Appropriation Unit: 3265-12	Address: TMCC CONTROLLERS OFFICE
Is budget authority available?: Yes	7000 DANDINI BLVD
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89512-3999
	Contact/Phone: SARAH ROSENBLOOM 775/673-7231
	Vendor No.: D35000812
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2020-2021

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	21.30 %	Fees	0.00 %
X Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3303-21-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

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

Contract description: **2019 TMCC TPCA**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing support for students with disabilities who are attending College with academic preparation and job skills necessary to successfully obtain and maintain employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,098,123.00**

Other basis for payment: Truckee Meadows Community College (TMCC) agrees to provide the services at a cost not to exceed the amount per State Fiscal Year (SFY): SFY20: \$133,920 and SFY21: \$140,611; Rehabilitation Division (DETR-VR) agrees to provide the services at a cost not to exceed the amount indicated per SFY: SFY20: \$401,759 and SFY21: \$421,833. Total cost of the contract shall not exceed \$1,098,123.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Cooperation and coordination of services between the Vocational Rehabilitation and state colleges is a high priority focus by the Rehabilitation Services Administration, US Department of Education to better serve high school students with disabilities.

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

The Division does not have the staff or the funding to perform these services.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Governmental Entity

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

12. 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

13. 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 provided satisfactory services to REHAB and other state agencies since 2012.

14. 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

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	03/28/2019 08:17:58 AM
Division Approval	kdesoci1	03/28/2019 16:39:12 PM
Department Approval	kdesoci1	03/28/2019 16:39:15 PM
Contract Manager Approval	aallen	03/29/2019 11:20:16 AM
Budget Analyst Approval	dbaughn	04/19/2019 11:29:13 AM
BOE Agenda Approval	tgreenam	04/22/2019 16:14:01 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18817	Amendment Number: 2
Agency Name: DETR - EMPLOYMENT SECURITY DIVISION	Legal Entity Name: Hilltop Refrigeration, Inc.
Agency Code: 902	Contractor Name: Hilltop Refrigeration, Inc.
Appropriation Unit: All Budget Accounts - Category 04	Address: 1215 Kleppe Lane #1
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Markus Dehm 775-771-4004
	Vendor No.: T27041493
	NV Business ID: NV20131621533
To what State Fiscal Year(s) will the contract be charged?	2017-2021

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

<input checked="" type="checkbox"/> General Funds	1.90 %	Fees	0.00 %	
<input checked="" type="checkbox"/> Federal Funds	69.00 %	Bonds	0.00 %	
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	29.10 %	BEN, ESD Special Fund and Career Enhancement Program

Agency Reference #: 3053-19-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/08/2017**
 Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 23 days**

4. Type of contract: **Contract**

Contract description: **HVAC**

5. Purpose of contract:

This is the second amendment to the original contract which provides regular maintenance and emergency services for heating, ventilation and air conditioning to northern Nevada facilities on an as needed basis. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$30,500 to \$50,500 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:	\$10,500.00	\$10,500.00	\$10,500.00	Yes - Info
a. Amendment 1:	\$20,000.00	\$20,000.00	\$30,500.00	Yes - Info
2. Amount of current amendment (#2):	\$20,000.00	\$20,000.00	\$50,500.00	Yes - Action
3. New maximum contract amount:	\$50,500.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to provide heating, ventilation and air conditioning (HVAC) maintenance and services for the facilities located in northern Nevada on an as needed basis.

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

State employees do not possess the required experience and training for 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):

Westernaire Inc.
Maxwell Mechanical LLC
Pinnacle Heating and Air conditioning
Hilltop Refrigeration, Inc,

b. Solicitation Waiver: **Not Applicable**

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

One in a vendor pool. Vendor offered services as needed at reasonable rates.

d. Last bid date: 03/17/2017 Anticipated re-bid date: 01/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

6/8/2017, DETR Satisfactory

14. 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

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	02/27/2019 13:48:26 PM
Division Approval	kdesoci1	03/28/2019 16:42:53 PM

Department Approval	kdesoci1	03/28/2019 16:42:58 PM
Contract Manager Approval	aallen	03/29/2019 11:22:43 AM
Budget Analyst Approval	dbaughn	04/04/2019 16:04:55 PM
BOE Agenda Approval	tgreenam	04/11/2019 15:02:35 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: **16468** Amendment Number: **3**
 Agency Name: **PUBLIC EMPLOYEES' BENEFITS** Legal Entity Name: **EXTEND HEALTH, INC.**
 Agency Code: **950** Contractor Name: **EXTEND HEALTH, INC.**
 Appropriation Unit: **1338 - All Categories** Address: **10975 STERLING VIEW STE 1A**
 Is budget authority available?: **Yes** City/State/Zip: **SOUTH JORDAN, UT 84095**
 If "No" please explain: Not Applicable Contact/Phone: 847-220-3930
 Vendor No.: T27028436
 NV Business ID: NV20011359186

To what State Fiscal Year(s) will the contract be charged? **2016-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 67% State Subsidy/ 33% Premium Revenue

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**
 Anticipated BOE meeting date 05/2019
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**
 Contract term: **10 years and 2 days**

4. Type of contract: **Contract**
 Contract description: **Medicare Exchange**

5. Purpose of contract:
This is the third amendment to the original contract which provides individual Medicare Exchange and Health Reimbursement Arrangement administration for eligible Medicare retirees of the program. This amendment extends the contract termination date from June 30, 2020 to June 30, 2025; revises Attachment AA, Negotiated Items; Attachment GG, Performance Standards, Guarantees, and Penalties; and Attachment FF, Amended Cost Schedule to eliminate the per member per month fee effective July 2, 2019 for the remainder of the contract. Due to the elimination of fees, the revised contract maximum is \$1,546,000.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,023,000.00	\$2,023,000.00	\$2,023,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	-\$477,000.00	-\$477,000.00	-\$477,000.00	Yes - Action
3. New maximum contract amount:	\$1,546,000.00			
and/or the termination date of the original contract has changed to:	06/30/2025			

II. JUSTIFICATION

7. What conditions require that this work be done?

Since 2011 PEBP has transitioned its retirees who are enrolled in Medicare Parts A and B to an individual Medicare Exchange with and HRA to administer their health plan. Retirees with Medicare Parts A and B are no longer eligible to participate in PEBP sponsored health plans without other eligibility requirements being met and as a result a vendor is needed to manage the retiree enrollment process and administer HRA accounts.

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

PEBP nor other state agencies are able to serve as brokers and benefit advisors for health plans on the open market.

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 is the incumbant vendor and as a result would have minimum disruption to enrolled retirees. This vendor was chosen by the evaluation committee in accordance with NRS 333 and pursuant to RFP #3124

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

This vendor is PEBP's current Individual Medicare Exchange and HRA Administrator vendor. PEBP is satisfied with the services provided by Extend Health/ Towers Watson.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

ceaton

03/11/2019 08:42:13 AM

Division Approval	ceaton	03/11/2019 08:42:50 AM
Department Approval	ceaton	03/11/2019 08:42:55 AM
Contract Manager Approval	ceaton	03/11/2019 08:42:59 AM
Budget Analyst Approval	lfree1	04/05/2019 15:31:24 PM
BOE Agenda Approval	lfree1	04/15/2019 09:25:21 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13950** Amendment Number: **7**
 Agency Name: **SILVER STATE HEALTH INSURANCE EXCHANGE** Legal Entity Name: **KPS3, INC.**
 Agency Code: **960** Contractor Name: **KPS3, INC.**
 Appropriation Unit: **1400-04** Address: **500 Ryland Street, Ste 300**
 Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502**
 If "No" please explain: **Not Applicable** Contact/Phone: **Kevin Jones 775-781-2205**
 Vendor No.: **PUR0004720**
 NV Business ID: **NV19941094961**

To what State Fiscal Year(s) will the contract be charged? **2013-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/08/2013**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **03/31/2020**

Termination Date:

Contract term: **9 years and 83 days**

4. Type of contract: **Contract**

Contract description: **KPS3 Inc.**

5. Purpose of contract:

This is the seventh amendment to the original contract which provides ongoing website hosting, content/forms management, translation services and special projects. This amendment extends the termination date from March 31, 2020 to March 31, 2022 and increases the maximum amount from \$11,230,976 to \$11,352,264 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:	\$6,000,000.00	\$6,000,000.00	\$6,000,000.00	Yes - Action
a. Amendment 1:	\$1,350,000.00	\$1,350,000.00	\$1,350,000.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$3,683,976.00	\$3,683,976.00	\$3,683,976.00	Yes - Action
d. Amendment 4:	\$37,000.00	\$37,000.00	\$37,000.00	Yes - Info
e. Amendment 5:	\$80,000.00	\$80,000.00	\$117,000.00	Yes - Action
f. Amendment 6:	\$80,000.00	\$80,000.00	\$80,000.00	Yes - Action
2. Amount of current amendment (#7):	\$121,288.00	\$121,288.00	\$121,288.00	Yes - Action
3. New maximum contract amount:	\$11,352,264.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Exchange developed the initial contract with KPS3 to perform marketing and outreach. As part of those efforts, KPS3 developed a brand name (Nevada Health Link), tag line, and created (and hosted) an informational website. That informational website has been hosted ever since and has been upgraded per CMS requirements in November 2015. The hosting process, complete with the architecture and security controls surrounding that page, were submitted and accepted by CMS and became part of Nevada's blueprint and operational plans that ensure Nevada remains certified as a State Based Marketplace.

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

The scope of this project has a strict deadline and is too large and time consuming for the work load of state employees to handle.

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?

Vendor received the highest score from the evaluation team.

d. Last bid date: 11/01/2012 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	danders9	03/11/2019 12:24:45 PM
Division Approval	jsnido1	03/22/2019 10:19:10 AM
Department Approval	rhigh	03/22/2019 10:36:55 AM
Contract Manager Approval	danders9	03/26/2019 10:45:32 AM
Budget Analyst Approval	laaron	03/29/2019 15:35:27 PM
BOE Agenda Approval	bwooldri	04/10/2019 15:12:05 PM

AGENCY: Silver State Health Insurance Exchange
 CONTRACT #: 13950
 VENDOR: KPS 3 Inc
 VENDOR #: PUR0004720
 DESCRIPTION: Marketing & Outreach Services

CONTRACT PERIOD: 01/08/13 03/31/20
 Budget Approved \$6,000,000 Contract Authority \$11,230,976
 Amend #1 \$7,350,000
 Amend #2 \$7,350,000 Extend Term
 Amend #3 \$11,033,976
 Amend #4 \$11,070,976 Extend Term
 Amend #5 \$11,150,976 Extend Term/Add authority
 Amend #6 \$11,230,976 Extend Term/Add authority

Request Date	Work Order #	Title of Work Order	Cost Not to Exceed	Fiscal Year	Invoice #	PV #	Date Paid	Travel Amount	KPS3 Fees/Vendor Costs	Total Payment Amount
1/10/2013	KPS3-2013-01	Account Management/Results for Reporting for Jan-Feb 2013						\$ -	\$ 18,887.50	\$ 18,887.50
OK		KPS3-2013-01 Final		2013	23463	1243755	3/19/2013	\$ -	\$ 18,887.50	\$ 18,887.50
1/24/2013	KPS3-2013-02	Target Market Study						\$ -	\$ 3,797.50	\$ 3,797.50
OK		KPS3-2013-02 Final		2013	23715	1250928	4/29/2013	\$ -	\$ 3,797.50	\$ 3,797.50
1/10/2013	KPS3-2013-03	Naming of the Exchange (English and Spanish)						\$ -	\$ 9,530.81	\$ 9,530.81
OK		KPS3-2013-03 Final		2013	23713	1250928	4/29/2013	\$ -	\$ 9,530.81	\$ 9,530.81
1/24/2013	KPS3-2013-04	Finalization of Strategic Brief						\$ -	\$ 8,755.00	\$ 8,755.00
OK		KPS3-2013-04 Final		2013	23465	1250928	4/29/2013	\$ -	\$ 8,755.00	\$ 8,755.00
1/24/2013	KPS3-2013-05	Focus Group for Name Testing						\$ 473.38	\$ 25,408.75	\$ 25,882.13
OK		KPS3-2013-05 Final		2013	23354	1238732	2/27/2013	\$ 473.38	\$ 25,408.75	\$ 25,882.13
2/12/2013	KPS3-2013-06	KPS3 Travel for Feb 14 Board Meeting Presentation						\$ 847.54	\$ -	\$ 847.54
OK		KPS3-2013-06 Final		2013	23464	1243755	3/19/2013	\$ 847.54	\$ -	\$ 847.54
3/6/2013	KPS3-2013-07	Pre-Campaign Survey						\$ -	\$ 43,631.25	\$ 43,631.25
OK		KPS3-2013-07		2013	23712	1250928	4/29/2013	\$ -	\$ 3,295.00	\$ 3,295.00
OK		KPS3-2013-07 Final		2013	23917	1259518	5/21/2013	\$ -	\$ 40,336.25	\$ 40,336.25
2/28/2013	KPS3-2013-08	Account Management/Results Reporting for March 2013						\$ -	\$ 8,683.75	\$ 8,683.75
OK		KPS3-2013-08 Final		2013	23722	1250928	4/29/2013	\$ -	\$ 8,683.75	\$ 8,683.75
2/28/2013	KPS3-2013-09	Tagline Development						\$ -	\$ 4,103.75	\$ 4,103.75
OK		KPS3-2013-09 Partial		2013	23717	1250928	4/29/2013	\$ -	\$ 2,665.00	\$ 2,665.00
OK		KPS3-2013-09 Final		2013	23921	1259518	5/21/2013	\$ -	\$ 1,438.75	\$ 1,438.75
2/28/2013	KPS3-2013-10	Logo Development	\$ 30,000.00					\$ 427.17	\$ 23,013.75	\$ 23,440.92
OK		KPS3-2013-10		2013	23716	1250928	4/29/2013	\$ -	\$ 15,820.00	\$ 15,820.00
OK		KPS3-2013-10 Contract/Travel Final		2013	23919	1259518	5/21/2013	\$ 427.17	\$ 7,193.75	\$ 7,620.92
2/19/2013	KPS3-2013-11	Outreach Plan Development	\$ 30,000.00					\$ 638.47	\$ 29,333.19	\$ 29,971.66
OK		KPS3-2013-11		2013	23513	1250928	4/29/2013	\$ -	\$ 5,716.25	\$ 5,716.25
OK		KPS3-2013-11		2013	23723	1250928	4/29/2013	\$ 638.47	\$ 17,628.19	\$ 18,266.66
OK		KPS3-2013-11 Final		2013	23936	1259518	5/21/2013	\$ -	\$ 5,988.75	\$ 5,988.75
2/28/2013	KPS3-2013-12	Account Management/Results Reporting for April 2013						\$ -	\$ 9,966.25	\$ 9,966.25
OK		KPS3-2013-12 Final		2013	23922	1259518	5/21/2013	\$ -	\$ 9,966.25	\$ 9,966.25
1/17/2013	KPS3-2013-13	Media Management and Coordination						\$ 695.91	\$ 28,590.00	\$ 29,285.91
OK		KPS3-2013-13		2013	23514	1250928	4/29/2013	\$ -	\$ 8,757.50	\$ 8,757.50
OK		KPS3-2013-13		2013	23718	1250928	4/29/2013	\$ -	\$ 7,710.00	\$ 7,710.00
OK		KPS3-2013-13 Contract/Travel Final		2013	23923	1259518	5/21/2013	\$ 695.91	\$ 12,122.50	\$ 12,818.41
2/28/2013	KPS3-2013-14	KPS3 Travel for March 14, 2013 Board Meeting Presentation						\$ 395.80	\$ -	\$ 395.80
OK		KPS3-2013-14		2013	23714	1250928	4/29/2013	\$ 395.80	\$ -	\$ 395.80
3/15/2013	KPS3-2013-15	Photo Library						\$ -	\$ 12,299.75	\$ 12,299.75
OK		KPS3-2013-15 Progress		2013	24253	1279359	8/5/2013	\$ -	\$ 8,493.75	\$ 8,493.75
OK		KPS3-2013-15 Progress		2014	24391	1285357	9/5/2013	\$ -	\$ 2,773.00	\$ 2,773.00
OK		KPS3-2013-015 Final		2014	24963	1305093	11/25/2013	\$ -	\$ 1,033.00	\$ 1,033.00
3/15/2013	KPS3-2013-16	Outreach Management (Phase I)						\$ 651.77	\$ 35,318.16	\$ 35,969.93
OK		KPS3-2013-16		2013	23724	1250928	4/29/2013	\$ -	\$ 8,641.25	\$ 8,641.25
OK		KPS3-2013-16 Contract/Travel Final		2013	23937	1259518	5/21/2013	\$ 651.77	\$ 26,676.91	\$ 27,328.68

3/15/2013	KPS3-2013-17	Preliminary Outreach Hand Out Copy, Design and Production	\$ 2,400.00					\$ -	\$ 2,372.50	\$ 2,372.50
OK		KPS3-2013-17 Final		2013	23924	1259518	5/21/2013	\$ -	\$ 2,372.50	\$ 2,372.50
3/15/2013	KPS3-2013-18	Preliminary Outreach Hand Out Printing	\$ 1,000.00					\$ -	\$ 1,000.00	\$ 1,000.00
OK		KPS3-2013-18 Final		2013	23925	1259518	5/21/2013	\$ -	\$ 1,000.00	\$ 1,000.00
5/10/2013	KPS3-2013-19	Campaign Look and Feel - Revised						\$ -	\$ 13,983.75	\$ 13,983.75
OK		KPS3-2013-19 Final		2013	24232	1274750	7/19/2013	\$ -	\$ 13,983.75	\$ 13,983.75
3/15/2013	KPS3-2013-20	Outreach Non-Profit and Partner Guide Copy, Design and Production-English						\$ -	\$ 3,000.00	\$ 3,000.00
OK		KPS3-2013-20 Progress		2013	23926	1259518	5/21/2013	\$ -	\$ 1,723.75	\$ 1,723.75
OK		KPS3-2013-20 Final		2013	24092	1269420	6/27/2013	\$ -	\$ 1,276.25	\$ 1,276.25
3/15/2013	KPS3-2013-21	Outreach Non-Profit and Partner Guide Copy, Design and Production-Spanish						\$ -	\$ 3,143.75	\$ 3,143.75
OK		KPS3-2013-21 Progress		2013	24093	1269420	6/27/2013	\$ -	\$ 1,535.00	\$ 1,535.00
OK		KPS3-2013-21 Progress		2013		1279359	8/5/2013	\$ -	\$ 628.75	\$ 628.75
OK		KPS3-2013-21 Final		2014		1285357	9/5/2013	\$ -	\$ 980.00	\$ 980.00
3/15/2013	KPS3-2013-22	Outreach Non-Profit and Partner Guide Printing (Spanish and English)						\$ -	\$ -	\$ -
									\$ -	\$ -
3/15/2013	KPS3-2013-23	Logo/Tagline/Campaign Focus Groups						\$ 469.10	\$ 16,011.75	\$ 16,480.85
OK		KPS3-2013-23		2013	23711	1250928	4/29/2013	\$ 469.10	\$ 11,097.75	\$ 11,566.85
OK		KPS3-2013-23 Final		2013	23916	1259518	5/21/2013	\$ -	\$ 4,914.00	\$ 4,914.00
3/1/2013	KPS3-2013-24	Brand Promise/Brand Positioning/Messaging						\$ -	\$ 5,447.50	\$ 5,447.50
OK		KPS3-2013-24 Progress		2013	23920	1259518	5/21/2013	\$ -	\$ 1,048.75	\$ 1,048.75
OK		KPS3-2013-24 Progress		2013	24254	1279359	8/5/2013	\$ -	\$ 1,767.50	\$ 1,767.50
OK		KPS3-2013-24 Progress		2014	24392	1285357	9/5/2013	\$ -	\$ 2,365.00	\$ 2,365.00
OK		KPS3-2013-24 Final		2014		1331436	3/26/2014	\$ -	\$ 266.25	\$ 266.25
4/10/2013	KPS3-2013-25	Outreach Booth						\$ -	\$ 3,114.58	\$ 3,114.58
OK		KPS3-2013-25 Final		2013	23927	1259518	5/21/2013	\$ -	\$ 3,114.58	\$ 3,114.58
4/10/2013	KPS3-2013-26	Cinco de Mayo Event Costs - Northern and Southern NV						\$ -	\$ 16,747.76	\$ 16,747.76
OK		KPS3-2013-26 Final		2013	23931	1259518	5/21/2013	\$ -	\$ 16,747.76	\$ 16,747.76
4/10/2013	KPS3-2013-27	Nevada Health Link Summit - Event Management and Marketing Materials						\$ -	\$ 30,389.15	\$ 30,389.15
OK		KPS3-2013-27 Final		2013	23933	1259518	5/21/2013	\$ -	\$ 12,270.00	\$ 12,270.00
OK		KPS3-2013-27		2013	24169	1273010	7/10/2013	\$ -	\$ 18,119.15	\$ 18,119.15
4/16/2013	KPS3-2013-28	Nevada Health Link Summit Venue Costs-Revised						\$ -	\$ 53,217.07	\$ 53,217.07
OK		KPS3-2013-28 Progress		2013	23934	1259518	5/21/2013	\$ -	\$ 11,000.00	\$ 11,000.00
OK		KPS3-2013-28 Progress		2013	23939	1259518	5/21/2013	\$ -	\$ 10,000.00	\$ 10,000.00
OK		KPS3-2013-28 Progress		2013	23940	1259518	5/21/2013	\$ -	\$ 12,502.84	\$ 12,502.84
OK		KPS3-2013-28 Final		2013	23974	1264792	6/10/2013	\$ -	\$ 19,714.23	\$ 19,714.23
4/10/2013	KPS3-2013-30	Account Management/Results Reporting for May 2013						\$ -	\$ 7,854.95	\$ 7,854.95
OK		KPS3-2013-30 Final		2013	24098	1269420	6/27/2013	\$ -	\$ 7,854.95	\$ 7,854.95
4/10/2013	KPS3-2013-31	Nevada Health Link Stationary Package						\$ -	\$ 2,985.00	\$ 2,985.00
OK		KPS3-2013-31 Progress		2013	23932	1259518	5/21/2013	\$ -	\$ 2,726.25	\$ 2,726.25
OK		KPS3-2013-31 Final		2013	24097	1269420	6/27/2013	\$ -	\$ 258.75	\$ 258.75
4/10/2013	KPS3-2013-32	Staff T-Shirt						\$ -	\$ 1,426.25	\$ 1,426.25
OK		KPS3-2013-32 Progress		2013	23930	1259518	5/21/2013	\$ -	\$ 1,426.25	\$ 1,426.25
5/10/2013	KPS3-2013-33	NevadaHealthLink.com Development						\$ -	\$ 19,894.77	\$ 19,894.77
OK		KPS3-2013-33 Progress		2013	24096	1269420	6/27/2013	\$ -	\$ 11,153.75	\$ 11,153.75
OK		KPS3-2013-33 Final		2013	24257	1279359	8/5/2013	\$ -	\$ 8,741.02	\$ 8,741.02
4/10/2013	KPS3-2013-34	Cognitive Testing						\$ -	\$ 11,972.50	\$ 11,972.50
OK		KPS3-2013-34 Progress		2013	23928	1259518	5/21/2013	\$ -	\$ 2,610.00	\$ 2,610.00
OK		KPS3-2013-34 Progress		2013	24094	1269420	6/27/2013	\$ -	\$ 2,450.00	\$ 2,450.00
OK		KPS3-2013-34 Final		2013	24233	1274750	7/19/2013	\$ -	\$ 6,912.50	\$ 6,912.50
4/10/2013	KPS3-2013-35	PowerPoint Presentations						\$ -	\$ 11,392.50	\$ 11,392.50
OK		KPS3-2013-35 Progress		2013	24095	1269420	6/27/2013	\$ -	\$ 2,332.50	\$ 2,332.50

OK	KPS3-2013-35 Progress	2013	23929	1279359	8/5/2013	\$ -	\$ 2,873.75	\$ 2,873.75
OK	KPS3-2013-35 Progress	2013	24256	1279359	8/5/2013	\$ -	\$ 3,738.75	\$ 3,738.75
OK	KPS3-2013-35 Progress	2014	24394	1285357	9/5/2013	\$ -	\$ 437.50	\$ 437.50
OK	KPS3-2013-35 Progress	2014	24458	1288954	9/13/2013	\$ -	\$ 1,058.75	\$ 1,058.75
OK	KPS3-2013-35 Progress	2014	24561	1300848	10/31/2013	\$ -	\$ 771.25	\$ 771.25
OK	KPS3-2013-35 Progress	2014	24964	1305095	11/25/2013	\$ -	\$ 180.00	\$ 180.00
4/24/2013	KPS3-2013-36 April Outreach Event Booth Costs					\$ -	\$ 600.00	\$ 600.00
OK	KPS3-2013-36 Final	2013	23935	1259518	5/21/2013	\$ -	\$ 600.00	\$ 600.00
5/10/2013	KPS3-2013-37 Portal Assets for Xerox					\$ -	\$ 9,890.00	\$ 9,890.00
OK	KPS3-2013-37 Progress	2013	24101	1269420	6/27/2013	\$ -	\$ 9,793.75	\$ 9,793.75
OK	KPS3-2013-37 Final	2013	24234	1274750	7/19/2013	\$ -	\$ 96.25	\$ 96.25
4/11/2013	KPS3-2013-38 Brand Standards Guide					\$ -	\$ 7,121.50	\$ 7,121.50
OK	KPS3-2013-38 Progress	2013	24100	1269420	6/27/2013	\$ -	\$ 5,673.75	\$ 5,673.75
OK	KPS3-2013-38 Progress	2013	24259	1279359	8/5/2013	\$ -	\$ 436.50	\$ 436.50
OK	KPS3-2013-38 Progress	2014	24396	1285357	9/5/2013	\$ -	\$ 203.75	\$ 203.75
OK	KPS3-2013-38 Progress	2014	25329	1319096	1/28/2014	\$ -	\$ 297.50	\$ 297.50
OK	KPS3-2013-38 Progress	2014	25545	1331436	3/26/2014	\$ -	\$ 86.25	\$ 86.25
OK	KPS3-2013-38 Progress	2014	25545	1324979	2/26/2014	\$ -	\$ 423.75	\$ 423.75
5/1/2013	KPS3-2013-39 Outreach Events & Festivals (Phase 2) - Amended					\$ -	\$ 84,590.90	\$ 84,590.90
OK	KPS3-2013-39 Progress	2013	24103	1269420	6/27/2013	\$ -	\$ 13,531.24	\$ 13,531.24
OK	KPS3-2013-39 Progress	2013	24261	1279359	8/5/2013	\$ -	\$ 15,578.75	\$ 15,578.75
OK	KPS3-2013-39 Progress	2014	24398	1285357	9/5/2013	\$ -	\$ 12,670.91	\$ 12,670.91
OK	KPS3-2013-39 Progress	2014	24564	1298044	10/17/2013	\$ -	\$ 15,467.50	\$ 15,467.50
OK	KPS3-2013-39 Final	2014	24778	1302172	11/6/2013	\$ -	\$ 27,342.50	\$ 27,342.50
5/20/2013	KPS3-2013-40 Small Business Training Video (Outreach Phase 2)					\$ -	\$ 4,295.00	\$ 4,295.00
OK	KPS3-2013-40 Progress	2013	24264	1279359	8/2/2013	\$ -	\$ 1,388.75	\$ 1,388.75
OK	KPS3-2013-40 Final	2014	24400	1285357	8/27/2013	\$ -	\$ 2,906.25	\$ 2,906.25
5/1/2013	KPS3-2013-41 Outreach Presentations (Phase 2)					\$ -	\$ 5,970.00	\$ 5,970.00
OK	KPS3-2013-41 Progress	2013	24265	1279359	8/2/2013	\$ -	\$ 1,132.50	\$ 1,132.50
OK	KPS3-2013-41 Progress	2014	24401	1285357	8/27/2013	\$ -	\$ 1,398.75	\$ 1,398.75
OK	KPS3-2013-41 Progress	2014	24566	1298048		\$ -	\$ 2,346.25	\$ 2,346.25
OK	KPS3-2013-41 Final	2014	24761	1301813		\$ -	\$ 1,092.50	\$ 1,092.50
5/1/2013	KPS3-2013-42 Outreach Event/Staff Management Phase 2					\$ 1,335.11	\$ 22,658.82	\$ 23,993.93
OK	KPS3-2013-42 Progress	2013	24102	1269420		\$ -	\$ 4,830.00	\$ 4,830.00
OK	KPS3-2013-42 Progress	2013	24260	1279359	8/2/2013	\$ 472.80	\$ 6,715.00	\$ 7,187.80
OK	KPS3-2013-42 Progress	2014	24397	1285357	8/27/2013	\$ -	\$ 3,474.05	\$ 3,474.05
OK	KPS3-2013-42 Progress	2014	24563	1298031		\$ 145.47	\$ 4,704.03	\$ 4,849.50
OK	KPS3-2013-42 Final	2014	24759	1301796	11/5/2013	\$ 716.84	\$ 2,935.74	\$ 3,652.58
5/20/2013	KPS3-2013-43 Non-Profit Partner Training Video (Outreach Phase 2)					\$ -	\$ 4,446.25	\$ 4,446.25
OK	KPS3-2013-43 Progress	2013	24263	1279359	8/2/2013	\$ -	\$ 3,057.50	\$ 3,057.50
OK	KPS3-2013-43 Final	2014	24399	1285357	8/27/2013	\$ -	\$ 1,388.75	\$ 1,388.75
5/1/2013	KPS3-2013-44 Non-Profit Outreach Program (Phase 2)					\$ -	\$ 87,489.39	\$ 87,489.39
OK	KPS3-2013-44 Progress	2013	24104	1269420		\$ -	\$ 17,463.75	\$ 17,463.75
OK	KPS3-2013-44 Progress	2013	24262	1279359	8/2/2013	\$ -	\$ 15,166.25	\$ 15,166.25
OK	KPS3-2013-44 Progress	2014	24426	1285357	8/27/2013	\$ -	\$ 16,044.39	\$ 16,044.39
OK	KPS3-2013-44 Progress	2014	24565	1298045		\$ -	\$ 18,286.25	\$ 18,286.25
OK	KPS3-2013-44 Final	2014	24760	1301809		\$ -	\$ 20,528.75	\$ 20,528.75
9/6/2013	KPS3-2013-45 Media Management and Coordination Phases 2 and 3 - Amended					\$ -	\$ 27,163.75	\$ 27,163.75
OK	KPS3-2013-45 Progress	2013	24091	1269420		\$ -	\$ 7,501.25	\$ 7,501.25
OK	KPS3-2013-45 Progress	2013	24252	1279359	8/2/2013	\$ -	\$ 8,885.00	\$ 8,885.00
OK	KPS3-2013-45 Progress	2014	24390	1285357	8/27/2013	\$ -	\$ 10,777.50	\$ 10,777.50
5/1/2013	KPS3-2013-46 Management of State, County, and School-based Outreach (Phase 2)					\$ -	\$ 56,966.25	\$ 56,966.25
OK	KPS3-2013-46 Progress	2013	24105	1269420		\$ -	\$ 11,330.00	\$ 11,330.00
OK	KPS3-2013-46 Progress	2013	24266	1279359	8/2/2013	\$ -	\$ 9,610.00	\$ 9,610.00
OK	KPS3-2013-46 Progress	2014	24427	1285357	8/27/2013	\$ -	\$ 11,593.75	\$ 11,593.75
OK	KPS3-2013-46 Progress	2014	24567	1300855		\$ -	\$ 10,875.05	\$ 10,875.05
OK	KPS3-2013-46 Final	2014	24762	1301835		\$ -	\$ 13,557.45	\$ 13,557.45
5/20/2013	KPS3-2013-47 Account Management/Results Reporting for June 2013					\$ -	\$ 7,703.75	\$ 7,703.75

OK		KPS3-2013-64 Progress		2013	24271	1279359	8/2/2013	\$	-	\$	1,600.00	\$	1,600.00
OK		KPS3-2013-64 Progress		2014	24412	1285357	8/27/2013	\$	-	\$	9,017.50	\$	9,017.50
OK		KPS3-2013-64 Progress		2014	24636	1298107		\$	-	\$	2,936.25	\$	2,936.25
6/26/2013	KPS3-2013-65	TV Ad Production - Phase 2						\$	-	\$	66,966.25	\$	66,966.25
OK		KPS3-2013-65 Progress		2013	24231	1274750		\$	-	\$	27,610.00	\$	27,610.00
OK		KPS3-2013-65 Progress		2013	24269	1279359	8/2/2013	\$	-	\$	14,026.25	\$	14,026.25
OK		KPS3-2013-65 Progress		2014	24409	1285357	8/27/2013	\$	-	\$	2,895.00	\$	2,895.00
OK		KPS3-2013-65 Progress		2014	24462	1288954		\$	-	\$	16,755.00	\$	16,755.00
OK		KPS3-2013-65 Progress		2014	24763	1301839		\$	-	\$	1,822.50	\$	1,822.50
OK		KPS3-2013-65 Progress		2014	24967	1305247	11/20/2013	\$	-	\$	3,857.50	\$	3,857.50
6/26/2013	KPS3-2013-66	Radio Ad Production - Phase 2						\$	-	\$	3,769.50	\$	3,769.50
OK		KPS3-2013-66 Progress		2014	24411	1285357	8/27/2013	\$	-	\$	1,624.50	\$	1,624.50
OK		KPS3-2013-66 Final		2014	24464	1288954		\$	-	\$	2,145.00	\$	2,145.00
6/26/2013	KPS3-2013-67	Account Management/Results Reporting for August 2013						\$	422.80	\$	7,480.00	\$	7,902.80
OK		KPS3-2013-67 Final		2014	24562	1300833		\$	422.80	\$	7,480.00	\$	7,902.80
7/26/2013	KPS3-2013-68	Account Management/Results Reporting for September 2013						\$	-	\$	-	\$	-
7/11/2013	KPS3-2013-69	211 Interim Call Center						\$	-	\$	16,850.00	\$	16,850.00
OK		KPS3-2013-69 Final		2014	24282	1277425		\$	-	\$	16,850.00	\$	16,850.00
7/17/2013	KPS3-2013-70	NevadaHealthLink.com Updates - Amended 9/30/13						\$	-	\$	9,693.75	\$	9,693.75
OK		KPS3-2013-70 Progress		2014	24415	1285357	8/27/2013	\$	-	\$	4,432.50	\$	4,432.50
OK		KPS3-2013-70A Progress		2014	24765	1301874	11/5/2013	\$	-	\$	2,913.75	\$	2,913.75
OK		KPS3-2013-70 Progress		2014	24972	1305321		\$	-	\$	1,783.75	\$	1,783.75
OK		KPS3-2013-70 Final		2014	24570	1298063		\$	-	\$	563.75	\$	563.75
7/19/2013	KPS3-2013-71	EEF Materials - Grantee's "Booth-in-a-Box" (Phase 2)						\$	-	\$	41,788.79	\$	41,788.79
OK		KPS3-2013-71 Progress		2014	24414	1285357	8/27/2013	\$	-	\$	2,868.75	\$	2,868.75
OK		KPS3-2013-71 Progress		2014	24465	1288954		\$	-	\$	22,740.50	\$	22,740.50
OK		KPS3-2013-71 Progress		2014	24568	1298056		\$	-	\$	9,285.11	\$	9,285.11
OK		KPS3-2013-71 Progress		2014	24637	1298123		\$	-	\$	5,042.25	\$	5,042.25
OK		KPS3-2013-71 Progress		2014	24764	1301842		\$	-	\$	394.84	\$	394.84
OK		KPS3-2013-71 Final		2014	25332	1319096	1/28/2014	\$	-	\$	1,386.62	\$	1,386.62
OK		KPS3-2013-71 Final		2014	25550	1324979	2/26/2014	\$	-	\$	70.72	\$	70.72
7/23/2013	KPS3-2013-72	Outreach Giveaway Items Repair						\$	-	\$	8,794.86	\$	8,794.86
OK		KPS3-2013-72 Progress		2014	24466	1288954		\$	-	\$	3,485.36	\$	3,485.36
OK		KPS3-2013-72 Final		2014	24572	1298077		\$	-	\$	5,309.50	\$	5,309.50
9/19/2013	KPS3-2013-73	Paid Consumer Media (Phase 3)						\$	-	\$	2,735,629.49	\$	2,735,629.49
OK	Level One # 4	KPS3-2013-73 Progress		2014	24642	1293592		\$	-	\$	60,000.00	\$	60,000.00
OK	Grant	KPS3-2013-73 Progress		2014	25007	1307274	12/3/2013	\$	-	\$	119,631.00	\$	119,631.00
OK		KPS3-2013-73 Progress		2014	25008	1307274	12/3/2013	\$	-	\$	236,538.00	\$	236,538.00
OK		KPS3-2013-73 Progress		2014	25009	1307274	12/3/2013	\$	-	\$	29,137.45	\$	29,137.45
OK		KPS3-2013-73 Progress		2014	25010	1307274	12/3/2013	\$	-	\$	29,115.99	\$	29,115.99
OK		KPS3-2013-73 Progress		2014	25011	1307274	12/3/2013	\$	-	\$	8,029.41	\$	8,029.41
OK		KPS3-2013-73 Progress		2014	25012	1307274	12/3/2013	\$	-	\$	60,000.00	\$	60,000.00
OK		KPS3-2013-73 Progress		2014	25030	1307274	12/3/2013	\$	-	\$	2,530.00	\$	2,530.00
OK		KPS3-2013-73 Progress		2014	25031	1307274	12/3/2013	\$	-	\$	3,787.00	\$	3,787.00
OK		KPS3-2013-73 Progress		2014	25032	1307274	12/3/2013	\$	-	\$	92,645.00	\$	92,645.00
OK		KPS3-2013-73 Progress		2014	24775	1300851		\$	-	\$	97,000.00	\$	97,000.00
OK		KPS3-2013-73 Progress		2014	24826	1302199	11/6/2013	\$	-	\$	8,769.20	\$	8,769.20
OK		KPS3-2013-73 Progress		2014	24827	1302215		\$	-	\$	125,318.32	\$	125,318.32
OK		KPS3-2013-73 Progress		2014	25208	1312116		\$	-	\$	177,119.00	\$	177,119.00
OK		KPS3-2013-73 Progress		2014	25209	1312116		\$	-	\$	56,190.00	\$	56,190.00
OK		KPS3-2013-73 Progress		2014	25211	1312116	12/23/2013	\$	-	\$	24,086.00	\$	24,086.00
OK		KPS3-2013-73 Progress		2014	25239	1315843		\$	-	\$	72,903.50	\$	72,903.50
OK		KPS3-2013-73 Progress		2014	25240	1315843		\$	-	\$	51,415.00	\$	51,415.00
OK		KPS3-2013-73 Progress		2014	25241	1315843		\$	-	\$	6,120.24	\$	6,120.24
OK		KPS3-2013-73 Progress		2014	25242	1315843		\$	-	\$	78,432.10	\$	78,432.10
OK		KPS3-2013-73 Progress		2014	25427	1319096	1/28/2014	\$	-	\$	27,620.00	\$	27,620.00
OK		KPS3-2013-73 Progress		2014	25433	1320475	2/4/2014	\$	-	\$	10,478.49	\$	10,478.49
OK		KPS3-2013-73 Progress		2014	25357	1320475	2/4/2014	\$	-	\$	149,679.20	\$	149,679.20
OK		KPS3-2013-73 Progress		2014	25572	1324979	2/26/2014	\$	-	\$	76,983.00	\$	76,983.00
OK		KPS3-2013-73 Progress		2014	25573	1324979	2/26/2014	\$	-	\$	15,134.00	\$	15,134.00

OK	KPS3-2013-73 Progress		2014	25574	1324979	2/26/2014	\$ -	\$ 147,372.58	\$ 147,372.58
OK	KPS3-2013-73 Progress		2014	25575	1324979	2/26/2014	\$ -	\$ 62,000.00	\$ 62,000.00
OK	KPS3-2013-73 Progress		2014	25577	1324979	2/26/2014	\$ -	\$ 42,924.98	\$ 42,924.98
OK	KPS3-2013-73 Progress		2014	25623	1328753	3/13/2014	\$ -	\$ 18,031.00	\$ 18,031.00
OK	KPS3-2013-73 Progress		2014	25624	1328753	3/13/2014	\$ -	\$ 9,419.12	\$ 9,419.12
OK	KPS3-2013-73 Progress		2014	25626	1328753	3/13/2014	\$ -	\$ 76,623.88	\$ 76,623.88
OK	KPS3-2013-73 Progress		2014	25748	1331436	3/26/2014	\$ -	\$ 10,335.00	\$ 10,335.00
OK	KPS3-2013-73 Progress		2014	25794	1331436	3/26/2014	\$ -	\$ 3,500.00	\$ 3,500.00
OK	KPS3-2013-73 Progress		2014	25795	1331436	3/26/2014	\$ -	\$ 15,500.00	\$ 15,500.00
OK	KPS3-2013-73 Progress		2014		1331436	3/26/2014	\$ -	\$ 3,500.00	\$ 3,500.00
OK	KPS3-2013-73 Progress		2014		1331436	3/26/2014	\$ -	\$ 15,500.00	\$ 15,500.00
OK	KPS3-2013-73 Progress		2014		1331436	3/26/2014	\$	\$ 171,016.75	\$ 171,016.75
OK	KPS3-2013-73 Progress		2014		1331436	3/26/2014	\$	\$ 46,357.64	\$ 46,357.64
OK	KPS3-2013-73 Progress		2014		1331436	3/26/2014	\$	\$ 5,082.00	\$ 5,082.00
OK	KPS3-2013-73 Progress		2014		1331436	3/26/2014	\$	\$ 20,545.98	\$ 20,545.98
OK	KPS3-2013-73 Progress		2014		1331436	3/26/2014	\$	\$ 8,380.00	\$ 8,380.00
OK	KPS3-2013-73 Progress		2014		1331436	3/26/2014	\$	\$ 3,440.00	\$ 3,440.00
OK	KPS3-2013-73 Progress		2014		1331436	3/26/2014	\$	\$ 12,674.50	\$ 12,674.50
OK	KPS3-2013-73 Progress		2014	25982	1337996	4/23/2014	\$ -	\$ 310,658.00	\$ 310,658.00
OK	KPS3-2013-73 Progress		2014	25983	1337996	4/23/2014	\$ -	\$ 75,078.00	\$ 75,078.00
OK	KPS3-2013-73 Progress		2014	25984	1337996	4/23/2014	\$ -	\$ 8,236.50	\$ 8,236.50
OK	KPS3-2013-73 Progress		2014	25993	1337996	4/23/2014	\$ -	\$ 4,660.00	\$ 4,660.00
OK	KPS3-2013-73 Progress		2014	25994	1337996	4/23/2014	\$ -	\$ 45,237.42	\$ 45,237.42
OK	KPS3-2013-73 Progress		2014	25995	1337996	4/23/2014	\$ -	\$ 644.24	\$ 644.24
OK	KPS3-2013-73 Final		2014	25985	1342549	5/14/2014	\$ -	\$ 250.00	\$ 250.00
8/8/2013	KPS3-2013-79	School Outreach Handout					\$ -	\$ 7,982.02	\$ 7,982.02
OK	KPS3-2013-79 Progress		2014	24973	1305341		\$ -	\$ 1,611.25	\$ 1,611.25
OK	KPS3-2013-79 Progress		2014	25176	1312116	12/23/2013	\$ -	\$ 463.75	\$ 463.75
OK	KPS3-2013-79 Progress		2014	25235	1315843		\$ -	\$ 5,132.02	\$ 5,132.02
OK	KPS3-2013-79 Final		2014	25352	1319096	1/28/2014	\$ -	\$ 775.00	\$ 775.00
7/23/2013	KPS3-2013-80	Post-Enrollment Survey					\$ -	\$ 562.50	\$ 562.50
OK	KPS3-2013-80 Progress		2014	24990	1305536		\$ -	\$ 562.50	\$ 562.50
7/23/2013	KPS3-2013-81	EEF List Handout - Amended					\$ -	\$ 9,500.00	\$ 9,500.00
OK	KPS3-2013-81 Progress		2014	24766	1301845		\$ -	\$ 741.25	\$ 741.25
OK	KPS3-2013-81 Progress		2014	24974	1305345	11/20/2013	\$ -	\$ 2,260.00	\$ 2,260.00
OK	KPS3-2013-81 Final		2014	25451	1320475	2/4/2014	\$ -	\$ 6,498.75	\$ 6,498.75
7/23/2013	KPS3-2013-82	Pocket-Size Consumer Brochure					\$ -	\$ 5,445.92	\$ 5,445.92
OK	KPS3-2013-82 Progress		2014	24571	1298066		\$ -	\$ 1,963.75	\$ 1,963.75
OK	KPS3-2013-82 Progress		2014	24638	1298128		\$ -	\$ 3,482.17	\$ 3,482.17
8/8/2013	KPS3-2013-83	Media Event Management and Staffing (Outreach) Phases 2 and 3					\$ -	\$ 15,768.75	\$ 15,768.75
OK	KPS3-2013-83 Progress		2014	24569	1298058		\$ -	\$ 2,045.00	\$ 2,045.00
OK	KPS3-2013-83 Progress		2014	24971	1305318		\$ -	\$ 3,345.00	\$ 3,345.00
OK	KPS3-2013-83 Progress		2014	25175	1312116		\$ -	\$ 5,173.75	\$ 5,173.75
OK	KPS3-2013-83 Progress		2014	25333	1319096	1/28/2014	\$ -	\$ 2,678.75	\$ 2,678.75
OK	KPS3-2013-83 Progress		2014	25551	1324979	2/26/2014	\$ -	\$ 1,121.25	\$ 1,121.25
OK	KPS3-2013-83 Progress		2014		1331436	3/26/2014	\$ -	\$ 973.75	\$ 973.75
OK	KPS3-2013-83 Final		2014	25924	1337681	4/22/2014	\$ -	\$ 431.25	\$ 431.25
8/8/2013	KPS3-2013-84	Outreach Giveaway Items - Stickers					\$ -	\$ 6,009.98	\$ 6,009.98
OK	KPS3-2013-84 Progress		2014	24639	1298132		\$ -	\$ 5,819.00	\$ 5,819.00
OK	KPS3-2013-84 Final		2014	24992	1309300	12/11/2013	\$ -	\$ 190.98	\$ 190.98
8/8/2013	KPS3-2013-85	Social Media Advertising and Production Phase 3					\$ -	\$ 31,597.09	\$ 31,597.09
OK	KPS3-2013-85 Progress		2014	25181	1312116		\$ -	\$ 326.25	\$ 326.25
OK	KPS3-2013-85 Progress		2014	25339	1319096	1/28/2014	\$ -	\$ 2,971.25	\$ 2,971.25
OK	KPS3-2013-85 Progress		2014	25554	1324979	2/26/2014	\$ -	\$ 303.75	\$ 303.75
OK	KPS3-2013-85 Progress		2014		1331436	3/26/2014	\$ -	\$ 9,446.51	\$ 9,446.51
OK	KPS3-2013-85 Final		2014	25989	1342549	5/14/2014	\$ -	\$ 18,549.33	\$ 18,549.33
8/8/2013	KPS3-2013-86	YouTube Video Production Phase 2					\$ -	\$ -	\$ -
9/20/2013	KPS3-2013-87	Outreach B2B (Phase 2 and 3)					\$ -	\$ 22,137.50	\$ 22,137.50

OK	KPS3-2013-87 Progress	2014	24779	1302181		\$	-	\$	3,990.00	\$	3,990.00
OK	KPS3-2013-87 Progress	2014	24965	1305118	11/20/2013	\$	-	\$	2,276.25	\$	2,276.25
OK	KPS3-2013-87 Progress	2014	25028	1305118	11/20/2013	\$	-	\$	3,500.00	\$	3,500.00
OK	KPS3-2013-87 Progress	2014	25171	1312116		\$	-	\$	4,682.50	\$	4,682.50
OK	KPS3-2013-87 Progress	2014	25330	1319096	1/28/2014	\$	-	\$	2,487.50	\$	2,487.50
OK	KPS3-2013-87 Progress	2014	25546	1324979	2/26/2014	\$	-	\$	2,955.00	\$	2,955.00
OK	KPS3-2013-87 Progress	2014		1331436	3/26/2014	\$	-	\$	2,131.25	\$	2,131.25
OK	KPS3-2013-87 Final	2014	25922	1337681	4/22/2014	\$	-	\$	115.00	\$	115.00
										\$	-
8/8/2013	KPS3-2013-88	Digital Ad Production - Phase 3				\$	-	\$	7,586.25	\$	7,586.25
OK	KPS3-2013-88 Progress	2014	24977	1305357		\$	-	\$	3,630.00	\$	3,630.00
OK	KPS3-2013-88 Progress	2014	25180	1312116		\$	-	\$	1,610.00	\$	1,610.00
OK	KPS3-2013-88 Progress	2014	25337	1319096	1/28/2014	\$	-	\$	2,346.25	\$	2,346.25
8/8/2013	KPS3-2013-89	Print Ad Production - Phase 3 (Amended)				\$	-	\$	21,303.75	\$	21,303.75
OK	KPS3-2013-89 Progress	2014	24769	1301872		\$	-	\$	7,437.50	\$	7,437.50
OK	KPS3-2013-89 Progress	2014	24976	1305353		\$	-	\$	8,255.00	\$	8,255.00
OK	KPS3-2013-89 Final - Amended WO	2014	25179	1312116		\$	-	\$	1,747.50	\$	1,747.50
OK	KPS3-2013-89 Progress	2014	25336	1319096	1/28/2014	\$	-	\$	3,418.75	\$	3,418.75
OK	KPS3-2013-89 Progress	2014	25552	1324979	2/26/2014	\$	-	\$	445.00	\$	445.00
8/8/2013	KPS3-2013-90	Radio Ad Production - Phase 3				\$	-	\$	7,072.50	\$	7,072.50
OK	KPS3-2013-90 Prebill	2014	24468	1289870		\$	-	\$	4,845.00	\$	4,845.00
OK	KPS3-2013-90 Progress	2014	24768	1301858		\$	-	\$	358.75	\$	358.75
OK	KPS3-2013-90 Progress	2014	25178	1312116		\$	-	\$	692.50	\$	692.50
OK	KPS3-2013-90 Progress	2014	25569	1324979	2/26/2014	\$	-	\$	1,176.25	\$	1,176.25
8/8/2013	KPS3-2013-91	TV Ad Production - Phase 3				\$	-	\$	71,995.00	\$	71,995.00
OK	KPS3-2013-91 Prebill	2014	24467	1289870		\$	-	\$	44,310.00	\$	44,310.00
OK	KPS3-2013-91 Progress	2014	24573	1298084	10/17/2013	\$	-	\$	10,626.25	\$	10,626.25
OK	KPS3-2013-91 Progress	2014	24767	1301852	11/5/2013	\$	-	\$	2,521.25	\$	2,521.25
OK	KPS3-2013-91 Progress	2014	24975	1305351	11/20/2013	\$	-	\$	7,212.50	\$	7,212.50
OK	KPS3-2013-91 Progress	2014	25177	1312116		\$	-	\$	1,007.50	\$	1,007.50
OK	KPS3-2013-91 Progress	2014	25335	1319096	1/28/2014	\$	-	\$	517.50	\$	517.50
OK	KPS3-2013-91 Progress	2014	25568	1324979	2/26/2014	\$	-	\$	5,627.50	\$	5,627.50
OK	KPS3-2013-91 Progress	2014		1331436	3/26/2014	\$	-	\$	172.50	\$	172.50
8/19/2013	KPS3-2013-92	Updated Outreach Handout Reprint				\$	-	\$	3,599.89	\$	3,599.89
OK	KPS3-2013-92 Final	2014	24574	1298089	10/17/2013	\$	-	\$	3,599.89	\$	3,599.89
9/20/2014	KPS3-2013-93	Print Ad Production B2B (Phase 2 & 3)				\$	-	\$	4,070.00	\$	4,070.00
OK	KPS3-2013-93 Progress	2014	24969	1305259	11/20/2013	\$	-	\$	2,350.00	\$	2,350.00
OK	KPS3-2013-93 Progress	2014	25173	1312116	12/23/2013	\$	-	\$	740.00	\$	740.00
OK	KPS3-2013-93 Progress	2014	25549	1324979	2/26/2014	\$	-	\$	980.00	\$	980.00
9/20/2013	KPS3-2013-95	Business to Business Media Buy (Phase 2 & 3)				\$	-	\$	143,819.54	\$	143,819.54
OK	KPS3-2013-95 Prebill	2014	25006	1307274	12/3/2013	\$	-	\$	25,052.50	\$	25,052.50
OK	KPS3-2013-95 Prebill	2014	25029	1307274	12/3/2013	\$	-	\$	6,540.00	\$	6,540.00
OK	KPS3-2013-95 Progress	2014	25210	1312116		\$	-	\$	18,813.50	\$	18,813.50
OK	KPS3-2013-95 Progress	2014	25432	1319096	1/28/2014	\$	-	\$	14,132.00	\$	14,132.00
OK	KPS3-2013-95 Progress	2014	25571	1324979	2/26/2014	\$	-	\$	12,844.66	\$	12,844.66
OK	KPS3-2013-95 Progress	2014	25622	1328753	3/13/2014	\$	-	\$	17,683.00	\$	17,683.00
OK	KPS3-2013-95 Progress	2014	25796	1331436	3/26/2014	\$	-	\$	15,186.66	\$	15,186.66
OK	KPS3-2013-95 Progress	2014		1331436	3/26/2014	\$	-	\$	8,750.00	\$	8,750.00
OK	KPS3-2013-95 Progress	2014	25981	1337681	4/22/2014	\$	-	\$	6,471.00	\$	6,471.00
OK	KPS3-2013-95 Final	2014	26170	1352262	6/26/2014	\$	-	\$	18,346.22	\$	18,346.22
										\$	-
9/10/2013	KPS3-2013-96	Digital Ad Development B2B (Phase 2 & 3)				\$	-	\$	1,690.00	\$	1,690.00
OK	KPS3-2013-96 Progress	2014	24970	1305260		\$	-	\$	478.75	\$	478.75
OK	KPS3-2013-96 Progress	2014	25174	1312116		\$	-	\$	1,211.25	\$	1,211.25
9/20/2013	KPS3-2013-97	B2B Media Management and Coordination (Phase 2 & 3)				\$	-	\$	3,078.75	\$	3,078.75
OK	KPS3-2013-97 Progress	2014	24962	1305089	11/1/2013	\$	-	\$	1,555.00	\$	1,555.00
OK	KPS3-2013-97 Progress	2014	25170	1312116	12/23/2013	\$	-	\$	661.25	\$	661.25
OK	KPS3-2013-97 Progress	2014	25544	1324979	2/26/2014	\$	-	\$	345.00	\$	345.00
OK	KPS3-2013-97 Progress	2014		1331436	3/26/2014	\$	-	\$	517.50	\$	517.50
9/6/2013	KPS3-2013-98	Out-of-Home Ad Production - Phase 3				\$	-	\$	36,154.47	\$	36,154.47
OK	KPS3-2013-98 Progress	2014	24770	1302159		\$	-	\$	2,506.25	\$	2,506.25
OK	KPS3-2013-98 Progress	2014	24828	1302220		\$	-	\$	7,701.00	\$	7,701.00

OK	KPS3-2013-98 Progress	2014	24978	1305361	11/20/2013	\$ -	\$	10,378.95	\$	10,378.95
OK	KPS3-2013-98 Progress	2014	25236	1315843	1/10/2014	\$ -	\$	5,197.30	\$	5,197.30
OK	KPS3-2013-98 Progress	2014	25237	1315843	1/10/2014	\$ -	\$	7,238.47	\$	7,238.47
OK	KPS3-2013-98 Progress	2014	25338	1319096	1/28/2014	\$ -	\$	562.50	\$	562.50
OK	KPS3-2013-98 Progress	2014	25553	1324979	2/26/2014	\$ -	\$	1,902.50	\$	1,902.50
OK	KPS3-2013-98 Progress	2014	25727	1331436	3/26/2014	\$ -	\$	667.50	\$	667.50
9/20/2013	KPS3-2013-99 Business to Business Direct Mail Campaign					\$ -	\$	11,489.59	\$	11,489.59
OK	KPS3-2013-99 Progress	2014	25566	1324979	2/26/2014	\$ -	\$	1,087.50	\$	1,087.50
OK	KPS3-2013-99 Progress	2014		1331436	3/26/2014	\$ -	\$	10,402.09	\$	10,402.09
9/6/2013	KPS3-2013-100 Account Management/Results Reporting for October 2013-March 2014					\$ -	\$	51,833.17	\$	51,833.17
OK	KPS3-2013-100 Final	2014	24988	1308826		\$ -	\$	9,997.73	\$	9,997.73
OK	KPS3-2013-100 Final	2014	25194	1312116		\$ -	\$	9,982.50	\$	9,982.50
OK	KPS3-2013-100 Progress	2014	25350	1320475	2/4/2014	\$ -	\$	9,951.25	\$	9,951.25
OK	KPS3-2013-100 Progress	2014	25564	1324979	2/26/2014	\$ -	\$	9,868.75	\$	9,868.75
OK	KPS3-2013-100 Progress	2014		1331436	3/26/2014	\$ -	\$	9,962.94	\$	9,962.94
OK	KPS3-2013-100 Final	2014	25933	1337681	4/22/2014	\$ -	\$	2,070.00	\$	2,070.00
9/20/2013	KPS3-2013-103 Radio Ad Production B2B (Phase 3)					\$ -	\$	665.00	\$	665.00
OK	KPS3-2013-103 Progress	2014	25567	1324979	2/26/2014	\$ -	\$	665.00	\$	665.00
9/20/2013	KPS3-2013-104 E-Masthead/Emails B2B (Phase 2 & 3)					\$ -	\$	-	\$	-
						\$ -	\$	-	\$	-
9/20/2013	KPS3-2013-105 Account Management B2B (Phase 2 & 3)					\$ -	\$	3,537.50	\$	3,537.50
OK	KPS3-2013-105 Progress	2014	24979	1305536		\$ -	\$	1,768.75	\$	1,768.75
OK	KPS3-2013-105 Progress	2014	25183	1312116		\$ -	\$	726.25	\$	726.25
OK	KPS3-2013-105 Progress	2014	25340	1319096	1/28/2014	\$ -	\$	496.25	\$	496.25
OK	KPS3-2013-105 Progress	2014		1331436	3/26/2014	\$ -	\$	201.25	\$	201.25
OK	KPS3-2013-105 Progress	2014	25555	1324979	2/26/2014	\$ -	\$	345.00	\$	345.00
9/6/2013	KPS3-2013-106 Door-to-Door Campaign (Phase 3 Outreach/Additional Contract Funds)					\$ -	\$	468,877.07	\$	468,877.07
OK	Level One # 4	2014	24641	1298137		\$ -	\$	62,040.85	\$	62,040.85
OK	Grant	2014	24780	1300852		\$ -	\$	30,740.00	\$	30,740.00
OK	KPS3-2013-106 Progress	2014	24771	1302167	11/6/2013	\$ -	\$	1,181.25	\$	1,181.25
OK	KPS3-2013-106 Progress	2014	25191	1312116		\$ -	\$	1,411.47	\$	1,411.47
OK	KPS3-2013-106 Progress	2014	24985	1305528	11/21/2013	\$ -	\$	185,844.20	\$	185,844.20
OK	KPS3-2013-106 Progress	2014	25348	1319096	1/28/2014	\$ -	\$	951.35	\$	951.35
OK	KPS3-2013-106 Progress	2014	25563	1324979	2/26/2014	\$ -	\$	1,778.75	\$	1,778.75
OK	KPS3-2013-106 Progress	2014	25737	1331436	3/26/2014	\$ -	\$	123,338.35	\$	123,338.35
OK	KPS3-2013-106 Final	2014	25932	1337996	4/23/2014	\$ -	\$	61,590.85	\$	61,590.85
						\$ -	\$	-	\$	-
						\$ -	\$	-	\$	-
9/6/2013	KPS3-2013-107 Door-to-Door Campaign Collateral Materials (Phase 3 Addt Contract Funds)					\$ -	\$	17,650.35	\$	17,650.35
OK	KPS3-2013-107 Prebill	2014	24986	1307274	12/3/2013	\$ -	\$	10,045.15	\$	10,045.15
OK	KPS3-2013-107 Progress	2014	25192	1312116	12/23/2013	\$ -	\$	263.29	\$	263.29
OK	KPS3-2013-107 Progress	2014	25349	1319096	1/28/2014	\$ -	\$	7,341.91	\$	7,341.91
9/24/2013	KPS3-2013-108 Outreach Events & Festivals (Phase 3)					\$ -	\$	115,944.52	\$	115,944.52
OK	KPS3-2013-108 Progress	2014	24980	1308826		\$ -	\$	19,707.50	\$	19,707.50
OK	KPS3-2013-108 Progress	2014	25184	1312116		\$ -	\$	14,056.54	\$	14,056.54
OK	KPS3-2013-108 Progress	2014	25341	1319096	1/28/2014	\$ -	\$	19,538.41	\$	19,538.41
OK	KPS3-2013-108 Progress	2014	25556	1324979	2/26/2014	\$ -	\$	21,755.82	\$	21,755.82
OK	KPS3-2013-108 Progress	2014		1331436	3/26/2014	\$ -	\$	18,491.25	\$	18,491.25
OK	KPS3-2013-108 Final	2014	25925	1337681	4/22/2014	\$ -	\$	22,395.00	\$	22,395.00
9/24/2013	KPS3-2013-109 Non-Profit Outreach Program (Phase 3)					\$ -	\$	86,304.63	\$	86,304.63
OK	KPS3-2013-109 Progress	2014	24981	1305536		\$ -	\$	17,631.25	\$	17,631.25
OK	KPS3-2013-109 Progress	2014	25185	1312116		\$ -	\$	9,906.25	\$	9,906.25
OK	KPS3-2013-109 Progress	2014	25342	1319096	1/28/2014	\$ -	\$	10,708.75	\$	10,708.75
OK	KPS3-2013-109 Progress	2014	25557	1324979	2/26/2014	\$ -	\$	16,453.75	\$	16,453.75
OK	KPS3-2013-109 Progress	2014		1331436	3/26/2014	\$ -	\$	10,260.88	\$	10,260.88
OK	KPS3-2013-109 Final	2014	25926	1337681	4/22/2014	\$ -	\$	21,343.75	\$	21,343.75
9/24/2013	KPS3-2013-110 Management of State and County-based Outreach (Phase 3)					\$ -	\$	41,761.58	\$	41,761.58
OK	KPS3-2013-110 Progress	2014	24982	1305536	11/25/2013	\$ -	\$	10,452.26	\$	10,452.26
OK	KPS3-2013-110 Progress	2014	25186	1312116	12/23/2013	\$ -	\$	7,801.25	\$	7,801.25

OK		KPS3-2013-110 Progress	2014	25343	1319096	1/28/2014	\$ -	\$	4,516.06	\$	4,516.06
OK		KPS3-2013-110 Progress	2014	25558	1324979	2/26/2014	\$ -	\$	8,180.00	\$	8,180.00
OK		KPS3-2013-110 Progress	2014	25731	1331436	3/26/2014	\$ -	\$	7,058.26	\$	7,058.26
OK		KPS3-2013-110 Final	2014	25927	1337681	4/22/2014	\$ -	\$	3,753.75	\$	3,753.75
9/24/2013	KPS3-2013-111	Management of School-based Outreach (Phase 3)					\$ -	\$	58,611.25	\$	58,611.25
OK		KPS3-2013-111 Progress	2014	24983	1305536	11/25/2013	\$ -	\$	9,410.00	\$	9,410.00
OK		KPS3-2013-111 Progress	2014	25187	1312116	12/23/2013	\$ -	\$	1,526.25	\$	1,526.25
OK		KPS3-2013-111 Progress	2014	25344	1319096	1/28/2014	\$ -	\$	1,352.50	\$	1,352.50
OK		KPS3-2013-111 Progress	2014	25559	1324979	2/26/2014	\$ -	\$	10,621.25	\$	10,621.25
OK		KPS3-2013-111 Progress	2014	25732	1331436	3/26/2014	\$ -	\$	17,071.25	\$	17,071.25
OK		KPS3-2013-111 Final	2014	25928	1337681	4/22/2014	\$ -	\$	18,630.00	\$	18,630.00
9/24/2013	KPS3-2013-112	Outreach Event/Staff Management Phase 3					\$ -	\$	39,930.92	\$	39,930.92
OK		KPS3-2013-112 Progress	2014	25214	1308826		\$ -	\$	6,606.90	\$	6,606.90
OK		KPS3-2013-112 Progress	2014	25188	1312116	12/23/2014	\$ -	\$	6,614.02	\$	6,614.02
OK		KPS3-2013-112 Progress	2014	25345	1319096	1/28/2014	\$ -	\$	6,588.75	\$	6,588.75
OK		KPS3-2013-112 Progress	2014	25560	1324979	2/26/2014	\$ -	\$	6,511.25	\$	6,511.25
OK		KPS3-2013-112 Progress	2014	25561	1331436	3/26/2014	\$ -	\$	6,642.50	\$	6,642.50
OK		KPS3-2013-112 Final	2014	25929	1337681	4/22/2014	\$ -	\$	6,967.50	\$	6,967.50
9/24/2013	KPS3-2013-113	Outreach Collateral Materials					\$ -	\$	71,426.00	\$	71,426.00
OK		KPS3-2013-113 Prebill	2014	25033	1309300	12/11/2013	\$ -	\$	4,505.25	\$	4,505.25
OK		KPS3-2013-113 Progress	2014	24640	1298135	10/17/2013	\$ -	\$	3,771.25	\$	3,771.25
OK		KPS3-2013-113 Progress	2014	24829	1302269	11/7/2013	\$ -	\$	10,274.34	\$	10,274.34
OK		KPS3-2013-113 Progress	2014	25182	1312116	12/23/2013	\$ -	\$	1,632.72	\$	1,632.72
OK		KPS3-2013-113 Progress	2014	25189	1312116		\$ -	\$	12,270.63	\$	12,270.63
OK		KPS3-2013-113 Progress	2014	25346	1319096	1/28/2014	\$ -	\$	9,612.06	\$	9,612.06
OK		KPS3-2013-113 Progress	2014	25561	1324979	2/26/2014	\$ -	\$	541.84	\$	541.84
OK		KPS3-2013-113 Progress	2014	25561	1331436	3/26/2014	\$ -	\$	17,038.47	\$	17,038.47
OK		KPS3-2013-113 Final	2014	25930	1337681	4/22/2014	\$ -	\$	11,779.44	\$	11,779.44
10/15/2013	KPS3-2013-114	Home Visitation Program (Phase 3)					\$ -	\$	77,045.62	\$	77,045.62
OK		KPS3-2013-114 Prebill	2014	25034	1305539	11/25/2013	\$ -	\$	37,508.00	\$	37,508.00
OK		KPS3-2013-114 Progress	2014	25190	1312116	12/23/2013	\$ -	\$	3,234.46	\$	3,234.46
OK		KPS3-2013-114 Progress	2014	25243	1315843	1/10/2014	\$ -	\$	5,574.00	\$	5,574.00
OK		KPS3-2013-114 Progress	2014	25347	1319096	1/28/2014	\$ -	\$	1,371.25	\$	1,371.25
OK		KPS3-2013-114 Progress	2014	25562	1324979	2/26/2014	\$ -	\$	6,420.00	\$	6,420.00
OK		KPS3-2013-114 Progress	2014	25561	1331436	3/26/2014	\$ -	\$	3,519.16	\$	3,519.16
OK		KPS3-2013-114 Final	2014	25931	1337681	4/22/2014	\$ -	\$	19,418.75	\$	19,418.75
9/20/2013	KPS3-2013-115	TV Ad Production B2B (Phase 3)					\$ -	\$	1,672.50	\$	1,672.50
OK		KPS3-2013-115 Progress	2014	25193	1312116		\$ -	\$	1,672.50	\$	1,672.50
							\$ -	\$		\$	
9/24/2013	KPS3-2013-116	Xerox Assistance					\$ -	\$	1,000.00	\$	1,000.00
OK		KPS3-2013-116 Final	2014	24987	1305536	11/25/2013	\$ -	\$	1,000.00	\$	1,000.00
							\$ -	\$		\$	
9/24/2013	KPS3-2013-117	Broker Tool Kit					\$ -	\$	-	\$	-
							\$ -	\$		\$	
							\$ -	\$		\$	
10/15/2013	KPS3-2013-118	TV Ad Production - Interim Messaging					\$ -	\$	5,988.75	\$	5,988.75
OK		KPS3-2013-118 Final	2014	24989	1309300	12/11/2013	\$ -	\$	5,988.75	\$	5,988.75
							\$ -	\$		\$	
11/13/2013	KPS3-2013-119	Public Education - Phase 3c Update					\$ -	\$	20,162.50	\$	20,162.50
OK	Level One # 5 Grant (All)	KPS3-2013-119 Progress	2014	25238	1315843	1/10/2014	\$ -	\$	20,162.50	\$	20,162.50
							\$ -	\$		\$	
		no signed copy in folder					\$ -	\$		\$	
12/2/2013	KPS3-2013-120	EEF Materials - Additional EEF Booths					\$ -	\$	-	\$	-
							\$ -	\$		\$	

									\$	-
									\$	-
12/2/2013	KPS3-2013-121	Business-to-Business Collateral Materials						\$ -	\$ 2,239.75	\$ 2,239.75
OK		KPS3-2013-121 Progress	2014		1331592	3/28/2014		\$ 2,239.75	\$ 2,239.75	\$ -
									\$	-
									\$	-
12/2/2013	KPS3-2013-123	Post-Campaign Survey						\$ -	\$ 106,240.00	\$ 106,240.00
OK		KPS3-2013-123 Progress	2014		1331436	3/26/2014		\$ 1,900.00	\$ 1,900.00	\$ 1,900.00
OK		KPS3-2013-123 Progress	2014	25934	1337681	4/22/2014		\$ 911.25	\$ 911.25	\$ 911.25
OK		KPS3-2013-123 Progress	2014	26134	1348446	6/11/2014		\$ 492.50	\$ 492.50	\$ 492.50
OK		KPS3-2013-123 Progress	2014	26233	1352262	6/26/2014		\$ 863.75	\$ 863.75	\$ 863.75
OK		KPS3-2013-123 Progress	2014	26384	1355085	7/9/2014		\$ 36,495.00	\$ 36,495.00	\$ 36,495.00
OK		KPS3-2013-123 Final	2015	26623	1363501	8/12/2014		\$ 65,577.50	\$ 65,577.50	\$ 65,577.50
12/2/2013	KPS3-2013-124B	Nevada Health Link Info Site Housing						\$ -	\$ 2,108.16	\$ 2,108.16
OK		KPS3-2013-124B Progress	2014	26299	1352262	6/26/2014		\$ 345.60	\$ 345.60	\$ 345.60
OK		KPS3-2013-124B Progress	2014	26362	1355085	7/9/2014		\$ 357.12	\$ 357.12	\$ 357.12
OK		KPS3-2013-124B Progress	2015	26625	1363501	8/12/2014		\$ 345.60	\$ 345.60	\$ 345.60
OK		KPS3-2013-124B Progress	2015	26693	1371397	9/18/2014		\$ 357.12	\$ 357.12	\$ 357.12
OK		KPS3-2013-124B Progress	2015	26866	1377593	10/13/2014		\$ 357.12	\$ 357.12	\$ 357.12
OK		KPS3-2013-124B Progress	2015	27084	1384950	11/19/2014		\$ 345.60	\$ 345.60	\$ 345.60
12/2/2013	KPS3-2014-124	Special Enrollment Period Campaign						\$ -	\$ 243,028.37	\$ 243,028.37
OK		KPS3-2014-124 Progress	2014	26136	1348446	6/11/2014		\$ 357.12	\$ 357.12	\$ 357.12
OK		KPS3-2014-124 Progress	2014	26136	1348446	6/11/2014		\$ 18,295.00	\$ 18,295.00	\$ 18,295.00
OK		KPS3-2014-124 Progress	2014	26235	1352262	6/26/2014		\$ 2,376.25	\$ 2,376.25	\$ 2,376.25
OK		KPS3-2014-124 Progress	2014	26317	1352262	6/26/2014		\$ 180,420.00	\$ 180,420.00	\$ 180,420.00
OK		KPS3-2014-124 Final	2014	26393	1355085	7/9/2014		\$ 41,580.00	\$ 41,580.00	\$ 41,580.00
									\$	-
12/2/2013	KPS3-2014-125	Enrollment Campaign Planning and Account Management						\$ 324.20	\$ 103,892.08	\$ 104,216.28
OK		KPS3-2013-125 Progress	2014	26135	1348446	6/11/2014		\$ 8,946.25	\$ 8,946.25	\$ 8,946.25
OK		KPS3-2013-125 Progress	2014	26234	1352262	6/26/2014		\$ 8,932.50	\$ 8,932.50	\$ 8,932.50
OK		KPS3-2013-125 Progress	2014	26385	1355085	7/9/2014		\$ 6,540.00	\$ 6,540.00	\$ 6,540.00
OK		KPS3-2013-125 Progress	2015	26624	1363501	8/12/2014		\$ 17,157.00	\$ 17,157.00	\$ 17,157.00
OK		KPS3-2013-125 Final	2015	26784	1371397	9/18/2014		\$ 62,316.33	\$ 62,640.53	\$ 62,640.53
	SSHIX Misc.	GoDaddy Renewal						\$ -	\$ 2,073.06	\$ 2,073.06
		SSHIX Misc.	2014	25351	1320475	2/4/2014		\$ 1,820.51	\$ 1,820.51	\$ 1,820.51
		SSHIX Misc.	2014		1331592	3/28/2014		\$ 252.55	\$ 252.55	\$ 252.55
									\$	-
								\$ -	\$ 50,720.00	\$ 50,720.00
		Postage for Direct Mail	2015	26816	1371628	9/18/2014		\$ -	\$ 50,720.00	\$ 50,720.00
8/5/2014	KPS3-2014-128	Account and Non-Broadcast Media						\$ 1,431.28	\$ 75,547.04	\$ 76,978.32
OK		KPS3-2014-128 Progress	2015	26936	1377593	10/13/2014		\$ 868.40	\$ 16,070.00	\$ 16,938.40
OK		KPS3-2014-128 Progress	2015	27141	1384950	11/19/2014		\$	\$ 13,023.75	\$ 13,023.75
		KPS3-2014-128 Progress	2015	27158	1389056	12/10/2014		\$	\$ 9,551.25	\$ 9,551.25
		KPS3-2014-128 Progress	2015	27304	1390670	12/17/2014		\$	\$ 4,093.75	\$ 4,093.75
		KPS3-2014-128 Progress	2015	27321	1394109	1/7/2015		\$	\$ 7,577.50	\$ 7,577.50
		KPS3-2014-128 Progress	2015	27463	1396685	1/20/2015		\$	\$ 3,746.82	\$ 3,746.82
		KPS3-2014-128 Progress	2015	27481	1400622	2/6/2015		\$ 562.88	\$ 6,227.50	\$ 6,790.38
		KPS3-2014-128 Progress	2015	27579	1402781	2/19/2015		\$	\$ 3,156.25	\$ 3,156.25
		KPS3-2014-128 Progress	2015	27700	1405272	3/9/2015		\$	\$ 2,593.75	\$ 2,593.75
		KPS3-2014-128 Progress	2015	27844	1409732	3/27/2015		\$	\$ 3,346.25	\$ 3,346.25
		KPS3-2014-128 Progress	2015	28015	1414465	4/14/2015		\$	\$ 5,017.50	\$ 5,017.50
		KPS3-2014-128 Progress	2015	28155	1420500	5/13/2015		\$	\$ 385.22	\$ 385.22
		KPS3-2014-128 Final	2015	28343		6/8/2015		\$	\$ 757.50	\$ 757.50
8/5/2014	KPS3-2014-129	Campaign Development						\$ 3,368.46	\$ 416,367.82	\$ 419,736.28
OK		KPS3-2014-129 Progress	2015	26626	1363501	8/12/2014		\$	\$ 16,487.50	\$ 16,487.50
OK		KPS3-2014-129 Progress	2015	26785	1371397	9/18/2014		\$ 991.66	\$ 13,160.25	\$ 14,151.91
OK		KPS3-2014-129 Progress	2015	26937	1377593	10/13/2014		\$	\$ 21,458.85	\$ 21,458.85
OK		KPS3-2014-129 Progress	2015	26989	1378140	10/15/2014		\$ -	\$ 71,696.44	\$ 71,696.44
OK		KPS3-2014-129 Progress	2015	26990	1379898	10/23/2014		\$ -	\$ 58,077.31	\$ 58,077.31
OK		KPS3-2014-129 Progress	2015	27142	1384950	11/19/2014		\$ 2,376.80	\$ 49,884.86	\$ 52,261.66
		KPS3-2014-129 Progress	2015	27159	1389056	12/10/2014		\$	\$ 52,382.83	\$ 52,382.83

		KPS3-2014-129 Progress	2015	27305	1390670	12/17/2014		\$	36,749.69	\$	36,749.69	
		KPS3-2014-129 Progress	2015	27322	1394109	1/7/2015		\$	38,785.39	\$	38,785.39	
		KPS3-2014-129 Progress	2015	27464	1396685	1/20/2015		\$	17,022.73	\$	17,022.73	
		KPS3-2014-129 Progress	2015	27482	1400622	2/6/2015		\$	15,177.18	\$	15,177.18	
		KPS3-2014-129 Progress	2015	27701	1405272	3/9/2015		\$	5,977.11	\$	5,977.11	
		KPS3-2014-129 Progress	2015	27580	1409732	3/27/2015		\$	19,507.68	\$	19,507.68	
8/5/2014	KPS3-2014-130	Nevadahealthlink.com						\$	-	\$	111,999.92	
	OK	KPS3-2014-130 Progress	2015	26935	1377593	10/13/2014		\$	28,119.25	\$	28,119.25	
	OK	KPS3-2014-130 Progress	2015	27139	1386106	11/25/2014		\$	49,385.00	\$	49,385.00	
		KPS3-2014-130 Progress	2015	27157	1389056	12/10/2014		\$	12,488.75	\$	12,488.75	
		KPS3-2014-130 Progress	2015	27303	1390670	12/17/2014		\$	5,657.14	\$	5,657.14	
		KPS3-2014-130 Progress	2015	27320	1394109	1/7/2015		\$	1,563.75	\$	1,563.75	
		KPS3-2014-130 Progress	2015	27462	1396685	1/20/2015		\$	1,939.20	\$	1,939.20	
		KPS3-2014-130 Progress	2015	27699	1405272	3/9/2015		\$	1,384.98	\$	1,384.98	
		KPS3-2014-130 Progress	2015	27480	1405272	3/9/2015		\$	2,689.00	\$	2,689.00	
		KPS3-2014-130 Progress	2015	27843	1409732	3/27/2015		\$	841.00	\$	841.00	
		KPS3-2014-130 Progress	2015	27578	1409732	3/27/2015		\$	718.75	\$	718.75	
		KPS3-2014-130 Progress	2015	28014	1414465	4/14/2015		\$	2,188.70	\$	2,188.70	
		KPS3-2014-130 Progress	2015	28154	1420500	5/13/2015		\$	2,610.73	\$	2,610.73	
		KPS3-2014-130 Final	2015	28342	1425722	6/8/2015		\$	2,413.67	\$	2,413.67	
8/5/2014	KPS3-2014-131	Outreach						\$	6,081.43	\$	641,621.34	
	OK	KPS3-2014-131 Progress	2015	26938	1377593	10/13/2014		\$	45,213.98	\$	45,213.98	
	OK	KPS3-2014-131 Progress	2015	27005	1382921	11/7/2014		\$	36,011.99	\$	36,011.99	
	OK	KPS3-2014-131 Progress	2015	27143	1384950	11/19/2014	\$	1,356.72	\$	86,702.27	\$	88,058.99
		KPS3-2014-131 Progress	2015	27160	1390670	12/17/2014		\$	87,212.88	\$	87,212.88	
		KPS3-2014-131 Progress	2015	27306	1390670	12/17/2014		\$	53,580.37	\$	53,580.37	
		KPS3-2014-131 Progress	2015	27323	1394109	1/7/2015		\$	56,527.52	\$	56,527.52	
		KPS3-2014-131 Progress	2015	27465	1396685	1/20/2015	\$	674.36	\$	63,819.84	\$	64,494.20
		KPS3-2014-131 Progress	2015	27483	1400622	2/6/2015	\$	1,487.58	\$	43,974.50	\$	45,462.08
		KPS3-2014-131 Progress	2015	27702	1405272	3/9/2015	\$	1,441.23	\$	65,898.63	\$	67,339.86
		KPS3-2014-131 Progress	2015	27846	1409732	3/27/2015	\$	699.34	\$	47,120.58	\$	47,819.92
		KPS3-2014-131 Progress	2015	27581	1409732	3/27/2015	\$	422.20	\$	54,862.93	\$	55,285.13
	Level One # 5	KPS3-2014-131 Final	2015	28016	1414465	4/14/2015		\$	695.85	\$	695.85	
8/5/2014	KPS3-2014-132	Media Placement						\$	-	\$	3,218,375.36	
	OK	KPS3-2014-132 Progress	2015	27004	1382921	11/7/2014		\$	128,000.00	\$	128,000.00	
		KPS3-2014-132 Progress	2015	27161	1389056	12/10/2014		\$	192,881.60	\$	192,881.60	
		KPS3-2014-132 Progress	2015	27140	1390095	12/15/2014		\$	125,000.00	\$	125,000.00	
		KPS3-2014-132 Progress	2015	27315	1390670	12/17/2014		\$	445,037.50	\$	445,037.50	
		KPS3-2014-132 Progress	2015	27324	1394109	1/7/2015		\$	214,342.60	\$	214,342.60	
		KPS3-2014-132 Progress	2015	27466	1396685	1/20/2015		\$	443,251.00	\$	443,251.00	
		KPS3-2014-132 Progress	2015	27484	1400622	2/6/2015		\$	242,733.60	\$	242,733.60	
		KPS3-2014-132 Progress	2015	27582	1402781	2/19/2015		\$	435,494.00	\$	435,494.00	
		KPS3-2014-132 Progress	2015	27611	1402781	2/19/2015		\$	146,212.00	\$	146,212.00	
		KPS3-2014-132 Progress	2015	27704	1405272	3/9/2015		\$	141,262.31	\$	141,262.31	
		KPS3-2014-132 Progress	2015	27845	1409732	3/27/2015		\$	391,465.75	\$	391,465.75	
		KPS3-2014-132 Progress	2015	27860	1409732	3/27/2015		\$	247,002.00	\$	247,002.00	
	Level One # 5	KPS3-2014-132 Progress	2015	28048	1414465	4/14/2015		\$	7,348.00	\$	7,348.00	
	Level One # 5	KPS3-2014-132 Progress	2015	28052	1414465	4/14/2015		\$	1,352.00	\$	1,352.00	
		KPS3-2014-132 Progress	2015	27878	1414465	4/14/2015		\$	37,480.00	\$	37,480.00	
		KPS3-2014-132 Progress	2015	28220	1420500	5/13/2015		\$	16,528.00	\$	16,528.00	
		KPS3-2014-132 Final	2015	28241	1425722	5/18/2015		\$	2,985.00	\$	2,985.00	
2/27/2015	KPS3-2014-133	Special Enrollment Period 2015 Marketing						\$	-	\$	21,463.00	
	Level One # 5	KPS3-2014-133 Progress	2015	28017	1414465	4/14/2015		\$	9,435.81	\$	9,435.81	
	Level One # 5	KPS3-2014-133 Progress	2015	28156	1420500	5/13/2015		\$	12,027.19	\$	12,027.19	
								\$	-	\$	-	
								\$	-	\$	-	
2/27/2015	KPS3-2015-134	Nevadahealthlink.com Hosting & Maintenance						\$	-	\$	168,823.09	
	PMPM15	KPS3-2014-134 Progress Website Hosting & Maintenance	2015	28344	1425722	6/8/2015		\$	417.50	\$	417.50	
	PMPM15	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	28521	1433217	7/29/2015		\$	4,961.50	\$	4,961.50	
	PMPM15	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	28791	1439763	8/7/2015		\$	4,453.82	\$	4,453.82	
	PMPM15	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	28995	1446796	9/11/2015		\$	4,247.14	\$	4,247.14	
	PMPM15	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	29240	1453894	10/12/2015		\$	5,686.29	\$	5,686.29	
	PMPM15	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	29435	1460809	11/13/2015		\$	5,267.96	\$	5,267.96	
	PMPM15	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	29588	1467025	12/17/2015		\$	3,638.34	\$	3,638.34	
	PMPM15	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	29778	1471614	1/13/2016		\$	2,932.85	\$	2,932.85	
	PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	30079	1478473	2/17/2016		\$	2,738.36	\$	2,738.36	
	PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	30285	1483563	3/11/2016		\$	1,544.97	\$	1,544.97	
	PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	30457	1492148	4/21/2016		\$	1,307.75	\$	1,307.75	
	PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	30677	1496939	5/13/2016		\$	2,650.97	\$	2,650.97	
	PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	30949	1503254	6/14/2016		\$	2,940.67	\$	2,940.67	

PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	30950	1503254	6/14/2016	\$	1,586.25	\$	1,586.25
PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance	2016	31147	1508597	7/8/2016	\$	2,648.60	\$	2,648.60
PMPM16	KPS3-2015-134 Progress Blog Roll	2016	31148	1509485	7/12/2016	\$	493.75	\$	493.75
PMPM16	KPS3-2015-134 Progress Email Capture	2016	31149	1509485	7/12/2016	\$	373.75	\$	373.75
PMPM16	KPS3-2015-134 Progress Broker Form	2016	31150	1509485	7/12/2016	\$	201.25	\$	201.25
PMPM16	KPS3-2015-134 Progress Events Calendar	2016	31151	1509485	7/12/2016	\$	1,121.25	\$	1,121.25
PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance	2017	31459	1516899	8/10/2016	\$	3,801.88	\$	3,801.88
PMPM16	KPS3-2015-134 Progress Blog Roll	2017	31460	1516899	8/10/2016	\$	2,683.75	\$	2,683.75
PMPM16	KPS3-2015-134 Progress In Person Assistance Tool	2017	31461	1516899	8/10/2016	\$	1,236.25	\$	1,236.25
PMPM16	KPS3-2015-134 Progress Events Calendar	2017	31462	1516899	8/10/2016	\$	201.25	\$	201.25
PMPM16	KPS3-2015-134 Progress In Person Assistance Tool	2017	31463	1516899	8/10/2016	\$	862.50	\$	862.50
PMPM16	KPS3-2015-134 Progress Media Resources Page	2017	31464	1516899	8/10/2016	\$	1,207.50	\$	1,207.50
PMPM16	KPS3-2015-134 Progress Email Capture	2017	31467	1516899	8/10/2016	\$	115.00	\$	115.00
PMPM16	KPS3-2015-134 Progress Broker Form	2017	31468	1516899	8/10/2016	\$	115.00	\$	115.00
PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance 8/1-8/31/16	2017	31683	1523923	9/12/2016	\$	3,763.46	\$	3,763.46
PMPM16	KPS3-2015-134 Broker Form	2017	31684	1523923	9/12/2016	\$	1,955.00	\$	1,955.00
PMPM16	KPS3-2015-134 Progress Events Calendar	2017	31685	1523923	9/12/2016	\$	2,127.50	\$	2,127.50
PMPM16	KPS3-2015-134 In Person Assistance Tool language updates	2017	31686	1523923	9/12/2016	\$	977.50	\$	977.50
PMPM16	KPS3-2015-134 Media Resources Page	2017	31687	1523923	9/12/2016	\$	488.75	\$	488.75
PMPM16	KPS3-2015-134 Coding & QA for calendar updates on website	2017	31797	1530792	10/10/2016	\$	546.25	\$	546.25
PMPM16	KPS3-2015-134 Coding & QA for media page cooie tracking	2017	31798	1530792	10/10/2016	\$	172.50	\$	172.50
PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance 9/1-9/30/16	2017	31856	1530792	10/10/2016	\$	2,142.91	\$	2,142.91
PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance 10/1-10/31/16	2017	32027	1536349	11/7/2016	\$	3,873.14	\$	3,873.14
PMPM16	KPS3-2015-134 Progress Events Calendar	2017	32028	1536349	11/7/2016	\$	3,133.75	\$	3,133.75
PMPM16	KPS3-2014-134 Progress Website Hosting & Maintenance 11/1-11/30/16	2017	32234	1544083	12/12/2016	\$	4,444.39	\$	4,444.39
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 12/1/16-12/31/16	2017	32430	1550223	1/12/2017	\$	1,695.78	\$	1,695.78
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 1/1/17-1/31/17	2017	32600	1555090	2/7/2017	\$	1,805.81	\$	1,805.81
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 2/1/17-2/28/17	2017	32860	1561590	3/9/2017	\$	1,552.79	\$	1,552.79
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 3/1/17-3/31/17	2017	32991	1570620	4/20/2017	\$	1,489.01	\$	1,489.01
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 4/1/17-4/30/17	2017	33282	1574168	5/8/2017	\$	1,840.44	\$	1,840.44
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 5/1/17-5/31/17	2017	33499	1580969	6/8/2017	\$	1,901.25	\$	1,901.25
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 5/1/17-5/31/17	2017	33498	1580969	6/8/2017	\$	1,239.36	\$	1,239.36
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 6/1/17-6/30/17	2017	33727	1588857	7/12/2017	\$	2,300.00	\$	2,300.00
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 6/1/17-6/30/17	2017	33726	1588857	7/12/2017	\$	2,012.54	\$	2,012.54
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 7/1/17-7/31/17	2018	33864	1595929	8/9/2017	\$	3,105.00	\$	3,105.00
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 7/1/17-7/31/17	2018	33863	1595929	8/9/2017	\$	1,383.25	\$	1,383.25
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 8/1/17-8/31/17	2018	34106	1602961	9/12/2017	\$	1,983.75	\$	1,983.75
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 8/1/17-8/31/17	2018	34105	1602961	9/12/2017	\$	1,523.31	\$	1,523.31
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 9/1/17-9/31/17	2018	34333	1610573	10/11/2017	\$	806.87	\$	806.87
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 9/1/17-9/31/17	2018	34334	1610573	10/11/2017	\$	2,587.50	\$	2,587.50
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 10/1/17-10/31/17	2018	34488	1616943	11/13/2017	\$	9,063.75	\$	9,063.75
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 10/1/17-10/31/17	2018	34487	1616943	11/13/2017	\$	904.19	\$	904.19
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 11/1/17-11/30/17	2018	34756	1623293	12/13/2017	\$	1,069.28	\$	1,069.28
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 11/1/17-11/30/17	2018	34757	1623293	12/13/2017	\$	1,897.50	\$	1,897.50
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 12/1/17-12/31/17	2018	34893	1627387	1/8/2018	\$	802.01	\$	802.01
PMPM17	KPS3-2015-134 Progress Website Hosting & Maintenance 12/1/17-12/31/17	2018	34894	1627387	1/8/2018	\$	460.00	\$	460.00
CPF18	KPS3-2015-134 Progress Website Hosting & Maintenance 1/1/18-1/31/18	2018	35178	1635184	2/14/2018	\$	4,071.23	\$	4,071.23
CPF18	KPS3-2015-134 Progress Website Hosting & Maintenance 2/1/18-2/28/18	2018	35392	1640690	3/13/2018	\$	1,439.82	\$	1,439.82
CPF18	KPS3-2015-134 Progress Website Hosting & Maintenance 3/1/18-3/31/18	2018	35613	1646613	4/10/2018	\$	1,360.68	\$	1,360.68
CPF18	KPS3-2015-134 Progress Website Hosting & Maintenance 4/1/18-4/30/18	2018	35818	1653352	5/10/2018	\$	1,719.09	\$	1,719.09
CPF18	KPS3-2015-134 Progress Website Hosting & Maintenance 5/1/18-5/31/18	2018	36163	1660090	6/11/2018	\$	1,714.52	\$	1,714.52
CPF18	KPS3-2015-134 Progress Website Hosting & Maintenance 6/1/18-6/30/18	2018	36305	1666777	7/9/2018	\$	2,209.71	\$	2,209.71
CPF18	KPS3-2015-134 Progress Website Hosting & Maintenance 7/1/18-7/31/18	2019	36552	1675451	8/13/2018	\$	4,258.66	\$	4,258.66
CPF18	KPS3-2018-135 Website Maintenance and Hosting 8/1/18-8/31/18	2019	36851	1683200	9/20/2018	\$	2,165.81	\$	2,165.81
CPF18	KPS3-2018-135 Forms Management and Updates 8/1/18-8/31/18	2019	36852	1683200	9/20/2018	\$	2,291.25	\$	2,291.25
CPF18	KPS3-2018-135 Project Management 8/1/18-8/31/18	2019	36853	1683200	9/20/2018	\$	772.50	\$	772.50
CPF18	KPS3-2018-135 Project Management 9/1/18-9/30/18	2019	37061	1688765	10/12/2018	\$	2,164.11	\$	2,164.11
CPF18	KPS3-2018-135 Project Management 9/1/18-9/30/18	2019	37062	1688765	10/12/2018	\$	3,188.75	\$	3,188.75
CPF18	KPS3-2018-135 Project Management 9/1/18-9/30/18	2019	37063	1688765	10/12/2018	\$	1,808.75	\$	1,808.75
CPF18	KPS3-2018-135 Project Management 10/1/18-10/31/18	2019	37301	1694145	11/8/2018	\$	948.75	\$	948.75
CPF18	KPS3-2018-135 Project Management 10/1/18-10/31/18	2019	37300	1694145	11/8/2018	\$	1,348.32	\$	1,348.32
CPF18	KPS3-2018-135 Project Management 10/1/18-10/31/18	2019	37302	1694145	11/8/2018	\$	331.25	\$	331.25
CPF18	KPS3-2018-135 Website Hosting & Maintenance 11/1/18-11/30/18	2019	37530	1700446	12/11/2018	\$	1,422.54	\$	1,422.54
CPF18	KPS3-2018-135 Website Hosting & Maintenance 11/1/18-11/30/18	2019	37531	1700446	12/11/2018	\$	1,558.75	\$	1,558.75
CPF18	KPS3-2018-135 Website Hosting & Maintenance 11/1/18-11/30/18	2019	37532	1700446	12/11/2018	\$	632.50	\$	632.50
CPF18	KPS3-2018-135 Website Hosting & Maintenance 12/1/18-12/31/18	2019	37697	1705747	1/10/2019	\$	1,706.35	\$	1,706.35
CPF18	KPS3-2018-135 Website Hosting & Maintenance 12/1/18-12/31/18	2019	37698	1705747	1/10/2019	\$	321.25	\$	321.25
CPF18	KPS3-2018-135 Website Hosting & Maintenance 12/1/18-12/31/18	2019	37699	1705747	1/10/2019	\$	402.50	\$	402.50
CPF19	KPS3-2018-135 Website Hosting & Maintenance 1/1/19-1/31/19	2019	37890	1712547	2/13/2019	\$	325.00	\$	325.00
CPF19	KPS3-2018-135 Website Hosting & Maintenance 1/1/19-1/31/19	2019	37891	1712547	2/13/2019	\$	2,012.68	\$	2,012.68
CPF19	KPS3-2018-135 Website Hosting & Maintenance 1/1/19-1/31/19	2019	37892	1712547	2/13/2019	\$	373.75	\$	373.75
CPF19	KPS3-2018-135 Website Hosting & Maintenance 2/1/19-2/28/19	2019	38007	1716829	3/7/2019	\$	626.25	\$	626.25
CPF19	KPS3-2018-135 Website Hosting & Maintenance 2/1/19-2/28/19	2019	38008	1716829	3/7/2019	\$	1,408.68	\$	1,408.68
CPF19	KPS3-2018-135 Website Hosting & Maintenance 2/1/19-2/28/19	2019	38026	1716829	3/7/2019	\$	1,755.00	\$	1,755.00

Total | \$11,230,976 |

\$ 17,562.42 \$ 11,182,168.50 \$ 11,199,730.92

FY	Contract Log	BTS		Contract Balance Remaining	
2013	1,302,149.12	1,302,149.12	\$ -		
2014	5,035,002.59	5,035,002.59	\$ -		
2015	4,694,173.62	4,694,173.62	\$ -		
2016	48,795.47	48,795.47	\$ -		
2017	49,685.26	49,685.26	\$ -		
2018	38,101.46	38,101.46	\$ -		
2019	31,823.40	31,823.40	\$ -		
Total	11,199,730.92	11,199,730.92	\$ -	\$	31,245.08
	\$ -	\$ -			

State of Nevada
Department of Administration

Purchasing Division

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



Steve Sisolak
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval #:	265

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:			
	State Agency:	Silver State Health Insurance Exchange		
	Contact Name(s) and Titles:	Ryan High – Chief Operations Officer Jennifer Krupp – Finance Officer Danielle Andersen – Grants and Projects Analyst		
	Telephone Number(s):	775-687-9926 775-687-9703 775-687-9935		
	Email Address(s):	rhigh@exchange.nv.gov jakrupp@exchange.nv.gov dlandersen@exchange.nv.gov		

2	Contractor Information:			
	Contractor:	KPS3, Inc.		
	Contact Name:	Kevin Jones, Creative & Technical Director		
	Address:	500 Ryland Street Suite 300 Reno, NV 89502		
	Phone Number:	775-781-2205		
	Email Address:	kevin@kps3.com		

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	NA			
	CETS #:	NA			
	Contract "not to exceed amount":	NA			
	Contract term:	Start date: mm/dd/yy	NA	End date: mm/dd/yy	NA

4	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:	RFP #3006		
	Quote, solicitation # if applicable:			
	Waiver, provide number:			
	Other:			

5	Current contract information:			
	CETS #:	13950		
	Initial contract "not to exceed amount":	\$6,000,000		
	Contract term:	Start date: mm/dd/yy	01/08/13	End date: mm/dd/yy

Amendment information – List all previously approved amendments:			
Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
1	This amendment adds language to the scope of work and increases the maximum amount from \$6,000,000 to \$7,350,000 due to additional marketing and outreach demand affecting Nevada's underinsured and uninsured populations.	Amendment: \$1,350,000 Not to Exceed: \$7,350,000	NA
2	This amendment exercises the option for a one-year extension and extends the termination date from March 31, 2014 to March 31, 2015 to continue marketing and outreach efforts through the next open enrollment period ending December 2014. Existing awarded funding will be utilized.	\$0	03/31/2015
3	This amendment increases the maximum amount of the contract from \$7,350,000 to \$11,033,976 funded through a Level Two Establishment Grant.	Amendment: \$3,683,976 Not to Exceed: \$11,033,976	NA
4	This amendment extends the termination date from March 31, 2015 to March 31, 2016 and increases the maximum amount from \$11,033,976 to \$11,070,976 for the continuation of website hosting and ongoing content/forms management.	Amendment: \$37,000 Not to Exceed: \$11,070,976	03/31/2016
5	This amendment extends the termination date from March 31, 2016 to March 31, 2018 and increases the maximum amount from \$11,070,976 to \$11,150,976 for the continuation of website hosting, ongoing content/forms management, translation services, and special projects through a work order process.	Amendment: \$80,000 Not to Exceed: \$11,150,976	03/31/2018
6	This amendment extends the termination date from March 31, 2018 to March 31, 2020 and increases the maximum amount from \$11,150,976 to \$11,230,976 for the continuation of website hosting services for Nevada Health Link.	Amendment: \$80,000 Not to Exceed: \$11,230,976	03/31/2020

Proposed amendment information:			
Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in "not to exceed" amount:	Change in end date: mm/dd/yy
7	This amendment extends the termination date from March 31, 2020 to March 31, 2022 and increases the maximum amount from \$11,230,976 to \$11,352,264 for the continuation of website hosting services for Nevada Health Link.	Amendment: \$121,288 Not to Exceed: \$11,352,264	03/31/22

What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):	
	<p>In 2014, the Nevada Exchange initially developed a marketing contract with vendor, KPS3 to perform marketing and outreach. As part of those efforts, KPS3 also developed a brand name (Nevada Health Link), tag line, and designed, created, and hosted an informational consumer-facing website to connect eligible Nevada residents to qualified health insurance plans. The informational website, NevadaHealthLink.com has since been hosted by vendor KPS3 who has upgraded and maintained the website per CMS requirements, Code of Federal Regulations (CFR), and Nevada Revised Statute. The hosting process, complete with the architecture and security controls surrounding that section, were submitted and accepted by CMS and became part of Nevada's blueprint and operational plans that ensure Nevada remains certified as a State Based Exchange. KPS3 has remained a key vendor contracted solely to host the Exchange's informational website. The current scope of work includes: website hosting and maintenance, ongoing content management, translation services and special projects requested by the Exchange.</p>
8	<p>The Nevada Exchange is undergoing a significant technology transition project and will be a fully functionally State Based Exchange (SBE) by November 1, 2019 in time for open enrollment Plan Year 2020. This transition will newly require that all Nevadans use the Exchange's website to get enrolled into a qualified health plan. KPS3 is primarily responsible for assisting the Exchange to fully integrate the existing website with the new enrollment portal and will be responsible for structural changes to ensure smooth functionality whereby consumers can access tools for enrollment and education. Should the Exchange be required to transition to a new website host during the transition period, the potential for disruption would be extremely high; creating a strong risk for consumer disruption which could lead to a decrease in Nevadans enrolled on the exchange. If the extension is granted, KPS3, will continue to be responsible for hosting and maintaining the Nevada Health Link website during open enrollment for the first year of the Exchange's transition to an SBE beginning November 1, 2019, and will continue to provide these services throughout the year. This extension is necessary to allow the vendor to continue these services into Plan Year 2022 to maintain consistency of the brand and the website throughout the Exchange's transition. The website NevadaHealthLink.com remains the main call to action for consumers when searching for information regarding qualified health insurance plans on the Exchange in the State, and will also be the website for enrollment information.</p>

What are the potential consequences to the State if the contract extension request is denied?	
9	<p>If this extension is not approved, the Exchange must go through the procurement process during the middle of the significant web-based technology project whereby the website will be the most critical tool for consumers looking to access Exchange qualified health plans. Requiring the Exchange to onboard a new vendor during the most critical time in our technology transition project will place undue risk on the success of transition project and the agency's mission to reduce the number of uninsured</p>

Nevadans. The Exchange has worked diligently with the vendor to institutionalize the brand, Nevada Health Link, and has established this as the state's trusted resource when it comes to health insurance options.

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.



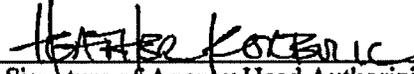
Signature of Agency Representative Initiating Request

Jennifer Krupp, Finance Officer

Print Name of Agency Representative Initiating Request

2/22/2019

Date



Signature of Agency Head Authorizing Request

2/22/19

Date

Heather Korbolic, Executive Director

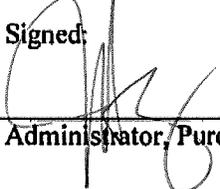
Print Name of Agency Head Authorizing Request

2/22/19

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

3-4-2019

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18970	Amendment Number: 1
Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Louis Ling
Agency Code: BDC	Contractor Name: Louis Ling
Appropriation Unit: B002 - All Categories	Address: 933 Gear Street
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89503
If "No" please explain: Not Applicable	Contact/Phone: 775-233-9099
	Vendor No.:
	NV Business ID: NV20171383755
To what State Fiscal Year(s) will the contract be charged?	2018-2023

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 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2017**

Anticipated BOE meeting date: 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2019**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:
This is the first amendment to the original contract to provide legal services. This amendment extends the termination date from August 31, 2019 to August 31, 2022 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:	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
2. Amount of current amendment (#1):	\$127,000.00	\$127,000.00	\$175,000.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$175,000.00			08/31/2022

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board periodically finds it necessary to engage an Independent Contractor for the purpose of accomplishing work of the Board under statute authority. NRS 333.700 authorizes the hiring of independent legal counsel.

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

There is no legal expertise within the Board. Legal services to be provided by the Contractor pertain to a specific area of knowledge. There is also a need for continuity of services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

The Contractor has provided legal services for The Board for numerous years and possesses the necessary expertise resulting in continuity of knowledge, continuing services and reduction of cost.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	03/22/2019 14:40:58 PM
Division Approval	vwind1	03/22/2019 14:41:03 PM
Department Approval	vwind1	03/22/2019 14:41:06 PM
Contract Manager Approval	vwind1	03/22/2019 14:41:10 PM
Budget Analyst Approval	lfree1	04/03/2019 11:14:58 AM
BOE Agenda Approval	lfree1	04/03/2019 11:15:02 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21700**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Lemons Grundy & Eisenberg
Agency Code: BDC	Contractor Name: Lemons Grundy & Eisenberg
Appropriation Unit: B007 - All Categories	Address: 6005 Plumas Street, Suite 300
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89519
If "No" please explain: Not Applicable	Contact/Phone: Robert Eisenberg, Esq. 775-786-6868
	Vendor No.:
	NV Business ID: NV19741002526

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date: **05/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2020**

Contract term: **-31 days**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract to provide appellate attorney services for cases being appealed to the Nevada Supreme Court.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$475.00 per Hour

Other basis for payment: \$200/hr for associates, \$125/hr for appellate paralegals

II. JUSTIFICATION

7. What conditions require that this work be done?

Based on pending litigation against the Nevada State Board of Dental Examiners, the Board finds it necessary to engage the services of an external attorney to assist with the Boards cases. NRS 631.190 authorizes the Board to engage legal services to assist the Board.

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

The Board does not have the legal expertize needed to litigate the pending cases. NRS 631.190.

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

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

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

Not Applicable

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

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

[Empty text box]

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	04/08/2019 12:18:57 PM
Division Approval	vwind1	04/08/2019 12:19:01 PM
Department Approval	vwind1	04/08/2019 12:19:06 PM
Contract Manager Approval	vwind1	04/08/2019 12:19:11 PM
Budget Analyst Approval	lfree1	04/15/2019 10:02:12 AM
BOE Agenda Approval	lfree1	04/15/2019 10:02:15 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: 18968	Amendment Number: 1
Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Louis Ling
Agency Code: BDC	Contractor Name: Louis Ling
Appropriation Unit: B011 - All Categories	Address: 933 Gear Street
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89503
If "No" please explain: Not Applicable	Contact/Phone: 775-233-9099
	Vendor No.:
	NV Business ID: NV20171383755
To what State Fiscal Year(s) will the contract be charged?	2018-2023

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 % licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2017**

Anticipated BOE meeting date: **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2019**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

This is the first amendment to the original contract to provide legal services. This amendment extends the termination date from August 31, 2019 to August 31, 2022 and increases the maximum amount from \$43,750 to \$255,900 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:	\$43,750.00	\$43,750.00	\$43,750.00	Yes - Info
2. Amount of current amendment (#1):	\$212,150.00	\$212,150.00	\$255,900.00	Yes - Action
3. New maximum contract amount:	\$255,900.00			
and/or the termination date of the original contract has changed to:	08/31/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board periodically finds it necessary to engage an Independent Contractor for the purpose of accomplishing work of the Board under statute authority. NRS 333.700 authorizes the hiring of independent legal counsel.

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

There is no legal expertise within the agency. Legal services to be provided by the Contractor pertain to a specific area of knowledge. There is also a need for continuity of services.

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

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

Not Applicable

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

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

The Contractor has provided legal services for the Board for numerous years and possesses the necessary expertise resulting in continuity of knowledge, continuing services and reduction of cost.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

other occupational boards

14. 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

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

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dlumbert	01/28/2019 16:03:39 PM
Division Approval	dlumbert	01/28/2019 16:03:41 PM
Department Approval	dlumbert	01/28/2019 16:03:44 PM
Contract Manager Approval	dlumbert	01/28/2019 16:03:46 PM
Budget Analyst Approval	lfree1	04/03/2019 11:06:41 AM
BOE Agenda Approval	lfree1	04/03/2019 11:06:44 AM

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	Contract Description:	VARIOUS STATE AGENCIES	AZURE BEHAVIORAL SOLUTIONS	OTHER: VARIOUS AGENCIES	\$1,000,000	
		This is a new contract to provide applied behavioral analysis services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 21694		
2.	Contract Description:	VARIOUS STATE AGENCIES	COMMSITE CORP.	OTHER: VARIOUS AGENCIES	\$500,000	
		This is the first amendment to the original contract to provide communication site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$1,000,000 to \$1,500,000 due to the continued need for these services. The time extension will also allow for a new RFP to be developed to address updated needs and requirements for these services.				
	Term of Contract:		08/11/2015 - 06/30/2021	Contract # 16764		
3.	Contract Description:	VARIOUS STATE AGENCIES	CURTIS & SONS CONSTRUCTION, INC.	OTHER: VARIOUS AGENCIES	\$1,000,000	
		This is the first amendment to the original contract to provide communication site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$1,000,000 to \$2,000,000 due to the continued need for these services. The time extension will also allow for a new RFP to be developed to address updated needs and requirements for these services.				
	Term of Contract:		07/15/2015 - 06/30/2021	Contract # 16765		
4.	Contract Description:	VARIOUS STATE AGENCIES	DIDC, INCORPORATED	OTHER: VARIOUS AGENCIES	\$4,000,000	
		This is a new contract to provide group home and assisted living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:		07/01/2018 - 06/30/2022	Contract # 21658		
5.	Contract Description:	VARIOUS STATE AGENCIES	EAGLE COMMUNICATIONS, LLC	OTHER: VARIOUS AGENCIES	\$200,000	
		This is the first amendment to the original contract which provides communication site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$300,000 to \$500,000 due to the continued need for these services. The time extension also allows for a new RFP to be developed to address updated needs and requirements for these services.				
	Term of Contract:		07/15/2015 - 06/30/2021	Contract # 16766		
6.	Contract Description:	VARIOUS STATE AGENCIES	NOKIA OF AMERICA CORPORATION	OTHER: VARIOUS AGENCIES	\$1,700,000	
		This is the first amendment to the original contract to provide communications site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021, increases the maximum amount from \$300,000 to \$2,000,000 and changes the vendor name and contact information. The time extension will allow for a new RFP to be developed to address updated needs and requirements for these services.				
	Term of Contract:		07/15/2015 - 06/30/2021	Contract # 16762		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.		VARIOUS STATE AGENCIES	RADCO COMMUNICATIONS, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is the second amendment to the original contract which provides communication site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$2,000,000 to \$2,500,000 due to the continued need for these services. The time extension also allows for a new RFP to be developed to address updated needs and requirements for these services.				
	Term of Contract:	07/15/2015 - 06/30/2021	Contract # 16772			
8.		VARIOUS STATE AGENCIES	RFI ENTERPRISES, INC. DBA RFI COMMUNICATIONS & SECURITY SYSTEMS	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is the second amendment to the original contract to provide fire/security equipment, install new systems and provide warranty/maintenance services to state agencies. This amendment extends the termination date from July 31, 2019 to July 31, 2022, increases the maximum amount from \$3,000,000 to \$4,500,000 and revises the cost schedule.				
	Term of Contract:	11/01/2017 - 07/31/2022	Contract # 19176			
9.		VARIOUS STATE AGENCIES	SBH-MONTEVISTA, LLC	OTHER: VARIOUS AGENCIES	\$4,000,000	
	Contract Description:	This is a new contract to provide applied behavior health services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21697			
10.		VARIOUS STATE AGENCIES	THE NARWHAL GROUP	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is the first amendment to the original contract which provides communication site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$300,000 to \$800,000. This amendment also allows for a new RFP to be developed to address updated needs and requirements for these services. The time extension also allows for a new RFP to be developed to address updated needs and requirements for these services.				
	Term of Contract:	07/15/2015 - 06/30/2021	Contract # 16761			
11.		VARIOUS STATE AGENCIES	WEARIN BRUSH CUTTING & TRACTOR SERVICE, LLC	OTHER: VARIOUS AGENCIES	\$625,000	
	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.3 Forestry Equipment.				
	Term of Contract:	05/14/2019 - 12/14/2019	Contract # 21652			
12.		VARIOUS STATE AGENCIES	I3TECH DATA SOLUTIONS, INC.	OTHER: VARIOUS AGENCIES	\$3,500,000	
	Contract Description:	This is the second amendment to the original contract which provides assistance in a variety of information technology (IT) consulting and technical specialist levels on an hourly basis to state agencies. This amendment increases the maximum amount from \$10,000,000 to \$13,500,000 due to increased usage of this vendor for IT consulting services.				
	Term of Contract:	11/12/2014 - 06/30/2019	Contract # 16083			

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: **21694**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Azure Behavioral Solutions
Agency Code: MSA	Contractor Name: Azure Behavioral Solutions
Appropriation Unit: 9999 - All Categories	Address: 901 Fremont St. #110
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89101
If "No" please explain: Not Applicable	Contact/Phone: Rachel Delfin 888-962-9873
	Vendor No.: T27042743
	NV Business ID: NV20181878852

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: RM167

2. Contract start date:

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

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 61 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	04/04/2019 08:55:11 AM
Division Approval	jthom17	04/04/2019 08:55:14 AM
Department Approval	jthom17	04/04/2019 08:55:18 AM
Contract Manager Approval	rvradenb	04/11/2019 08:24:05 AM
Budget Analyst Approval	aurruty	04/12/2019 10:02:56 AM
BOE Agenda Approval	nhovden	04/12/2019 11:34:56 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: 16764	Amendment Number: 1
Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: COMMSITE CORP.
Agency Code: MSA	Contractor Name: COMMSITE CORP.
Appropriation Unit: 9999 - All Categories	Address: 310 CONEY ISLAND DRIVE SUITE A
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: ANNETTE FABER 775/355-9912
	Vendor No.: T29033559
	NV Business ID: NV20081240874

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

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 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **3159-GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/11/2015**
Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years and 325 days**

4. Type of contract: **MSA**

Contract description: **COMM SITE REPAIR**

5. Purpose of contract:

This is the first amendment to the original contract to provide communication site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$1,000,000 to \$1,500,000 due to the continued need for these services. The time extension will also allow for a new RFP to be developed to address updated needs and requirements for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
2. Amount of current amendment (#1):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$1,500,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies require maintenance and repairs on various communications equipment.

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

The State does not have the staffing or expertise to perform the needed maintenance and repairs.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen based on scoring from the evaluation committee for this RFP.

d. Last bid date: 12/02/2014 Anticipated re-bid date: 12/02/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

This contractor has held a contract for communications site and repair for the last 4 years. This contractor's work is satisfactory.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	03/20/2019 12:00:17 PM
Division Approval	jthom17	03/20/2019 12:00:21 PM
Department Approval	jthom17	03/20/2019 12:00:25 PM
Contract Manager Approval	rvradenb	03/20/2019 12:04:07 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16765	Amendment Number: 1	
Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: CURTIS & SONS CONSTRUCTION, INC.	Contractor Name: CURTIS & SONS CONSTRUCTION, INC.
Agency Code: MSA	Address: PO BOX 2911	
Appropriation Unit: 9999 - All Categories	City/State/Zip: MINDEN, NV 89423-2911	
Is budget authority available?: Yes	Contact/Phone: DOUG CURTIS 775/782-2728	
If "No" please explain: Not Applicable	Vendor No.: T27012921	
	NV Business ID: NV19931037528	

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

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 %	X Other funding	100.00 % VARIOUS AGENCIES

Agency Reference #: **3159-GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2015**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years and 352 days**

4. Type of contract: **MSA**

Contract description: **COMM SITE REPAIR**

5. Purpose of contract:

This is the first amendment to the original contract to provide communication site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$1,000,000 to \$2,000,000 due to the continued need for these services. The time extension will also allow for a new RFP to be developed to address updated needs and requirements for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
2. Amount of current amendment (#1):	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
3. New maximum contract amount:	\$2,000,000.00			
and/or the termination date of the original contract has changed to:		06/30/2021		

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies require maintenance and repairs for various communications equipment.

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

The State does not have the staffing or expertise to perform the needed maintenance or repairs.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
This vendor was chosen based on scoring by the evaluation committee for this RFP.

d. Last bid date: 12/02/2014 Anticipated re-bid date: 12/02/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

This vendor has done several construction type jobs for the State. This vendor's work is satisfactory.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	03/11/2019 10:50:13 AM
Division Approval	jthom17	03/11/2019 10:50:17 AM
Department Approval	jthom17	03/11/2019 10:50:21 AM
Contract Manager Approval	rvradenb	03/11/2019 10:56:59 AM
Budget Analyst Approval	aurruty	04/15/2019 13:19:19 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21658**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DIDC, INCORPORATED
Agency Code:	MSA	Contractor Name:	DIDC, INCORPORATED
Appropriation Unit:	9999 - All Categories	Address:	dba ALL VALLEY HOME HEALTH CAR 5356 Decatur Blvd
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89107
If "No" please explain:	Not Applicable	Contact/Phone:	702/405-3192
		Vendor No.:	T29002187A
		NV Business ID:	NV20021448940

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: RM167

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 05/2019

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to inappropriate use. Existing agreements were ended on 6/30/2018 and intended to be replaced with new contracts. This provider's contract was assumed to be a duplicate and was not renewed in 2018, although the vendor continued providing services to the State and received payments. This contract now requests authority for a retroactive start date.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home and assisted living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained and licensed individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/05/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	03/22/2019 15:22:30 PM
Division Approval	jthom17	03/22/2019 15:22:33 PM
Department Approval	jthom17	03/22/2019 15:22:35 PM
Contract Manager Approval	rvradenb	03/22/2019 16:03:35 PM
Budget Analyst Approval	aurruty	04/10/2019 09:35:36 AM
BOE Agenda Approval	nhovden	04/10/2019 13:46:59 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Susan Brown, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: March 21, 2019
Subject: Retroactive Memo – DIDC, Inc. dba All Valley Home Health Care.

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts, so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Unfortunately, DIDC, Inc. was mistaken as a duplicate contract with the "doing business as" All Valley Home Care versus their registered dba of All Valley Home Health Care. The missing contract was due to the two entities sharing the same contract administrator. DHHS, ADSD have had citizens in place receiving care and support from DIDC, Inc. and need to have the contract given a retroactive start date.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.


Jeffrey Haag
Administrator State Purchasing

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: 16766	Amendment Number: 1
Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: EAGLE COMMUNICATIONS, LLC
Agency Code: MSA	Contractor Name: EAGLE COMMUNICATIONS, LLC
Appropriation Unit: 9999 - All Categories	Address: 180 RIVER ST STE A
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801-7721
If "No" please explain: Not Applicable	Contact/Phone: DALE LOTSPEICH 775/738-4055
	Vendor No.: PUR0004945
	NV Business ID: NV20101615737

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

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 %	X Other funding	100.00 % VARIOUS AGENCIES

Agency Reference #: 3159-GB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2015**
 Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years and 352 days**

4. Type of contract: **MSA**

Contract description: **COMM SITE REPAIR**

5. Purpose of contract:

This is the first amendment to the original contract which provides communication site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$300,000 to \$500,000 due to the continued need for these services. The time extension also allows for a new RFP to be developed to address updated needs and requirements for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$500,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies require repair and maintenance for communication sites.

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

The State does not have the staffing or expertise to perform the required repair and maintenance.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen based on scoring by the evaluation committee for this RFP.

d. Last bid date: 12/02/2014 Anticipated re-bid date: 12/02/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	03/11/2019 10:48:01 AM
Division Approval	jthom17	03/11/2019 10:48:05 AM
Department Approval	jthom17	03/11/2019 10:48:08 AM
Contract Manager Approval	rvradenb	03/11/2019 10:56:42 AM
Budget Analyst Approval	aurruty	04/09/2019 09:49:16 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16762** Amendment Number: **1**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **NOKIA OF AMERICA CORPORATION**

Agency Code: **MSA** Contractor Name: **NOKIA OF AMERICA CORPORATION**

Appropriation Unit: **9999 - All Categories** Address: **6000 Connection Drive**

Is budget authority available?: **Yes** City/State/Zip: **Irving, TX 75039**

If "No" please explain: **Not Applicable** Contact/Phone: **Randy Duncan 518-269-5876**

Vendor No.:
NV Business ID: **NV19961062566**

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

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 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **3159-GB**

2. Contract start date:
a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2015**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years and 352 days**

4. Type of contract: **MSA**

Contract description: **COMM. SITE REPAIR**

5. Purpose of contract:
This is the first amendment to the original contract to provide communications site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021, increases the maximum amount from \$300,000 to \$2,000,000 and changes the vendor name and contact information. The time extension will allow for a new RFP to be developed to address updated needs and requirements for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#1):	\$1,700,000.00	\$1,700,000.00	\$1,700,000.00	Yes - Action
3. New maximum contract amount:	\$2,000,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies require maintenance and repairs on various communications site equipment.

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

The State does not have the staffing or expertise to perform maintenance and repairs.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other? This vendor was chosen based on scoring from the evaluation committee for this RFP.

d. Last bid date: 12/02/2014 Anticipated re-bid date: 12/02/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

This contractor currently has a participating addendum with Nevada for Communications Equipment based on the NASPO contract lead by the State of Washington. This contractor has performed satisfactorily.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	03/13/2019 13:44:48 PM
Division Approval	jthom17	03/13/2019 13:44:52 PM
Department Approval	jthom17	03/13/2019 13:44:55 PM
Contract Manager Approval	rvradenb	03/28/2019 16:16:43 PM

Budget Analyst Approval
BOE Agenda Approval

aurruty
lfree1

04/16/2019 10:28:44 AM
04/18/2019 10:49:36 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16772	Amendment Number: 2
Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RADCO COMMUNICATIONS, LLC
Agency Code: MSA	Contractor Name: RADCO COMMUNICATIONS, LLC
Appropriation Unit: 9999 - All Categories	Address: 450 US HIGHWAY 395 N
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89704-9581
If "No" please explain: Not Applicable	Contact/Phone: ROBERT DAVIDSON 775/826-6338
	Vendor No.: T29007652
	NV Business ID: NV20051105274

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

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 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **3159-GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2015**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years and 352 days**

4. Type of contract: **MSA**

Contract description: **COMM SITE REPAIR**

5. Purpose of contract:

This is the second amendment to the original contract which provides communication site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$2,000,000 to \$2,500,000 due to the continued need for these services. The time extension also allows for a new RFP to be developed to address updated needs and requirements for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
a. Amendment 1:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
2. Amount of current amendment (#2):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$2,500,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies require repair and maintenance on communications sites.

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 staff or expertise required to do the repair and maintenance.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen based on scoring by the evaluation committee for this RFP.

d. Last bid date: 12/02/2014 Anticipated re-bid date: 12/02/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

This contractor currently holds a maintenance and repair contract for communications sites within the State. This contractor's work is satisfactory.

14. 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

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	03/11/2019 10:54:10 AM
Division Approval	jthom17	03/11/2019 10:54:14 AM
Department Approval	jthom17	03/11/2019 10:54:18 AM
Contract Manager Approval	rvradenb	03/11/2019 10:56:17 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 19176	Amendment Number: 2
Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RFI Enterprises, Inc. dba RFI Communications & Security Systems
Agency Code: MSA	Contractor Name: RFI Enterprises, Inc. dba RFI Communications & Security Systems
Appropriation Unit: 9999 - All Categories	Address: 360 Turtle Creek Rd.
Is budget authority available?: Yes	City/State/Zip: San Jose, CA 95125
If "No" please explain: Not Applicable	Contact/Phone: Dave Gish 775-852-3555
	Vendor No.: PUR0002572
	NV Business ID: NV20021334287

To what State Fiscal Year(s) will the contract be charged? **2018-2023**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **07/31/2019**

Termination Date:

Contract term: **4 years and 273 days**

4. Type of contract: **MSA**

Contract description: **Security & Fire**

5. Purpose of contract:

This is the second amendment to the original contract to provide fire/security equipment, install new systems and provide warranty/maintenance services to state agencies. This amendment extends the termination date from July 31, 2019 to July 31, 2022, increases the maximum amount from \$3,000,000 to \$4,500,000 and revises the cost schedule.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$0.01	\$0.01	\$0.01	Exception - Action
a. Amendment 1:	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	Yes - Action
2. Amount of current amendment (#2):	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
3. New maximum contract amount:	\$4,500,000.01			
and/or the termination date of the original contract has changed to:		07/31/2022		

II. JUSTIFICATION

7. What conditions require that this work be done?

All State agencies have some sort of fire suppression equipment ranging from fire extinguishers to kitchen fire suppression systems. It is necessary to service all of this equipment routinely to insure proper working order. Also, many of the security and protection systems currently installed in State facilities are past their manufacturer/installer warranty periods and continue to need maintenance.

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

This is a specialized service that requires specially trained individuals to service and maintain the various types of 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):

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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

Current vendor and their services have been satisfactory.

14. 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

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	03/06/2019 15:18:15 PM
Division Approval	mstewa10	03/06/2019 15:18:19 PM
Department Approval	mstewa10	03/06/2019 15:18:22 PM
Contract Manager Approval	rmille8	03/07/2019 09:44:33 AM

Budget Analyst Approval
BOE Agenda Approval

aurruty
lfree1

04/17/2019 14:32:10 PM
04/17/2019 16:18:28 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: **21697**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SBH-MONTEVISTA, LLC
Agency Code: MSA	Contractor Name: SBH-MONTEVISTA, LLC
Appropriation Unit: 9999 - All Categories	Address: 5900 W ROCHELLE AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89103-3304
If "No" please explain: Not Applicable	Contact/Phone: 702/364-1111
	Vendor No.: T27033465
	NV Business ID: NV20111715916

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date **05/2019**

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to inappropriate use. Existing agreements were ended on 6/30/2018 and intended to be replaced with new contracts. Several providers were unable to meet internal deadlines. This has resulted in SBH-Montevista needing a retroactive contract to support the existing and ongoing treatment of citizens needing and / or receiving care.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavior health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	04/05/2019 10:16:50 AM
Division Approval	mstewa10	04/05/2019 10:16:53 AM
Department Approval	mstewa10	04/05/2019 10:16:56 AM
Contract Manager Approval	mstewa10	04/05/2019 10:16:59 AM
Budget Analyst Approval	aurruty	04/09/2019 16:35:05 PM
BOE Agenda Approval	nhovden	04/10/2019 13:49:58 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Deonne Contine
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Susan Brown, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: April 1, 2019
Subject: Retroactive Memo – SBH - Montevista

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts through out the 2019 Fiscal year so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Unfortunately, SBH-Montevista was unable to provide their information in time to meet internal deadlines. SBH-Montevista had been contacted by the Division of Aging and Disability Services to complete the quote submission process through the Purchasing Divisions procurement website NevadaEPro.com. Since Montevista already had citizens in place and are being cared for by their staff, they did not understand the need to submit a new quote and continued their business as usual. DHHS worked with them to reestablish the need for a new contract. DHHS has had a continual need for Montevista's services as non-medical provider in Southern Nevada, resulting in a request for a retro-active status for their contract for 99SWC-S167.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.

A handwritten signature in black ink, appearing to be "J. Haag", written over a horizontal line.

Jeffrey Haag
Administrator State Purchasing

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: 16761	Amendment Number: 1
Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: THE NARWHAL GROUP
Agency Code: MSA	Contractor Name: THE NARWHAL GROUP
Appropriation Unit: 9999 - All Categories	Address: 1950 S. 900 W. N-1
Is budget authority available?: Yes	City/State/Zip: SALT LAKE CITY, UT 84104
If "No" please explain: Not Applicable	Contact/Phone: JOHN GRANT 801-870-2097
	Vendor No.: T32003496
	NV Business ID: NV20131182395

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

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 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **3159-GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2015**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years and 352 days**

4. Type of contract: **MSA**

Contract description: **COMM. SITE REPAIR**

5. Purpose of contract:

This is the first amendment to the original contract which provides communication site parts and services to include emergency and general maintenance statewide. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$300,000 to \$800,000. This amendment also allows for a new RFP to be developed to address updated needs and requirements for these services. The time extension also allows for a new RFP to be developed to address updated needs and requirements for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#1):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$800,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies require maintenance and repairs on various communication site equipment.

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

The State does not have the staffing or expertise to perform maintenance and repairs.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen based on scoring from the evaluation committee for this RFP.

d. Last bid date: 12/02/2014 Anticipated re-bid date: 12/02/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	03/11/2019 10:52:53 AM
Division Approval	jthom17	03/11/2019 10:52:59 AM
Department Approval	jthom17	03/11/2019 10:53:03 AM
Contract Manager Approval	rvradenb	03/11/2019 11:15:00 AM
Budget Analyst Approval	aurruty	04/12/2019 16:39:41 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: **21652**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Wearin Brush Cutting & Tractor Service, LLC
Agency Code:	MSA	Contractor Name:	Wearin Brush Cutting & Tractor Service, LLC
Appropriation Unit:	9999 - All Categories	Address:	16 E LEMOS LN
Is budget authority available?:	Yes	City/State/Zip:	Yerington, NV 89447-9762
If "No" please explain:	Not Applicable	Contact/Phone:	Tim Wearin 775/309-3762
		Vendor No.:	
		NV Business ID:	NV20181741422

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

Agency Reference #: AT-3282

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/14/2019**

Contract term: **214 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.3 Forestry Equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$625,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This RFQ is being awarded to multiple vendors that qualified in the various scopes of work.

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

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

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 RFQ is being awarded to multiple vendors that qualified in the various scopes of work.

d. Last bid date: 05/16/2010 Anticipated re-bid date: 03/04/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

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

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

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	03/21/2019 09:08:55 AM
Division Approval	mstewa10	03/21/2019 09:08:59 AM
Department Approval	mstewa10	03/21/2019 09:09:02 AM
Contract Manager Approval	atayl10	03/21/2019 09:09:45 AM
Budget Analyst Approval	aurruty	04/04/2019 11:41:32 AM
BOE Agenda Approval	lfree1	04/04/2019 13:41:42 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: 2
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 Dr STE 140
Is budget authority available?: Yes	City/State/Zip: El Dorado Hills, CA 95762-3713
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 %	X Other funding	100.00 % Various Agencies

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 **05/2019**

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 second amendment to the original contract which provides assistance in a variety of information technology (IT) consulting and technical specialist levels on an hourly basis to state agencies. This amendment increases the maximum amount from \$10,000,000 to \$13,500,000 due to increased usage of this vendor for IT consulting 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
a. Amendment 1:	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Yes - Action
2. Amount of current amendment (#2):	\$3,500,000.00	\$3,500,000.00	\$3,500,000.00	Yes - Action
3. New maximum contract amount:	\$13,500,000.00			

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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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.

14. 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

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstar2	03/21/2019 10:51:07 AM
Division Approval	mstar2	03/21/2019 10:51:16 AM
Department Approval	mstar2	03/21/2019 10:51:21 AM
Contract Manager Approval	ldeloach	03/21/2019 10:52:22 AM

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	JOHNSON VALUATION GROUP, LTD	OTHER: TORT CLAIM FUNDS	\$45,000	
	Contract Description:	This is a new contract to provide ongoing expert witness/professional narrative appraisal services in support of an active case.				
		Term of Contract:	03/01/2019 - 03/01/2023	Contract # 21672		
2.	050	TREASURER'S OFFICE - BOND INTEREST AND REDEMPTION	ARBITRAGE COMPLIANCE SPECIALISTS, INC.	OTHER: CONSOLIDATED BOND DEBT SERVICE	\$25,000	Exempt
	Contract Description:	This is a new contract to provide arbitration compliance services to assist the State in complying with the Internal Revenue.				
		Term of Contract:	05/01/2019 - 12/31/2020	Contract # 21372		
3.	060	CONTROLLER'S OFFICE	INFORMATIX, INC.	OTHER: DEBT SERVICE TRANSFER	\$18,054	
	Contract Description:	This is a new contract to provide ongoing Financial Institution Data Matching (FIDM) services in support of debt collection efforts, in accordance with NRS 353C.240. FIDM services match information about debtors to the State with information about depositor information from financial institutions doing business in the State of Nevada.				
		Term of Contract:	04/20/2019 - 04/19/2020	Contract # 21716		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	COONS CONSTRUCTION, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$45,000	
	Contract Description:	This is the second amendment to the original contract which provides snow removal for state-owned buildings in the Carson City area. This amendment increases the maximum amount from \$145,000 to \$190,000 due to higher than anticipated need for snow removal services.				
		Term of Contract:	07/07/2016 - 06/30/2020	Contract # 17838		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	MASTERS OF BARRICADES, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$25,000	
	Contract Description:	This is a new contract to provide traffic control devices for state-owned buildings in southern Nevada.				
		Term of Contract:	04/03/2019 - 03/31/2023	Contract # 21639		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MARLETTE LAKE	FARR WEST ENGINEERING	OTHER: RAW WATER SALES	\$17,742	Professional Service
	Contract Description:	This is a new contract to provide water rights and resource study services associated with the Marlette Lake Water System and/or other water systems operated by State Public Works Division to determine water service viability for various municipal, commercial, industrial and domestic purposes.				
		Term of Contract:	04/03/2019 - 06/30/2019	Contract # 21673		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - CCSN - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	OTHER: AGENCY FUNDS	\$35,000	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the University of Nevada, Reno William N. Pennington Engineering Building CIP project: CIP Project 17-C06; SPWD Contract No. 111381. This amendment increases the maximum amount from \$2,977,000 to 3,012,000 to provide additional structural observation services in accordance with revised International Building Code (IBC) requirements.				
	Term of Contract:	11/14/2017 - 06/30/2020	Contract # 19261			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	JENSEN ENGINEERING, INC.	BONDS	\$25,750	Professional Service
	Contract Description:	This is the second amendment to the original contract that provides professional architectural/engineering services for the Elko, Nevada Youth Training Center Electrical System Upgrades CIP project: CIP Project No. 15-M16; SPWD Contract No. 109745. This amendment increases the maximum amount from \$86,250 to \$112,000 due to the addition of bidding and construction administration services.				
	Term of Contract:	11/10/2015 - 06/30/2019	Contract # 17151			
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD	BONDS	\$11,790	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Rawson Neal Hospital - Nursing Stations Protective Barriers CIP project: CIP Project No. 17-C07; SPWD Contract No. 111822. This amendment increases the maximum amount from \$30,500 to \$42,290 for additional design services to replace 1/4" polycarbonate panels with 1/2" polycarbonate panels.				
	Term of Contract:	02/01/2018 - 06/30/2022	Contract # 19682			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	ARCHITECTS + LLC	BONDS	\$16,798	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Southern Desert Correctional Center Housing Unit 8 Renovation/Revitalization CIP project: CIP Project 17-C12; SPWD Contract No. 111361. This amendment increases the maximum amount from \$317,500 to \$334,297.50 for additional drafting time and design/project administration time to accommodate unplanned scope of work revisions.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19208		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS 17% OTHER: TRANSFER FROM CAPITAL PROJECTS FUND 83%	\$48,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the advance planning of the Nevada Army National Guard Readiness Center in North Las Vegas: CIP Project No. 15-P02; SPWD Contract No. 109954. This amendment increases the maximum amount from to \$408,505 from \$465,505 due to the design change adding a Septic System for the facility.				
		Term of Contract:	06/07/2016 - 06/30/2019	Contract # 17375		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT, LLC	HIGHWAY	\$32,100	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carson City DMV - Exterior Door and Glazing Systems CIP project, which will provide design, construction and bid documents, as well as construction administration services for the replacement and/or repair of the exterior door and glazing systems: CIP Project No. 17-M65; SPWD Contract No. 112582.				
		Term of Contract:	04/19/2019 - 06/30/2021	Contract # 21684		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS – DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES AND AGRICULTURE CIP PROJECTS - NON-EXEC	SHAW ENGINEERING, LTD	BONDS 25% OTHER: AGENCY FUNDS - FEDERAL GRANT 75%	\$10,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Mason Valley Wildlife Management Area Headquarters - Domestic Water Well CIP project: CIP Project No. 17-M75; SPWD Contract No. 111661. This amendment increases the maximum amount from \$70,990 to \$80,990 to incorporate additional design modifications.				
		Term of Contract:	01/09/2018 - 06/30/2021	Contract # 19516		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	GALLAGHER & ASSOCIATES, LLC	BONDS 97% FEDERAL 3%	\$20,000	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural design services for the Stewart Facility - Cultural Center CIP project to include the design of exhibits and interpretive media for the Cultural Center Exhibits located within the administrative building at the Stewart Campus in Carson City: CIP Project No. 17-C08A; SPWD Contract No. 111796. This amendment increases the maximum amount from \$317,000 to \$337,000 due to program delays that created extended contract time to complete the project design.				
		Term of Contract:	02/13/2018 - 06/30/2021	Contract # 19619		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	FRAME ARCHITECTURE, INC.	OTHER: AGENCY FUNDED CIP	\$36,000	
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada National Guard Army Aviation Support Facility - Advance Planning, Door and Window Upgrades CIP project: CIP Project No. 19-A015; SPWD Contract No. 112572.				
		Term of Contract:	04/12/2019 - 06/30/2023	Contract # 21701		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JENSEN ENGINEERING, INC.	OTHER: AGENCY FUNDED CIP	\$12,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Youth Training Center - Electrical System Maintenance CIP project to include design specifications for the replacement of selected electrical service and distribution equipment at six dorm buildings and the administration building: CIP Project No. 18-A021; SPWD Contract No. 112401.				
		Term of Contract:	03/19/2019 - 06/30/2022	Contract # 21632		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	LUMOS & ASSOCIATES, INC.	FEDERAL	\$14,900	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Army Aviation Support Facility (AASF) - Apron Upgrades CIP Project: CIP Project No. 18-A034; SPWD Contract No. 112128. This amendment increases the maximum amount from \$188,000 to \$202,900 due to additional AASF drainage analysis needed to complete the project.				
		Term of Contract:	10/09/2018 - 06/30/2022	Contract # 20971		
18.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - APPLICATION SUPPORT	GARTNER, INC.	FEE: USER	\$30,506	
	Contract Description:	This a new work plan under master service agreement #18964 which provides ongoing research and advisory services related to information technology (IT). This work plan is for the Gartner IT Leaders service which provides various deliverables to advise and assist IT leaders and advisors.				
		Term of Contract:	04/12/2019 - 06/30/2020	Contract # 21691		
19.	300	DEPARTMENT OF EDUCATION - OFFICE OF THE SUPERINTENDENT	AUGENBLICK PALAICH AND ASSOCIATES, INC.	GENERAL	\$38,500	Professional Service
	Contract Description:	This is a new contract to provide consultant services to review existing student-driven education funding models and model alternative funding scenarios based on research and best practices.				
		Term of Contract:	04/18/2019 - 06/30/2019	Contract # 21713		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	JRW CONSULTING, LLC	GENERAL 50% FEDERAL 50%	\$40,000	FORMER EMPLOYEE
	Contract Description:	This is a new contract to provide analysis, review and documentation to include short-term and long-term projection files, procedure manuals and fiscal staff organization and structure.				
		Term of Contract:	03/26/2019 - 09/30/2019	Contract # 21569		
21.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - HEALTH CARE FACILITIES REGULATION	LANDAIRE SALES CORPORATION DBA RLS CONSULTING	FEES:	\$24,800	
	Contract Description:	This is a new contract to develop a database to house pharmaceutical drug data associated with sales representatives of drug production and sales.				
		Term of Contract:	03/25/2019 - 06/30/2019	Contract # 21353		
22.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CALIENTE YOUTH CENTER	CLASSIC DOOR & TRIM CO., INC.	GENERAL	\$31,628	
	Contract Description:	This is a new contract to provide for the replacement of the double door assembly with new metal doors, frames and hardware, as well as all backdoor alarms on each of the seven dormitory cottages.				
		Term of Contract:	04/11/2019 - 06/30/2022	Contract # 21692		
23.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	REHABILITATING EMPOWERING	FEDERAL	\$10,000	
	Contract Description:	This is the second amendment to the original contract that provides mentoring services to youth. This amendment extends the termination date from September 30, 2019 to December 31, 2019 and increases the maximum amount from \$11,500 to \$21,500 due to the continued need for these services.				
		Term of Contract:	04/29/2018 - 12/31/2019	Contract # 20974		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - REVIEW OF DEATH OF CHILDREN	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, LAS VEGAS	OTHER: LICENSES & FEES	\$25,612	Exempt
	Contract Description:	This is a new interlocal agreement to provide support to the Executive Committee for Child Death Review and its subcommittees.				
		Term of Contract:	01/01/2019 - 06/30/2019	Contract # 21517		
25.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	LONE WOLF COMMERCIAL APPLIANCE	GENERAL	\$18,836	
	Contract Description:	This is a new contract to convert the existing walk-in refrigerator to a walk-in freezer.				
		Term of Contract:	03/20/2019 - 06/30/2019	Contract # 21608		
26.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	SIGNATURE LANDSCAPES	GENERAL 72.4% FEDERAL 27.6%	(\$13,743)	
	Contract Description:	This is the first amendment to the original contract to provide ongoing landscaping services including turf care, horticultural care, irrigation, litter removal and annual planting and care. This amendment decreases the maximum amount from \$33,516 to \$19,773 due to adjustments in contract utilization and rates and replaces Attachment AA - Scope of work and Contractor's Response.				
		Term of Contract:	06/01/2016 - 06/30/2019	Contract # 17634		
27.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	DAVIS GLASS AND MIRROR, INC.	GENERAL 66% FEDERAL 34%	\$20,000	
	Contract Description:	This is a new contract to provide ongoing glass replacement, repair and tinting services on an as needed basis.				
		Term of Contract:	04/01/2019 - 03/31/2023	Contract # 21580		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	GARY SHELTON DBA SONITX	GENERAL 66% FEDERAL 34%	\$39,888	
	Contract Description:	This is a new contract that continues service for heating ventilation and air conditioning filters located in eleven state-owned buildings.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21666		
29.	431	OFFICE OF THE MILITARY	AUTOMATED TEMPERATURE CONTROLS, INC.	GENERAL 50% FEDERAL 50%	\$48,000	Exempt
	Contract Description:	This is a new contract for inspections, updates and repair services for the Delta Energy Management heating ventilation and air conditioning controls at various Nevada National Guard facilities in northern Nevada.				
		Term of Contract:	03/26/2019 - 03/12/2021	Contract # 21637		
30.	431	OFFICE OF THE MILITARY	JENSEN ENGINEERING, INC.	GENERAL 50% FEDERAL 50%	\$48,000	Professional Service
	Contract Description:	This is a new contract to provide electrical engineering and related services on an as needed basis for Nevada National Guard facilities.				
		Term of Contract:	04/11/2019 - 05/01/2021	Contract # 21730		
31.	431	OFFICE OF THE MILITARY	MCKEON DOOR OF NEVADA, INC.	GENERAL 50% FEDERAL 50%	\$48,000	
	Contract Description:	This is a new contract to provide ongoing roll-up doors and sectional door services for Nevada Air and Army Guard locations statewide.				
		Term of Contract:	03/19/2019 - 03/21/2021	Contract # 21604		
32.	431	OFFICE OF THE MILITARY	WALSH ODYSSEY ENGINEERING, INC.	GENERAL 50% FEDERAL 50%	\$48,000	Professional Service
	Contract Description:	This is a new contract to provide civil engineering and related services on an as needed basis for Nevada National Guard facilities.				
		Term of Contract:	04/11/2019 - 05/01/2021	Contract # 21721		
33.	550	DEPARTMENT OF AGRICULTURE – DAIRY FUND	PERTEN INSTRUMENTS	FEE: DAIRY	\$10,300	
	Contract Description:	This is a new contract to provide preventative maintenance for laboratory equipment in the Food Safety Laboratory at the Sparks headquarters.				
		Term of Contract:	04/16/2019 - 03/15/2021	Contract # 21539		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	580	PUBLIC UTILITIES COMMISSION OF NEVADA	HIGH DESERT MICROIMAGING	FEE: REGULATORY ASSESSMENTS	\$9,215	
	Contract Description:	This is the first amendment to the original contract which provides ongoing maintenance service to scanners that are utilized to operate the Electronic Filings and Records Management system. This enables the Commission to accept electronic filings and associated fees. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the maximum amount from \$7,295 to \$16,510 to allow for the required maintenance of the existing scanners.				
	Term of Contract:	07/01/2018 - 06/30/2020	Contract # 20059			
35.	652	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF PAROLE AND PROBATION	MANAGEMENT TECHNOLOGY GROUP, LLC	GENERAL	\$48,720	Sole Source
	Contract Description:	This is a new contract to provide assessment options for the Offender Tracking Information System requirements.				
	Term of Contract:	03/26/2019 - 06/30/2019	Contract # 21572			
36.	652	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF PAROLE AND PROBATION	SALISBURY CONSULTING, LLC	GENERAL	\$13,978	CURRENT EMPLOYEE
	Contract Description:	This is a new contract to provide Effective Practices in Community Supervision training/workshops for the agency.				
	Term of Contract:	04/03/2019 - 12/31/2019	Contract # 21626			
37.	702	DEPARTMENT OF WILDLIFE - HERITAGE NON-EXEC	JAMES DARROUGH, P.L.S.	FEE: SPORTSMEN 25% BONDS 10% OTHER: WILDLIFE HERITAGE 15% FEDERAL 50%	\$45,000	Professional Service
	Contract Description:	This is a new contract to provide professional land surveying services.				
	Term of Contract:	04/01/2019 - 03/31/2023	Contract # 21582			
38.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	OREGON STATE UNIVERSITY	FEDERAL	\$40,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing diagnostic and disease surveillance services for wildlife health.				
	Term of Contract:	07/01/2019 - 06/30/2024	Contract # 21558			
39.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	CHAPELS OF LAS VEGAS, INC.	OTHER: REVENUE	\$14,000	
	Contract Description:	This is a new revenue contract to provide commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.				
	Term of Contract:	04/02/2019 - 04/10/2021	Contract # 21680			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	DAY GO ADVENTURE DBA ANTHONY SPATUCCI	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide kayak rentals and tours at Cave Rock State Park.				
		Term of Contract:	03/20/2019 - 11/30/2019	Contract # 21650		
41.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	LVW, LLC DBA LAS VEGAS WEDDINGS	OTHER: REVENUE	\$27,000	
	Contract Description:	This is a new revenue contract to provide commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.				
		Term of Contract:	04/02/2019 - 04/10/2021	Contract # 21678		
42.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TOMSIK PHOTOGRAPHY LLC, DBA SCENIC LAS VEGAS WEDDINGS	OTHER: REVENUE	\$45,000	
	Contract Description:	This is a new revenue contract to provide commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.				
		Term of Contract:	03/28/2019 - 04/09/2021	Contract # 21656		
43.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	TRUSTED HAULING AND CLEANUP DBA CLOSSON ENTERPRISES, INC.	FEE: ADMISSION CHARGES	\$14,580	
	Contract Description:	This is a new contract to remove and replace insulation and ducts at Valley of Fire State Park.				
		Term of Contract:	04/11/2019 - 06/30/2019	Contract # 21696		
44.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - CONSERVATION CAMPS	CREICO ENTERPRISES, LLC	GENERAL	\$21,210	
	Contract Description:	This is a new contract for deferred maintenance projects at the Wells Camp.				
		Term of Contract:	03/27/2019 - 06/30/2019	Contract # 21661		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
45.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - CONSERVATION CAMPS	PEARSON BROTHERS CONSTRUCTION, LLC	GENERAL	\$12,200	
		<p>Contract Description: This is a new contract for deferred maintenance projects at the Ely Camp.</p> <p>Term of Contract: 03/27/2019 - 06/30/2019</p> <p>Contract # 21662</p>				
46.	749	DEPARTMENT OF BUSINESS AND INDUSTRY - ATHLETIC COMMISSION	ALEJANDRO C. YBARRA	FEE: FROM GATE & LICENSE FEES 90% OTHER: AMATEUR BOXING PROGRAM 10%	\$2,750	
		<p>Contract Description: This is the first amendment to the original contract which provides unarmed combat inspector services for weigh-ins and events. This amendment increases the maximum amount from \$9,750 to \$12,500 due to the continued need for these services.</p> <p>Term of Contract: 11/23/2016 - 06/30/2020</p> <p>Contract # 18133</p>				
47.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	AFC FIRE CO., LLC	OTHER: BUSINESS ENTERPRISE SET ASIDE FUND	\$20,000	
		<p>Contract Description: This is the first amendment to the original contract which provides ongoing annual inspections and testing of fire suppression systems and hood filter repair/maintenance at all existing Business Enterprise of Nevada locations in southern Nevada. This amendment extends the termination date from August 31, 2019 to August 31, 2021 and increases the maximum amount from \$20,000 to \$40,000 due to the continued need for these services.</p> <p>Term of Contract: 08/17/2017 - 08/31/2021</p> <p>Contract # 19081</p>				
48.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ALPINE ACADEMY	GENERAL 21.3% FEDERAL 78.7%	\$10,046	
		<p>Contract Description: This is a new interlocal agreement that continues ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16 - 21, to provide the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128).</p> <p>Term of Contract: 03/28/2019 - 06/30/2020</p> <p>Contract # 21601</p>				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL 21.3% FEDERAL 78.7%	\$26,394	
	Contract Description:	This is a new interlocal agreement that continues ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16 - 21 with the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128).				
		Term of Contract:	03/19/2019 - 06/30/2020	Contract # 21559		
50.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ODYSSEY CHARTER SCHOOL OF NEVADA	GENERAL 21.3% FEDERAL 78.7%	\$20,250	
	Contract Description:	This is a new Interlocal agreement that continues ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16 - 21, to provide the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128).				
		Term of Contract:	03/19/2019 - 12/31/2019	Contract # 21483		
51.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	EMCOR SERVICES DBA MESA ENERGY SYSTEMS	OTHER: EMPLOYMENT SECURITY DIVISION SPECIAL FUNDING	\$15,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing heating, ventilation and air conditioning maintenance services to the facilities located in southern Nevada. This amendment extends the termination date from September 30, 2019 to September 30, 2021 and increases the maximum amount from \$15,500 to \$30,500 due to the continued need for these services and adds the "Provisions for Contracts under Federal Awards" to the contract due to new federal requirements.				
		Term of Contract:	08/30/2017 - 09/30/2021	Contract # 19065		

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: **21672**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: JOHNSON VALUATION GROUP LTD
Agency Code: 030	Contractor Name: JOHNSON VALUATION GROUP LTD
Appropriation Unit: 1348-15	Address: PO BOX 11430
Is budget authority available?: Yes	City/State/Zip: ZEPHYR COVE, NV 89448-3430
If "No" please explain: Not Applicable	Contact/Phone: 775-588-6137
	Vendor No.: T29037498
	NV Business ID: nv20151078078
To what State Fiscal Year(s) will the contract be charged?	2019-2023

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **Yes**

If "Yes", please explain

We are requesting a retroactive approval to March 1, 2019 due to immediate need for services and initial work required to meet the mediation date scheduled in April 2019.

3. Termination Date: **03/01/2023**

Contract term: **4 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide ongoing expert witness/professional narrative appraisal services in support of an active case.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The contractor will provide residential appraisals for property valuations of the affected parties.

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

State employees do not have the expertise needed for this matter.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Theresa Haar, Sr.DAG Ph: 702-486-3792

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	03/28/2019 13:04:41 PM
Division Approval	cschon1	03/28/2019 13:04:44 PM
Department Approval	cschon1	03/28/2019 13:04:46 PM
Contract Manager Approval	cschon1	03/28/2019 13:04:48 PM
Budget Analyst Approval	jrodrig9	04/03/2019 00:10:54 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21372**

Agency Name: TREASURER - TREASURER'S OFFICE	Legal Entity Name: ARBITRAGE COMPLIANCE SPECIALISTS INC
Agency Code: 050	Contractor Name: ARBITRAGE COMPLIANCE SPECIALISTS INC
Appropriation Unit: 1082-04	Address: 5975 S QUEBEC ST STE 205
Is budget authority available?: Yes	City/State/Zip: CENTENNIAL, CO 80111-4566
If "No" please explain: Not Applicable	Contact/Phone: Doug Pahnke 308-867-7527
	Vendor No.: T27029876
	NV Business ID: NV20121023868

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X Other funding	100.00 % Consolidated Bond Debt Service

Agency Reference #: 1082

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 245 days**

4. Type of contract: **Contract**

Contract description: **Arbitrage**

5. Purpose of contract:

This is a new contract which provides arbitrage compliance to assist the state in complying with the Internal Revenue Service's rules and regulations regarding arbitrage.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: As invoiced by the Contractor for calculations completed.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Contractor provides arbitrage compliance services to assist the state in complying with the Internal Revenue Service's rules and regulations regarding arbitrage.

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

State employees do not have the expertise to conduct this work, including knowledge of IRS changes which affect arbitrage calculations and post-issuance.

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

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

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

Not Applicable

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

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

Professional Service as defined in NAC 333.150

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 providing satisfactory services to the Treasurer's Office since 2016.

14. 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

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

Other

Non Title 7 Business Entity

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	04/02/2019 14:42:32 PM
Division Approval	alaw1	04/02/2019 14:42:35 PM
Department Approval	alaw1	04/02/2019 14:42:38 PM
Contract Manager Approval	abar1	04/02/2019 14:44:44 PM
Budget Analyst Approval	dbaughn	04/04/2019 14:39:45 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21716**

Agency Name: CONTROLLER'S OFFICE	Legal Entity Name: INFORMATIX INC
Agency Code: 060	Contractor Name: INFORMATIX INC
Appropriation Unit: 1130-10	Address: 2485 NATOMAS PARK DR STE 430
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95833-2937
If "No" please explain: Not Applicable	Contact/Phone: Danielle Pittman 916/830-1400
	Vendor No.: T29018702
	NV Business ID: NV20081431872
To what State Fiscal Year(s) will the contract be charged?	2019-2020

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/20/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/19/2020**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **FIDM Services**

5. Purpose of contract:

This is a new contract which continues ongoing Financial Institution Data Matching (FIDM) services in support of debt collection efforts, in accordance with NRS 353C.240. FIDM services match information about debtors to the State with information about depositor information from financial institutions doing business in the State of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,054.00**

Payment for services will be made at the rate of \$4,513.50 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 353C.240 authorizes the State Controller to develop and operate a system for matching data from financial institutions in Nevada with debtor data maintained by the State Controller's Office for the purpose of collecting debts.

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 training or extensive knowledge of Federal laws pertaining to debt collection practices to be able to initiate FIDM relationships with financial institutions in the State, nor the time to conduct on-going data collection/matching operations between disparate databases. This is the specific expertise that Informatix does offer to its clientele.

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):

Conduent, Inc
Informatix, Inc
Thomson Reuters
LexisNexis Risk

b. Solicitation Waiver: **Not Applicable**

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

Informatix was the only vendor to respond that they could perform these services. Informatix has been the vendor providing FIDM services to the Controller's Office the past three years. Additionally, Informatix established the agreements with the contracted financial institutions at the beginning of the prior contracts. Informatix has over 20 years of established expertise in FIDM services in support of both state tax revenue and child support enforcement collections under Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA).

d. Last bid date: 03/01/2019 Anticipated re-bid date: 02/28/2020

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

Informatix has been contracted to the State Controller's Office from 4/15/2015 through 4/19/2019. Their performance has been exceptional. Informatix has also been contracted to the Department of Health and Human Services, Division of Welfare and Supportive Services, since 2005 for FIDM services related to Child Support, and DHHS/DWSS indicates their services are more than satisfactory.

14. 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

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lhoove1	04/15/2019 16:44:20 PM
Division Approval	lhoove1	04/15/2019 16:44:58 PM
Department Approval	lhoove1	04/15/2019 16:45:02 PM
Contract Manager Approval	hbill1	04/15/2019 16:52:11 PM
EITS Approval	daxtel1	04/16/2019 08:59:20 AM
Budget Analyst Approval	dbaughn	04/16/2019 10:38:44 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17838** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **COONS CONSTRUCTION, LLC**

Agency Code: **082** Contractor Name: **COONS CONSTRUCTION, LLC**

Appropriation Unit: **1349-12** Address: **13 AFFONSO DRIVE SUITE B**

Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89706**

If "No" please explain: **Not Applicable** Contact/Phone: **775-246-1660**

Vendor No.: **T27031342A**

NV Business ID: **NV20091032286**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % B&G Building Rent Income Revenue

2. Contract start date:

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

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 359 days**

4. Type of contract: **Contract**

Contract description: **Snow Removal Service**

5. Purpose of contract:

This is the second amendment to the original contract which provides snow removal for state-owned building in the Carson City area. This amendment increases the maximum amount from \$145,000 to \$190,000 due to higher than anticipated need for snow removal services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$75,000.00	\$75,000.00	\$75,000.00	Yes - Action
a. Amendment 1:	\$70,000.00	\$70,000.00	\$70,000.00	Yes - Action
2. Amount of current amendment (#2):	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
3. New maximum contract amount:	\$190,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Snow accumulations is a safety hazard and must be handled immediately by removal - equipment and labor are utilized in areas of need wherein B&G does not have the manpower or equipment to remove snow.

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

Lack of equipment and personnel in a timely manner.

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?

Costs are comparable to other contractors.

d. Last bid date: 03/01/2016 Anticipated re-bid date: 03/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

Buildings and Grounds since 2009 work is satisfactory.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	03/06/2019 08:30:10 AM
Division Approval	ssands	03/06/2019 08:30:14 AM
Department Approval	ssands	03/06/2019 08:30:18 AM
Contract Manager Approval	ssands	03/19/2019 15:44:31 PM
Budget Analyst Approval	jrodrig9	03/19/2019 22:19:50 PM

Steve Sisolak
Governor



Deonne Contine
Director

Jenni Cartwright
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
515 E. Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0299 | www.admin.nv.gov | Fax: (775) 684-0298

March 18, 2019

TO: Susan Brown, Director Governor's Finance Office
Jim Rodriguez, Executive Branch Budget Officer
Budget Division

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

SUBJECT: Retro Memo for Coons Construction

The Coons Construction contract was originally created in July of 2016 as a four-year contract terminating June 30, 2020 for \$75,000 for snow removal in the Carson City area for state-owned buildings. In June of 2017 an amendment was done to add an additional \$70,000 in anticipation of the upcoming snow season. We have had an abundance of snow which absorbed more funds than anticipated and have had a shortfall.

In addition, there was an error in the spreadsheet used for tracking monies spent and the remaining balance did not reflect the correct amount of remaining funds.

In order to prevent amendments in the future, the B&G management team will work to retain additional contractors for not only snow removal services, but all services to ensure contracts stay in line with allotted contract maximums. A meeting has been scheduled with ASD and B&G to review policy and procedures in order to ensure all involved in writing contracts have a clear understanding of the state's mission and the rules and regulations of contracts under SAM, NRS and NAC.

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: **21639**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: MASTERS OF BARRICADES LLC
Agency Code: 082	Contractor Name: MASTERS OF BARRICADES LLC
Appropriation Unit: 1349-12	Address: 3624 N. GOLDFIELD STREET
Is budget authority available?: Yes	City/State/Zip: N. LAS VEGAS, NV 89032
If "No" please explain: Not Applicable	Contact/Phone: 702-791-2008
	Vendor No.: T32004206
	NV Business ID: NV20131318832

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rental Income Revenue

Agency Reference #: **ASD 2831734**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/03/2019**
Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2023**
Contract term: **3 years and 363 days**

4. Type of contract: **Contract**
Contract description: **Traffic Control**

5. Purpose of contract:
This is a new contract to provide traffic control devices for state-owned buildings in southern Nevada.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$25,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
To provide traffic control services, traffic control devices and mobilization.

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

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

a. List the names of vendors that were solicited to submit proposals (include at least three):
**The Barricade Company
Masters of Barricades
Statewide Traffic Safety Company**

b. Solicitation Waiver: **Not Applicable**

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

This is one of several same type service vendors and per SAM 0338.0 each vendor will be contacted to submits bids on projects.

d. Last bid date: 02/27/2019 Anticipated re-bid date: 01/27/2023

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

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

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

19. Agency Field Contract Monitor:
Martin Fisher, Facilities Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	03/29/2019 14:54:27 PM
Division Approval	ssands	03/29/2019 14:54:30 PM
Department Approval	ssands	03/29/2019 14:54:33 PM
Contract Manager Approval	ssands	03/29/2019 14:54:36 PM
Budget Analyst Approval	jrodrig9	04/03/2019 01:03:42 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21673**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: FARR WEST ENGINEERING
Agency Code: 082	Contractor Name: FARR WEST ENGINEERING
Appropriation Unit: 1366-04	Address: 5442 LONGLEY LN SUITE B
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-3297
If "No" please explain: Not Applicable	Contact/Phone: 775-815-4788
	Vendor No.: T81102795
	NV Business ID: NV20011242988

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Raw water sales revenue

Agency Reference #: **ASD 2831795**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/03/2019**
Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **88 days**

4. Type of contract: **Contract**

Contract description: **Assessment**

5. Purpose of contract:

This is a new contract to provide water rights and resource study services associated with Marlette Lake Water System, and/or other water systems operated by SPWD to determine water service viability for various municipal, commercial, industrial, and domestic purposes.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,742.00**

Other basis for payment: Project management @ \$2,550; Specific Options Analysis @ \$12,920; Utility Rate Schedule Analysis @ \$2,272.

II. JUSTIFICATION

7. What conditions require that this work be done?

Since Carson City is no longer purchasing Marlette Lake water, this is a crucial piece to ensure that we fulfill our statutory duty to provide water to Virginia City and business who rely on Marlette Lake water.

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

Lack of personnel and experience.

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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Jerry Walker, null Ph: 684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	03/28/2019 08:39:47 AM
Division Approval	ssands	03/28/2019 08:39:58 AM
Department Approval	ssands	03/28/2019 08:40:07 AM
Contract Manager Approval	ssands	03/28/2019 08:40:11 AM
Budget Analyst Approval	jrodrig9	04/03/2019 00:35:19 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 19261	Amendment Number: 3
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Agency Code: 082	Contractor Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Appropriation Unit: 1510-67	Address: dba H&K ARCHITECTS 5485 RENO CORPORATE DR STE 100
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-2262
If "No" please explain: Not Applicable	Contact/Phone: 775-332-6640
	Vendor No.: T80984709
	NV Business ID: NV19941047730

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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

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

Agency Reference #: 111381

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**
Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 228 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the third amendment to the original contract which provides professional architectural/engineering services for the University of Nevada Reno William N. Pennington Engineering Building CIP project: CIP Project 17-C06; SPWD Contract No. 111381. This amendment increases the maximum amount from \$2,977,000 to 3,012,000 to provide additional structural observation services in accordance with revised International Building Code (IBC) requirements as defined in section 1704.5 of chapter 2 of the IBC.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$2,850,000.00	\$2,850,000.00	\$2,850,000.00	Yes - Action
a. Amendment 1:	\$115,000.00	\$115,000.00	\$115,000.00	Yes - Action
b. Amendment 2:	\$12,000.00	\$12,000.00	\$12,000.00	Yes - Info
2. Amount of current amendment (#3):	\$35,000.00	\$35,000.00	\$47,000.00	Yes - Info
3. New maximum contract amount:	\$3,012,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/16/2019 13:44:29 PM
Division Approval	Imars1	04/16/2019 13:44:33 PM
Department Approval	Imars1	04/16/2019 13:44:39 PM
Contract Manager Approval	Imars1	04/16/2019 13:44:43 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: **17151** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **JENSEN ENGINEERING, INC.**

Agency Code: **082** Contractor Name: **JENSEN ENGINEERING, INC.**

Appropriation Unit: **1535-11** Address: **9655 GATEWAY DR. SUITE A**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89521-2968**

If "No" please explain: **Not Applicable** Contact/Phone: **775-852-2288**

Vendor No.: **T27007578**

NV Business ID: **NV1992107456**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109745

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2015**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 232 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

Electrical system upgrades at the Nevada Youth Training Center Elko, Nevada 2015 CIP project: CIP Project No. 15-M16; SPWD Contract No. 109745. This amendment increases the maximum contract amount from \$86,250 to \$112,000 due to the addition of bidding and construction administration services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$115,000.00	\$115,000.00	\$115,000.00	Yes - Action
a. Amendment 1:	-\$28,750.00	-\$28,750.00	-\$28,750.00	Yes - Info
2. Amount of current amendment (#2):	\$25,750.00	\$25,750.00	-\$3,000.00	Yes - Info
3. New maximum contract amount:	\$112,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results.

14. 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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	03/25/2019 13:11:12 PM
Division Approval	lmars1	03/25/2019 13:11:17 PM
Department Approval	lmars1	03/25/2019 13:11:21 PM
Contract Manager Approval	lmars1	03/25/2019 13:11:26 PM
Budget Analyst Approval	jrodrig9	03/26/2019 22:03:01 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 19682	Amendment Number: 1	
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TATE SNYDER KIMSEY ARCHITECTS, LTD	Contractor Name: TATE SNYDER KIMSEY ARCHITECTS, LTD
Agency Code: 082	Address: dba TKS Architects	314 S WATER ST.
Appropriation Unit: 1535-23	City/State/Zip: HENDERSON, NV 89015-7311	
Is budget authority available?: Yes	Contact/Phone: 702-456-3000	Vendor No.: T80883470
If "No" please explain: Not Applicable	NV Business ID: NV19821003232	

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111822

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**
Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **4 years and 149 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Rawson Neal Hospital - Nursing Stations Protective Barriers CIP project: CIP Project No. 17-C07; SPWD Contract No. 111822. This amendment increases the maximum amount from \$30,500 to \$42,290 for additional design services to replace 1/4" polycarbonate panels with 1/2" polycarbonate panels.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,500.00	\$30,500.00	\$30,500.00	Yes - Info
2. Amount of current amendment (#1):	\$11,790.00	\$11,790.00	\$42,290.00	Yes - Info
3. New maximum contract amount:	\$42,290.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/19/2019 12:42:36 PM
Division Approval	lmars1	04/19/2019 12:42:42 PM
Department Approval	lmars1	04/19/2019 12:42:46 PM
Contract Manager Approval	lmars1	04/19/2019 12:42:50 PM
Budget Analyst Approval	jrodrig9	04/22/2019 23:14:44 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: **19208** Amendment Number: **2**
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **ARCHITECTS + LLC**
 Agency Code: **082** Contractor Name: **ARCHITECTS + LLC**
 Appropriation Unit: **1550-51** Address: **35 MARTIN ST.**
 Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89509-2825**
 If "No" please explain: **Not Applicable** Contact/Phone: **775-329-8001**
 Vendor No.: **T80870250**
 NV Business ID: **NV20001117428**

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111361

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**
 Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the second Amendment to the original contract which provides professional architectural/engineering services for the Southern Desert Correctional Center Housing Unit 8 Renovation/Revitalization CIP project: CIP Project 17-C12; SPWD Contract No. 111361. This amendment increases the maximum amount of \$317,500 to \$334,297.50 for additional drafting time and design/project administration time due to unplanned scope of work revisions.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$317,500.00	\$317,500.00	\$317,500.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$16,797.50	\$16,797.50	\$16,797.50	Yes - Info
3. New maximum contract amount:	\$334,297.50			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	03/29/2019 13:04:27 PM
Division Approval	lmars1	03/29/2019 13:04:33 PM
Department Approval	lmars1	03/29/2019 13:04:38 PM
Contract Manager Approval	lmars1	03/29/2019 13:04:43 PM
Budget Analyst Approval	jrodrig9	04/03/2019 21:43:21 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17375	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Agency Code: 082	Contractor Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Appropriation Unit: 1585-32	Address: DBA H&K Architects
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-2262
If "No" please explain: Not Applicable	Contact/Phone: 775-332-6640
	Vendor No.: T80984709
	NV Business ID: NV19941047730

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	17.00 %
Highway Funds	0.00 %	X Other funding	83.00 % Transfer from Capital Projects Fund

Agency Reference #: 109954

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/07/2016**
Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **3 years and 23 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Agr**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the advance planning of the Nevada Army National Guard Readiness Center in North Las Vegas: CIP Project No. 15-P02; SPWD Contract No. 109954. This amendment increases the maximum amount from \$408,505 to \$456,505 due to the design change to add a Septic System for the facility.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$408,505.00	\$408,505.00	\$408,505.00	Yes - Action
2. Amount of current amendment (#1):	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
3. New maximum contract amount:	\$456,505.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/09/2019 08:14:43 AM
Division Approval	lmars1	04/09/2019 08:14:55 AM
Department Approval	lmars1	04/09/2019 08:15:01 AM
Contract Manager Approval	lmars1	04/09/2019 08:15:07 AM
Budget Analyst Approval	jrodrig9	04/25/2019 15:08:48 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: **21684**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PAUL CAVIN ARCHITECT, LLC
Agency Code: 082	Contractor Name: PAUL CAVIN ARCHITECT, LLC
Appropriation Unit: 1590-90	Address: 1575 DELUCCHI LANE SUITE 120
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89441-6236
If "No" please explain: Not Applicable	Contact/Phone: 775-842-0261
	Vendor No.: T29033842
	NV Business ID: NV20131182382

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %
X Highway Funds	100.00 %	Other funding	0.00 %
Agency Reference #:	112582		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/19/2019**
Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **2 years and 73 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Carson City DMV - Exterior Door and Glazing Systems CIP project, which will provide design, construction and bid documents, as well as construction administration services for the replacement and/or repair of the exterior door and glazing systems: CIP Project No. 17-M65; SPWD Contract No. 112582.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,100.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

McEntee, Markus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/01/2019 12:34:36 PM
Division Approval	lmars1	04/01/2019 12:34:40 PM
Department Approval	lmars1	04/01/2019 12:34:43 PM
Contract Manager Approval	lmars1	04/01/2019 12:34:46 PM
Budget Analyst Approval	jrodrig9	04/19/2019 16:55:35 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: **19516** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **SHAW ENGINEERING LTD**

Agency Code: **082** Contractor Name: **SHAW ENGINEERING LTD**

Appropriation Unit: **1591-29** Address: **20 VINE STREET**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89503-5520**

If "No" please explain: **Not Applicable** Contact/Phone: **775-329-5559**

Vendor No.: **T29002238**

NV Business ID: **NV19951060977**

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	25.00 %
Highway Funds	0.00 %	X Other funding	75.00 % Agency Funds - Federal Grant

Agency Reference #: 111661

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2018**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 172 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the Mason Valley Wildlife Management Area Headquarters - Domestic Water Well CIP project: CIP Project No. 17-M75; SPWD Contract No. 111661. This amendment increases the maximum contract amount from \$70,990 to \$80,990 to incorporate additional design modifications.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$70,990.00	\$70,990.00	\$70,990.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$10,000.00	\$10,000.00	\$10,000.00	Yes - Info
3. New maximum contract amount:	\$80,990.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	03/06/2019 15:29:24 PM
Division Approval	lmars1	03/06/2019 15:29:28 PM
Department Approval	lmars1	03/06/2019 15:29:32 PM
Contract Manager Approval	lmars1	03/06/2019 15:29:40 PM
Budget Analyst Approval	jrodrig9	03/19/2019 22:24:20 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: **19619** Amendment Number: **3**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Gallagher & Associates, LLC**

Agency Code: **082** Contractor Name: **Gallagher & Associates, LLC**

Appropriation Unit: **1592-25** Address: **290 KING STREET SUITE 10b**

Is budget authority available?: **Yes** City/State/Zip: **SAN FRANCISCO, CA 94107**

If "No" please explain: **Not Applicable** Contact/Phone: **415-975-0905**

Vendor No.: **T27042033**

NV Business ID: **NV20181726650**

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	3.00 %	X Bonds	97.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111796

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2018**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 137 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the third Amendment to the original contract which provides professional architectural design services for the Stewart Facility - Cultural Center CIP project to include the design of exhibits and interpretive media for the Cultural Center Exhibits located within the administrative building at the Stewart Campus in Carson City: CIP Project No. 17-C08A; SPWD Contract No. 111796. This Amendment increases the maximum amount from \$317,000 to \$337,000 due to the additional program delays that created extended contract time to complete the project design.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$247,000.00	\$247,000.00	\$247,000.00	Yes - Action
a. Amendment 1:	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
b. Amendment 2:	\$45,000.00	\$45,000.00	\$70,000.00	Yes - Action
2. Amount of current amendment (#3):	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
3. New maximum contract amount:	\$337,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Non-Title 7 Business Entity - No registered Agent required for non-Title 7 Business Licenses.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. 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

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

Imars1

03/25/2019 09:24:09 AM

Division Approval	lmars1	03/25/2019 09:24:15 AM
Department Approval	lmars1	03/25/2019 09:24:20 AM
Contract Manager Approval	lmars1	03/25/2019 09:24:27 AM
Budget Analyst Approval	jrodrig9	03/26/2019 23:44:52 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: **21701**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: All Appropriations Is budget authority available?: No If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.	Legal Entity Name: FRAME ARCHITECTURE, INC. Contractor Name: FRAME ARCHITECTURE, INC. Address: 4090 S MCCARRAN BLVD. SUITE E City/State/Zip: RENO, NV 89502-7529 Contact/Phone: 775-827-9977 Vendor No.: T29014981 NV Business ID: NV20031302154
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To what State Fiscal Year(s) will the contract be charged? **2019-2023**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funded CIP

Agency Reference #: 112572

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **4 years and 80 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Nevada National Guard Army Aviation Support Facility - Advance Planning, Door and Window Upgrades CIP project: CIP Project No. 19-A015; SPWD Contract No. 112572.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Crook, Ron, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/08/2019 14:15:30 PM
Division Approval	lmars1	04/08/2019 14:15:33 PM
Department Approval	lmars1	04/08/2019 14:15:37 PM
Contract Manager Approval	lmars1	04/08/2019 14:15:43 PM
Budget Analyst Approval	jrodrig9	04/11/2019 10:58:19 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21632**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	JENSEN ENGINEERING INC
Agency Code:	082	Contractor Name:	JENSEN ENGINEERING INC
Appropriation Unit:	All Appropriations	Address:	9655 GATEWAY DR STUIE A
Is budget authority available?:	No	City/State/Zip:	RENO, NV 89521-2968
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3259, expenditure category 95, Deferred Facility Maint.		Contact/Phone:	775-852-2288

Vendor No.: T27007578
NV Business ID: NV1921070456

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 100% Agency Funded CIP

Agency Reference #: 112401

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/19/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 104 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide Professional Architectural/Engineering Services for the Nevada Youth Training Center - Electrical System Maintenance CIP project to include design specifications for the replacement of selected electrical service and distribution equipment at six dorm buildings and the administration building: CIP Project No. 18-A021; SPWD Contract No. 112401.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2018 Agency CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Aviles, Jason, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	03/14/2019 10:24:04 AM
Division Approval	lmars1	03/14/2019 10:24:08 AM
Department Approval	lmars1	03/14/2019 10:24:12 AM
Contract Manager Approval	lmars1	03/14/2019 12:30:53 PM
Budget Analyst Approval	jrodrig9	03/19/2019 22:49:46 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: **20971** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **LUMOS & ASSOCIATES, INC.**

Agency Code: **082** Contractor Name: **LUMOS & ASSOCIATES, INC.**

Appropriation Unit: **All Appropriations** Address: **9222 PROTOTYPE DR.**

Is budget authority available?: **No** City/State/Zip: **RENO, NV 89521-8989**

Contact/Phone: **775-827-6111**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency bud􀀚et account 3650, expenditure category 10, Army Facilities.

Vendor No.: T80912843A
NV Business ID: NV19791006982

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 112128

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2018**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **3 years and 265 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Army Aviation Support Facility (AAFS) - Apron Upgrades CIP Project: CIP Project No. 18-A034; SPWD Contract No. 112128. This amendment increases the maximum amount from \$188,000 to \$202,900 due to additional AASF drainage analysis needed to complete the project.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$188,000.00	\$188,000.00	\$188,000.00	Yes - Action
2. Amount of current amendment (#1):	\$14,900.00	\$14,900.00	\$14,900.00	Yes - Info
3. New maximum contract amount:	\$202,900.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2018 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/09/2019 14:43:06 PM
Division Approval	lmars1	04/09/2019 14:43:10 PM
Department Approval	lmars1	04/09/2019 14:43:14 PM

Contract Manager Approval
Budget Analyst Approval

lmars1
jrodrig9

04/09/2019 14:43:18 PM
04/23/2019 08:24:21 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21691**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: Gartner, Inc.
Agency Code: 180	Contractor Name: Gartner, Inc.
Appropriation Unit: 1365-26	Address: PO BOX 911319
Is budget authority available?: Yes	City/State/Zip: DALLAS, TX 75391-1319
If "No" please explain: Not Applicable	Contact/Phone: Jay Friedman 480-283-8933
	Vendor No.: T80976121A
	NV Business ID: NV19941112701
To what State Fiscal Year(s) will the contract be charged?	2019-2020

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % User
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **1 year and 80 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **IT Advisor Services**

5. Purpose of contract:

This a new work plan under master service agreement #18964 which provides ongoing research and advisory services related to information technology (IT). This work plan is for the Gartner IT Leaders service which provides various deliverables to advise and assist IT leaders and advisors.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,506.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Enterprise IT Services (EITS) continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure EITS stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Gartner's breadth of expertise will continue to avoid false starts as the State implements cloud-based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise.

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?

Work Plan to existing no cost MSA #18964

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

EITS 2014 to current, satisfactory

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. 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

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Suzie Block , Chief IT Manager Ph: 775-687-9073

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	04/05/2019 08:03:34 AM
Division Approval	ddav12	04/05/2019 08:03:37 AM
Department Approval	ddav12	04/05/2019 08:03:42 AM
Contract Manager Approval	ddav12	04/05/2019 08:03:46 AM
Budget Analyst Approval	cmurph3	04/12/2019 09:20:19 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21713**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: AUGENBLICK PALAICH AND ASSOCIATES INC
Agency Code: 300	Contractor Name: AUGENBLICK PALAICH AND ASSOCIATES INC
Appropriation Unit: 2673-45	Address: 1547 GAYLORD ST
Is budget authority available?: Yes	City/State/Zip: DENVER, CO 80206-1324
If "No" please explain: Not Applicable	Contact/Phone: 720/227-0075
	Vendor No.: T27041969
	NV Business ID: NV20171752082

To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 300

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/18/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **73 days**

4. Type of contract: **Contract**

Contract description: **School Fund Consult**

5. Purpose of contract:

This is a new contract to provide consultant services to the Department of Education. The contractor will review existing student-driven education funding models and model alternative funding scenarios based on research and best practices.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,500.00**

Other basis for payment: Upon Monthly Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Education requires a vendor to provide School Funding Consultant Services for Nevada's New Funding Model.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized project requiring professional services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Good prior experience with vendor.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

Education, very satisfactory.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	04/10/2019 12:14:17 PM
Division Approval	amccalla	04/10/2019 12:14:20 PM
Department Approval	amccalla	04/10/2019 12:14:22 PM
Contract Manager Approval	amccalla	04/10/2019 12:14:25 PM
Budget Analyst Approval	cbrekken	04/18/2019 10:17:31 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21569**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY Agency Code: 403 Appropriation Unit: 3158-04 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: JRW Consulting, LLC Contractor Name: JRW Consulting, LLC Address: 4368 Hidden Meadow Drive City/State/Zip: Carson City, NV 89701 Contact/Phone: 775-887-9699 Vendor No.: NV Business ID: NV20181703518
--	---

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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.

<input checked="" type="checkbox"/>	General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/26/2019**
 Anticipated BOE meeting date **04/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **188 days**

4. Type of contract: **Contract**

Contract description: **Consulting**

5. Purpose of contract:

This is a new contract to provide analysis, review, and documentation for the Department of Health Care Financing and Policy's budget accounts (DHCFFP). Services will also include short-term and long-term projection files for all DHCFFP budget accounts, documenting and updating procedure manuals; and analyzing and reviewing fiscal staff organization and structure.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

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 majority of the division fiscal staff are new to DHCFFP and do not have historical knowledge of DHCFFP's budgeting and projection methodologies. This analysis and review will be a ground up analysis and review. Current staffing levels do not permit current staff to perform these functions and maintain day to day operations of the division.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current staff do not have the experience that the contractor provides to complete a high-level analysis and review of division processes.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

Yes

See the attached Authorization to Contract form for details.

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently contracted with the Governor's Finance Office and performance was found to be satisfactory.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	03/18/2019 07:56:01 AM
Division Approval	ecrecli	03/22/2019 08:23:03 AM
Department Approval	mwinebar	03/22/2019 08:36:16 AM
Contract Manager Approval	iknigh1	03/26/2019 12:59:17 PM
Budget Analyst Approval	laaron	03/26/2019 13:43:35 PM

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

SUZANNE BIERMAN
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

MEMORANDUM

Date: February 25, 2019

TO: Paul Nicks, Deputy Director, Governor's Finance Office

THROUGH: Richard Whitley, Director, Department of Health & Human Services *M-L-RW*

FROM: Budd Milazzo, Chief Financial Officer, Division of Health Care Financing and Policy *BMM*

RE: Authorization to Contract with a Former Employee – James Wells

Pursuant to NRS 333.705, subsection 1, the Division of Health Care Financing and Policy (DHCFP) is requesting authority to contract with a retired state employee, Mr. James Wells, to assist in the analysis and review of all financial processes, including budgeting and projections, and financial staff organization of DHCFP.

Mr. Wells has served as the Director of the Governor's Finance Office and during the current budget session as a contractor with the GFO. During that time Mr. Wells reviewed, in conjunction with DHCFP staff, and helped submit all DHCFP budget accounts for the Governor's recommended budget providing a unique understanding of the budget accounts. Additionally, Mr. Wells previously worked as the Director of the Public Employee Benefits Program and has an understanding of medical budgets, medical billing and drug rebate programs.

Upon approval of this request, Mr. Wells will work part-time for a maximum of 20 hours per week.

Please let me know if you have any questions or need additional information.

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: **21353**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	LANDAIRE SALES CORPORATION DBA
Agency Code:	406	Contractor Name:	LANDAIRE SALES CORPORATION DBA
Appropriation Unit:	3216-22	Address:	RLS CONSULTING 1938 Belt View Dr.
Is budget authority available?:	Yes	City/State/Zip:	Helena, MT 59601-5829
If "No" please explain:	Not Applicable	Contact/Phone:	Richard Subry 406-461-9896
		Vendor No.:	T29002290
		NV Business ID:	NV20141282291

To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 3601 Fees

Agency Reference #: C 16948

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/25/2019**

Anticipated BOE meeting date 04/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **97 days**

4. Type of contract: **Contract**

Contract description: **Drug Transparency DB**

5. Purpose of contract:

This is a new contract to develop a database to house pharmaceutical drug data associated with sales representatives of drug production and sales.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This service is required to comply with Senate Bill 539 requiring this drug data to be compiled.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the technical expertise to complete the production of this database.

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):

RLS Consulting
Netsmart
Gnomon

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

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: 11/14/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Since 2012 - satisfactory

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a: LLC

16. a. Is the Contractor Name the same as the legal Entity Name? Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)? Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes

19. Agency Field Contract Monitor: Scott Jones, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	03/08/2019 09:20:58 AM
Division Approval	rmorse	03/08/2019 09:21:01 AM
Department Approval	mwinebar	03/08/2019 13:57:36 PM
Contract Manager Approval	rmorse	03/08/2019 15:48:41 PM
Budget Analyst Approval	afrantz	03/25/2019 14:04:19 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: **21692**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: CLASSIC DOOR & TRIM CO INC
Agency Code: 409	Contractor Name: CLASSIC DOOR & TRIM CO INC
Appropriation Unit: 3179-95	Address: 4625 WYNN RD STE B1
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89103-5324
If "No" please explain: Not Applicable	Contact/Phone: Vince Castiglione 702/367-2225
	Vendor No.: T29038932
	NV Business ID: NV19831015082

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 81 days**

4. Type of contract: **Contract**

Contract description: **Door Replacement**

5. Purpose of contract:

This is a new contract to provide for the replacement of the double door assembly with new metal doors, frames and hardware, as well as all backdoor alarms on each of the seven (7) dormitory cottages located at 500 Youth Center Drive in Caliente, Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,628.31**

Other basis for payment: As outlined in Section 4, Consideration

II. JUSTIFICATION

7. What conditions require that this work be done?

These are two separate Deferred Maintenance projects.
Exterior Door Replacements-the exterior wood exit double doors have reach the end of the expected life.
Cottage Back Door Alarms-this provides replacement the alarms for the new metal doors.
There is an allowance for any future necessary repairs to be paid from the buildings maintenance category.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees that have the expertise in retrofitting from wooden doors to metal doors.

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):

Premier Door & Trim
Builders Resource Ltd.
Classic Door & Trim, Inc.
Jones Paint & Glass

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The two (2) M-425 projects were individually bid. This was the only vendor to respond to either bid request.

d. Last bid date: 03/01/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Sheryl Johnson, Admin Services Officer 1 Ph: 775-726-8203

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	04/03/2019 13:22:50 PM
Division Approval	knielsen	04/09/2019 08:12:36 AM
Department Approval	mwinebar	04/09/2019 17:18:11 PM
Contract Manager Approval	sknigge	04/10/2019 09:34:03 AM
Budget Analyst Approval	afrantz	04/11/2019 08:52:37 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **20974** Amendment Number: **2**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **REHABILITATING EMPOWERING**

Agency Code: **409** Contractor Name: **REHABILITATING EMPOWERING**

Appropriation Unit: **3229-42** Address: **DISADVANTAGED YOUTH
5290 ROYAL DR**

Is budget authority available?: **Yes** City/State/Zip: **WINNEMUCCA, NV 89445-2959**

If "No" please explain: **Not Applicable** Contact/Phone: **Pat McDade 716/378-5878**

Vendor No.: **T27042117A**

NV Business ID: **NV20181221382**

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/29/2018**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2019**

Contract term: **1 year and 246 days**

4. Type of contract: **Contract**

Contract description: **Mentoring Services**

5. Purpose of contract:

This is the second amendment to the original contract that provides mentoring services to youth. This amendment extends the termination date from September 30, 2019 to December 31, 2019 and increases the maximum amount from \$11,500 to \$21,500 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:	\$1,500.00	\$1,500.00	\$1,500.00	No
a. Amendment 1:	\$10,000.00	\$11,500.00	\$11,500.00	Yes - Info
2. Amount of current amendment (#2):	\$10,000.00	\$10,000.00	\$21,500.00	Yes - Info
3. New maximum contract amount:	\$21,500.00			
and/or the termination date of the original contract has changed to:	12/31/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

Children involved with public child welfare systems are among our nation's most vulnerable young people. Many have been abused or neglected, resulting in a host of emotional and developmental needs. Because they may experience frequent transitions and instability, foster children can benefit tremendously from the attention of caring adults who serve as mentors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have positions that perform these specific duties.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

They were they only vendor able to meet the needs of our youth.

d. Last bid date: 03/01/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

DCFS currently, services have been satisfactory.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmason	03/20/2019 15:30:07 PM
Division Approval	knielsen	03/25/2019 15:06:38 PM
Department Approval	mwinebar	03/28/2019 08:24:15 AM
Contract Manager Approval	sknigge	03/28/2019 11:30:36 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21517**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	BOARD OF REGENTS-UNLV
Agency Code:	409	Contractor Name:	BOARD OF REGENTS-UNLV
Appropriation Unit:	3251-10	Address:	UNLV OFFICE OF Controller 4505 S MARYLAND PKWY MS 1005
Is budget authority available?:	No	City/State/Zip:	LAS VEGAS, NV 89154
If "No" please explain:	Pending April 4, 2019 IFC approval of WP C46117.	Contact/Phone:	Lyndsay K. Ifo 702/895-1812
		Vendor No.:	D35000813
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Licenses & Fees

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **Yes**

If "Yes", please explain

This interlocal agreement is retroactive due to the urgent need for support for this committee.

3. Termination Date: **06/30/2019**

Contract term: **179 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Child Death Review**

5. Purpose of contract:

This is a new Interlocal Agreement to provide support to the Executive Committee for Child Death Review and its subcommittees.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,611.72**

Other basis for payment: \$22,767.36 Personnel; \$216 Operating; \$300 Additional Expenses

II. JUSTIFICATION

7. What conditions require that this work be done?

Child death review teams review child death cases to better understand how and why children die in Nevada. Findings are used to take action that can prevent other fatalities and improve the wellbeing and safety of children and families through prevention campaign messages and education. Support for these committees involves facilitation, coordination, data collection and entry etc.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not have personnel available for 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: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per NRS 277.180 contracting with a public entity.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Interlocal with NSHE.

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor has been under contract with the Division to provide training services since 1/1/17. Services have been satisfactory.

14. 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

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Melissa Faul, Social Services Program Specialist 3 Ph: 775-684-4471

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmason	03/11/2019 18:17:48 PM
Division Approval	knielsen	03/12/2019 14:47:42 PM
Department Approval	mwinebar	03/14/2019 12:41:59 PM
Contract Manager Approval	sknigge	03/14/2019 16:02:08 PM
Budget Analyst Approval	afrantz	04/04/2019 15:00:40 PM



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 TECHNOLOGY WAY, SUITE 300
CARSON CITY, NV 89706
Telephone (775) 684-4400 • Fax (775) 684-4455
dcfs.nv.gov

MEMORANDUM

To: Bessie Wooldridge, Executive Branch Budget Officer II
Governor's Finance Office

Through: Richard Whitley, Director
Department of Health and Human Services

From: Katrina Nielsen, ASO IV
Division of Child and Family Services

Date: 3/12/2019

Subject: Retroactive Contract-Facilitation and Coordination for the Executive Committee to Review the Death of Children

A retroactive effective date of January 1, 2019 is requested for the interlocal agreement between the Division of Child and Family Services (DCFS) and The Nevada Institute for Children's Research and Policy (NICRP) in order to provide facilitation and coordination to the Executive Committee to Review the Death of Children.

Andrew Zeiser with AZ Consulting who contracted through The Nevada Public Health Foundation (NPHF) rendered services with the State of Nevada since 2003 for facilitation and coordination for the Executive Committee to Review the Death of Children and retired on 12/31/2018. Prior to Andrew Zeiser's retirement DCFS asked The Nevada Institute for Children's Research (NICRP) to take over these services. DCFS had some transition meetings with NICRP prior to transitioning the services.

The Nevada Institute for Children's Research has begun providing services before interlocal agreement was approved due to immediate need for facilitation and coordination of the February 20, 2019 Executive Committee to Review the Death of Children meeting and to meet the Open meeting laws the Committee adheres to.

Therefore, in order to meet the open meeting law requirements for the Executive Committee to Review the Death of Children, DCFS is requesting a retroactive approval of the interlocal agreement.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact Melissa Faul, DCFS, Social Services Specialist III at 775-684-4471.

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: **21608**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	LONE WOLF COMMERCIAL APPLIANCE
Agency Code:	409	Contractor Name:	LONE WOLF COMMERCIAL APPLIANCE
Appropriation Unit:	3259-95	Address:	SERVICE & REPAIR LLC 260 LAKEPORT DR
Is budget authority available?:	Yes	City/State/Zip:	SPRING CREEK, NV 89815-5838
If "No" please explain:	Not Applicable	Contact/Phone:	Steven Stanfill 775/777-5663
		Vendor No.:	T29039794
		NV Business ID:	NV20151036639

To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/20/2019**
Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **102 days**

4. Type of contract: **Contract**

Contract description: **Freezer Conversion**

5. Purpose of contract:

This is a new contract to convert the existing walk-in refrigerator to a walk-in freezer.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,836.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

A deferred maintenance project was approved to convert the existing walk-in refrigerator to a walk-in freezer during the 2018-2019 budget cycle.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The staff at NYTC do not have the required licensing or equipment to perform this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Lone Wolf Commercial Appliance Service & Repair
Snyder Mechanical
Chester Plumbing and Heating

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected for best pricing and availability of services.

d. Last bid date: 11/26/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor is currently under contract with the Division. Services have been satisfactory.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Vern Harlow, Admin Services Officer Ph: 775-748-6224

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	03/08/2019 13:26:23 PM
Division Approval	knielsen	03/13/2019 10:03:49 AM
Department Approval	mwinebar	03/14/2019 11:33:18 AM
Contract Manager Approval	sknigge	03/14/2019 14:37:38 PM
Budget Analyst Approval	afrantz	03/20/2019 14:57:59 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17634** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **Signature Landscapes**

Agency Code: **409** Contractor Name: **Signature Landscapes**

Appropriation Unit: **3281-07** Address: **3705 Barron Way**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89511**

If "No" please explain: **Not Applicable** Contact/Phone: **Kim Brown 775-857-4333**

To what State Fiscal Year(s) will the contract be charged? **2016-2019** Vendor No.: **T27035213**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV20011064513**

<input checked="" type="checkbox"/>	General Funds	72.40 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	27.60 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2016**

Anticipated BOE meeting date: **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **3 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Landscaping Services**

5. Purpose of contract:

This is the first amendment to the original contract to provide ongoing landscaping services including turf care, horticultural care, irrigation, litter removal, and annual planting and care. This amendment adjusts the contract utilization and rates and replaces Attachment AA - Scope of work and Contractor's Response.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$33,516.00	\$33,516.00	\$33,516.00	Yes - Info
2. Amount of current amendment (#1):	-\$13,743.00	-\$13,743.00	\$19,773.00	Yes - Info
3. New maximum contract amount:	\$19,773.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The campus of Northern Nevada Child and Adolescent Services is very large. The Agency does not staff any grounds maintenance staff and must use custodians and facility staff to maintain the grounds. This takes away from their ability to complete their primary duties.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Agency does not employ grounds maintenance staff. the duties must be born by custodians and facility staff who cannot complete their primary duties due to lack of manpower resources.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 Agency has used the vendor in the past and they have provided satisfactory service.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ihyman	03/08/2019 09:14:31 AM
Division Approval	knielsen	03/27/2019 07:59:28 AM
Department Approval	mwinebar	03/29/2019 08:08:06 AM
Contract Manager Approval	sknigge	03/29/2019 10:57:53 AM
Budget Analyst Approval	afrantz	04/03/2019 13:29:44 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: **21580**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	DAVIS GLASS AND MIRROR INC
Agency Code:	409	Contractor Name:	DAVIS GLASS AND MIRROR INC
Appropriation Unit:	3646-07	Address:	5135 S VALLEY VIEW BLVD
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89118-1726
If "No" please explain:	Not Applicable	Contact/Phone:	John Beal 702/368-7722
		Vendor No.:	T29036647
		NV Business ID:	NV19961120126

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	66.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	34.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Glass Repair**

5. Purpose of contract:

This is a new contract to provide ongoing glass replacement, repair and tinting services on an as needed basis for the Southern Nevada Child and Adolescent Services campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: See contract Section 4 - Consideration

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency serves residential clients within its Oasis program. As part of the program, clients are involved in outdoor activities around the buildings on campus. As a result, accidents occasionally occur resulting in the need for a window or door repair or replacement. Additionally, window tinting or exchange for a more energy efficient glass reduce energy usage and replacement of carpets, blinds, etc. resulting in lower operational costs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees with the required expertise.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Davis Glass and Mirror
Cut Rate Glass
Anthony's Glass
A Cutting Edge Glass

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor to respond who could provide services within a reasonable amount of time.

d. Last bid date: 01/01/2019 Anticipated re-bid date: 01/31/2023

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has been under contract with multiple agencies. Services were satisfactory.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Barba Burke, Program Officer 1 Ph: 702-486-8064

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	03/05/2019 11:13:05 AM
Division Approval	knielsen	03/14/2019 11:48:37 AM
Department Approval	mwinebar	03/15/2019 13:47:51 PM
Contract Manager Approval	sknigge	03/15/2019 15:15:41 PM
Budget Analyst Approval	afrantz	03/20/2019 14:35:58 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21666**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Gary Shelton dba Sonitx
Agency Code: 409	Contractor Name: Gary Shelton dba Sonitx
Appropriation Unit: 3646-07	Address: 845 S. Kenny Way
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89107-4437
If "No" please explain: Not Applicable	Contact/Phone: Gary Shelton 702-358-7477
	Vendor No.:
	NV Business ID: NV 20191106163

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	66.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	34.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Air Filter Service**

5. Purpose of contract:

This is a new contract that continues ongoing service for HVAC air filters located in eleven state-owned buildings located at the Southern Nevada Child and Adolescent Services (SNCAS) campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,888.00**

Payment for services will be made at the rate of \$1,662.00 per bi-monthly service

II. JUSTIFICATION

7. What conditions require that this work be done?

Timely replacement of the HVAC air filters are necessary to ensure the health of clients, families, visitors and staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No employees have the expertise needed for this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

AAA Air Filter Company
Sonitx, Inc.
Tri Dim Filter Corp
Air Filter Sales & Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was able to meet the agency needs for the lowest price.

d. Last bid date: 01/10/2019 Anticipated re-bid date: 01/16/2023

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Barbra Burke, Program Officer Ph: 702-486-8064

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	03/26/2019 15:02:59 PM
Division Approval	knielsen	04/05/2019 08:47:49 AM
Department Approval	mwinebar	04/08/2019 09:33:41 AM
Contract Manager Approval	sknigge	04/08/2019 10:57:53 AM
Budget Analyst Approval	afrantz	04/10/2019 13:28:02 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: **21637**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: AUTOMATED TEMPERATURE CONTROLS, Inc.
Agency Code: 431	Contractor Name: AUTOMATED TEMPERATURE CONTROLS, Inc.
Appropriation Unit: 3650-07	Address: 8535 DOUBLE R BLVD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-2270
If "No" please explain: Not Applicable	Contact/Phone: Josh Larkin 775-826-7700
	Vendor No.: PUR0003825
	NV Business ID: NV

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/26/2019**
Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/12/2021**

Contract term: **1 year and 352 days**

4. Type of contract: **Contract**

Contract description: **Delta controls**

5. Purpose of contract:

This is a new contract for inspections, updates, repairs and services on the Delta Energy Management HVAC controls at Nevada National Guard in Northern Nevada locations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$24,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract for inspections, updates, repairs and service work on the Delta Energy Management HVAC controls on an "as needed" basis for Nevada National Guard in Northern Nevada locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not the equipment or the certifications to do this type of work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per the Purchasing Administrator, a solicitation waiver is not required for ongoing or continued licensing, maintenance and/or support for a system already purchased/installed and in use by the State. These ongoing requirements are contemplated as a part of the initial procurement. This does not exempt an agency from following any other process that may be required (i.e., RXQ entries into Advantage, agency specific approvals or authorizations, etc.).

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been doing business with our agency since 2007, along with Public Works and various other state agencies. The vendor has done satisfactory work for our agency and others.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	03/15/2019 15:47:28 PM
Division Approval	ctyle1	03/15/2019 15:47:34 PM
Department Approval	ctyle1	03/15/2019 15:47:38 PM
Contract Manager Approval	twollan1	03/18/2019 08:35:51 AM
Budget Analyst Approval	jrodrig9	03/26/2019 23:37:20 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: **21730**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: JENSEN ENGINEERING, INC.
Agency Code: 431	Contractor Name: JENSEN ENGINEERING, INC.
Appropriation Unit: 3650-10	Address: 9655 GATEWAY DR SUITE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-2968
If "No" please explain: Not Applicable	Contact/Phone: 775-852-2288
	Vendor No.: T27007578
	NV Business ID: NV19921070456

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/01/2021**

Contract term: **2 years and 21 days**

4. Type of contract: **Contract**

Contract description: **Engineering Services**

5. Purpose of contract:

This is a new contract to provide electrical engineering and related services on an as needed basis for Nevada National Guard facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$24,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Office of the Military has determined that having a contract with an engineering firm will expedite construction and renovation projects, allowing for timely completion of future armory and facility projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the certifications to provide these professional services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This vendor has the skillset and schematics of the facilities for the Office of the Military.

d. Last bid date: 03/11/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 worked with Public Works and is in good standing.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	twollan1	04/10/2019 12:22:58 PM
Division Approval	twollan1	04/10/2019 12:23:01 PM
Department Approval	twollan1	04/10/2019 12:23:03 PM
Contract Manager Approval	twollan1	04/10/2019 12:23:06 PM
Budget Analyst Approval	jrodrig9	04/11/2019 11:51:12 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21604**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: MCKEON DOOR OF NEVADA, INC.
Agency Code: 431	Contractor Name: MCKEON DOOR OF NEVADA, INC.
Appropriation Unit: 3650-07	Address: 6671 Shuster St.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: Kevin Sweeney 887-542-6038
	Vendor No.: T27024374
	NV Business ID: NV20051496054

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/19/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/21/2021**

Contract term: **2 years and 3 days**

4. Type of contract: **Contract**

Contract description: **Roll-Up Doors**

5. Purpose of contract:

This is a new contract to provide on-going roll-up doors and sectional door services for Nevada Air and Army Guard locations statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$24,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Roll-up and sectional doors are required throughout the year as maintenance or repairs are needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have all necessary equipment or skills to perform adequate installation, repair or maintenance needs on the roll-up or sectional doors.

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):

Precision Door
George & Sons
McKeon Door
Vortex Door Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

McKeon was chosen based on the bidding process.

d. Last bid date: 03/01/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 has provided 8 years of services for the agency and has been satisfactory.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	03/07/2019 14:55:58 PM
Division Approval	ctyle1	03/07/2019 14:56:01 PM
Department Approval	ctyle1	03/07/2019 14:56:05 PM
Contract Manager Approval	twollan1	03/08/2019 14:41:28 PM
Budget Analyst Approval	jrodrig9	03/19/2019 22:31:06 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21721**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: WALSH ODYSSEY ENGINEERING, INC.	Contractor Name: WALSH ODYSSEY ENGINEERING, INC.
Agency Code: 431	Address: 895 ROBERTA LN	SUITE 104
Appropriation Unit: 3650-10	City/State/Zip: SPARKS, NV 89431-1898	
Is budget authority available?: Yes	Contact/Phone: 775-359-3303	Vendor No.: T29022158
If "No" please explain: Not Applicable	NV Business ID: NV19901023985	

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2019**
Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/01/2021**

Contract term: **2 years and 21 days**

4. Type of contract: **Contract**

Contract description: **Engineering Services**

5. Purpose of contract:

This is a new contract to provide civil engineering and related services on an as needed basis for Nevada National Guard facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$24,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Office of the Military has determined that having a contract with an engineering firm will expedite construction and renovation projects, allowing for timely completion of future armory and facility projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the certifications to provide these professional services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This vendor has the skillset and with past contractual services, has the schematics of the facilities for the Office of the Military, reducing the need to recreate these with other vendors.

d. Last bid date: 03/11/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 worked with our agency since 2009 along with Public Works and Buildings and Grounds. The vendor has done satisfactory work for our agency and others.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	twollan1	04/10/2019 11:19:00 AM
Division Approval	twollan1	04/10/2019 11:19:03 AM
Department Approval	twollan1	04/10/2019 11:19:06 AM
Contract Manager Approval	twollan1	04/10/2019 11:19:10 AM
Budget Analyst Approval	jrodrig9	04/11/2019 11:58:47 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21539**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: PERTEN INSTRUMENTS
Agency Code: 550	Contractor Name: PERTEN INSTRUMENTS
Appropriation Unit: 4470-04	Address: PO BOX 13424
Is budget authority available?: Yes	City/State/Zip: SPRINGFIELD, IL 62791-3424
If "No" please explain: Not Applicable	Contact/Phone: 217/585-9440
	Vendor No.: T27041425A
	NV Business ID: NV19881028537
To what State Fiscal Year(s) will the contract be charged?	2019-2021

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 % Dairy
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/16/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/15/2021**

Contract term: **1 year and 334 days**

4. Type of contract: **Contract**

Contract description: **PM Somascope**

5. Purpose of contract:

This is a new contract to provide preventative maintenance for the somascope laboratory equipment in the Food Safety Laboratory at the Sparks headquarters.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,300.00**

Payment for services will be made at the rate of \$5,150.00 per year

Other basis for payment: Two (2) Years @ \$5,150.00 per year = \$10,300.00

II. JUSTIFICATION

7. What conditions require that this work be done?

As part of our FDA accreditation for the Somascope test method, NDA must show evidence the machine is being serviced at least annually by the manufacturer.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to provide maintenance service on this machine.

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?

Based on the specialty of this instrument, the manufacturer is the only source for preventative maintenance.

d. Last bid date: 01/11/2019 Anticipated re-bid date: 01/02/2023

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bbel1	02/27/2019 10:55:40 AM
Division Approval	bbel1	02/27/2019 10:55:42 AM
Department Approval	bbel1	02/27/2019 10:55:44 AM
Contract Manager Approval	melli2	04/16/2019 10:07:57 AM
Budget Analyst Approval	mtum1	04/16/2019 10:17:52 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 20059	Amendment Number: 1
Agency Name: PUBLIC UTILITIES COMMISSION	Legal Entity Name: HIGH DESERT MICROIMAGING
Agency Code: 580	Contractor Name: HIGH DESERT MICROIMAGING
Appropriation Unit: 3920-26	Address: 145 ISIDOR CT, SUITE B
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89441
If "No" please explain: Not Applicable	Contact/Phone: MEG MILLER 775-359-6980
	Vendor No.: PUR0000032
	NV Business ID: NV199511110096

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Regulatory Assessments
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 580

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**
Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Scanner Maintenance**

5. Purpose of contract:

This is the first amendment to the original contract, which provides ongoing maintenance service to scanners that are utilized to operate the Electronic Filings and Records Management system which enables the Commission to accept electronic filings and associated fees. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the maximum amount from \$7,295 to \$16,510 to allow for the required maintenance of the existing scanners.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,295.00	\$7,295.00	\$7,295.00	No
2. Amount of current amendment (#1):	\$9,215.00	\$16,510.00	\$16,510.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$16,510.00 06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

High Desert currently provides maintenance service to the Public Utilities Commission of Nevada's (Commission's) scanners that are utilized to operate the Electronic Filings and Records Management (EFRM) system which enables the Commission to accept electronic filings and associated fees. The EFRM system is supported by hardware and software necessary to support the conversion of paper bound dockets into electronic formats and the management of the electronic version of those dockets. The scanners are a vital piece of equipment in this process. The Commission replaced all previous hardware that had reached end-of-life.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Commission purchased new scanners through High Desert. Some of the scanners came with five year maintenance warranty and if one malfunctions High Desert will replace. For those scanners not covered by warranty, High Desert will replace and install expendable parts for the Commission's equipment. High Desert is also available to be onsite within 24 hours to repair or replace scanners as they are vital to the EFRM system. High Desert will perform scheduled periodic maintenance and ad hoc services of Commission's hardware equipment purchased from High Desert. The periodic maintenance has historically proven to extend the life span of the scanners.

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?

Quotes were obtained from other scanner providers for purchase of new scanners and to include maintenance. High Desert was the lowest cost vendor.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

Public Utilities Commission of Nevada - August 2005-June 2011; July 2011-June 2019 (contract #12240)

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nshafer	04/08/2019 13:20:35 PM
Division Approval	nshafer	04/08/2019 13:20:41 PM
Department Approval	bpotte1	04/08/2019 13:23:35 PM
Contract Manager Approval	nshafer	04/08/2019 13:25:32 PM
Budget Analyst Approval	lfree1	04/15/2019 15:01:55 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: **21572**

Agency Name: DPS-PAROLE & PROBATION	Legal Entity Name: MANAGEMENT TECHNOLOGY GROUP LLC
Agency Code: 652	Contractor Name: MANAGEMENT TECHNOLOGY GROUP LLC
Appropriation Unit: 3740-26	Address: 810 3RD AVE. SUITE 600
Is budget authority available?: Yes	City/State/Zip: SEATTLE, WA 98104-1645
If "No" please explain: Not Applicable	Contact/Phone: Robert Kaelin 206-442-5010
	Vendor No.: T29025149
	NV Business ID: NV200412400200

To what State Fiscal Year(s) will the contract be charged? **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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/26/2019**
Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **96 days**

4. Type of contract: **Contract**

Contract description: **Analysis of OTIS**

5. Purpose of contract:

This is a new contract to provide Parole and Probation (P&P) assessment options for the Offender Tracking Information System (OTIS) requirements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,720.00**

Other basis for payment: \$26,200.00 for "OTIS Requirements Document" and \$22,520.00 for "OTIS Options Document"

II. JUSTIFICATION

7. What conditions require that this work be done?

An analysis of the Offender Tracking Information System (OTIS) is needed to document the current requirements as expected by Parole and Probation (P&P), compare them to a current Request for Proposal (RFP) for a similar solution and finally work with Enterprise Information Technology Services (EITS) to assess the replacement solutions capabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise.

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 #: 190103

Approval Date: 01/30/2019

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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently working with Records, Communication and Compliance Division (RCCD) to access the Nevada Criminal Justice Information System (NCJIS) Modernization.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Tami Beauregard, Management Analyst Ph: (775) 684-2617

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssieber	03/08/2019 07:27:38 AM
Division Approval	ssieber	03/08/2019 07:28:02 AM
Department Approval	cboegle	03/20/2019 10:14:00 AM
Contract Manager Approval	cboegle	03/20/2019 10:14:04 AM
EITS Approval	mlynn	03/20/2019 10:22:57 AM
Budget Analyst Approval	jrodrig9	03/26/2019 22:13:04 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: **21626**

Agency Name: DPS-PAROLE & PROBATION Agency Code: 652 Appropriation Unit: 3740-30 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: Salisbury Consulting LLC Contractor Name: Salisbury Consulting LLC Address: 3463 Sioux Way City/State/Zip: Las Vegas, NV 89169-3142 Contact/Phone: Emily Salisbury, PH.D. 503-781-1482 Vendor No.: T29041819 NV Business ID: NV20161451602
---	--

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/03/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**

Contract term: **272 days**

4. Type of contract: **Contract**

Contract description: **EPICS Workshops**

5. Purpose of contract:

This is a new contract to provide Effective Practices in Community Supervision training/workshops for the agency.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,978.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Effective Practices in Community Supervision (EPICS) model is vitally important to the mission of Parole and Probation (P&P) as it relates to changing the mind set of offenders on supervision. The outcome is to see a reduction in recidivism rates through offender Cognitive Behavior therapy. All P&P Officers must have a clear understanding of the EPICS concept and the academic research behind the use of EPICS. The training/workshops are to advise P&P Officers of the fidelity of EPICS and the significance of building a collaborative relationship between the Officers and those on supervision.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees that have the expertise to plan and/or present the training/workshops.

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):

University of Cincinnati
Core Correctional Solutions, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Yes

See the attached Authorization to Contract form for details.

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Tami Beauregard, Management Analyst Ph: (775) 684-2617

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssieber	03/18/2019 08:22:50 AM
Division Approval	nkephart	03/29/2019 09:10:29 AM
Department Approval	cboegle	03/29/2019 11:05:02 AM
Contract Manager Approval	cboegle	03/29/2019 11:05:06 AM
Budget Analyst Approval	jrodrig9	04/03/2019 22:07:47 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21582**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: James Darrough, P.L.S.
Agency Code: 702	Contractor Name: James Darrough, P.L.S.
Appropriation Unit: 4457-82	Address: PO Box 60201
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89506
If "No" please explain: Not Applicable	Contact/Phone: 775-737-3208
	Vendor No.:
	NV Business ID: NV20161687557
To what State Fiscal Year(s) will the contract be charged?	2019-2023

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 %	<input checked="" type="checkbox"/>	Fees	25.00 % Sportsmen Revenue
<input checked="" type="checkbox"/> Federal Funds	50.00 %	<input checked="" type="checkbox"/>	Bonds	10.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/>	Other funding	15.00 % Wildlife Heritage

Agency Reference #: 19-44

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Land Surveying Svcs**

5. Purpose of contract:

This is a new contract to provide as-needed professional land surveying services in the eastern, southern and western regions of the state.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Various engineering related projects requiring surveying services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Department staff are not trained to be surveyors.

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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Bob Ragar, Professional Engineer Ph: 775-688-1564

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	02/28/2019 15:24:16 PM
Division Approval	tdoucett	03/01/2019 08:58:54 AM
Department Approval	eobrien	03/21/2019 16:01:52 PM
Contract Manager Approval	zcosio	04/01/2019 14:07:25 PM
Budget Analyst Approval	cpalme2	04/01/2019 14:08:00 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: **21558**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: OREGON STATE UNIVERSITY
Agency Code: 702	Contractor Name: OREGON STATE UNIVERSITY
Appropriation Unit: 4464-13	Address: PO BOX 1086
Is budget authority available?: Yes	City/State/Zip: CORVALLIS, OR 97339-1086
If "No" please explain: Not Applicable	Contact/Phone: 541-737-0644
	Vendor No.: T27021334
	NV Business ID: Government Entity
To what State Fiscal Year(s) will the contract be charged?	2020-2024

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	19-40		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **5 years and 1 day**

4. Type of contract: **Interlocal Agreement**

Contract description: **Disease Surveillance**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing diagnostic and disease surveillance services for wildlife health.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

These services are necessary for the state wildlife vet to determine the health of wildlife in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This requires specialized laboratory equipment and services that state employees and the state veterinary diagnostic lab are unable to provide.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Department of Wildlife, yes work has been satisfactory.

14. 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

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Peregrine Wolff, Wildlife Health Specialist Ph: 805-857-5809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	02/21/2019 11:15:00 AM
Division Approval	tdoucett	02/26/2019 13:38:45 PM
Department Approval	eobrien	03/08/2019 15:56:13 PM
Contract Manager Approval	zcosio	03/20/2019 09:57:50 AM
Budget Analyst Approval	cpalme2	03/20/2019 10:15:43 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21680**

Agency Name: **DCNR - PARKS DIVISION**
 Agency Code: **704**
 Appropriation Unit: **4162-00**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **Chapels of Las Vegas, Inc.**
 Contractor Name: **Chapels of Las Vegas, Inc.**
 Address: **6245 Mighty Flotilla Avenue**
 City/State/Zip: **Las Vegas, NV 89139**
 Contact/Phone: **Paul Swanson 702-636-0803**
 Vendor No.:
 NV Business ID: **NV20061421183**
 To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/02/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/10/2021**

Contract term: **2 years and 9 days**

4. Type of contract: **Revenue Contract**

Contract description: **Commercial Weddings**

5. Purpose of contract:

This is a new revenue contract to provide commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor would like to provide commercial weddings and wedding photo tours.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NA

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 under contract since 2011 to currently with satisfactory compliance.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jim Hammons, Park Supervisor Ph: 702-397-2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/29/2019 09:55:33 AM
Division Approval	sdecrona	03/29/2019 09:55:36 AM
Department Approval	sdecrona	03/29/2019 09:55:38 AM
Contract Manager Approval	sdecrona	03/29/2019 09:55:41 AM
Budget Analyst Approval	cpalme2	04/02/2019 11:35:52 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21650**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Day Go Adventure DBA Anthony Spatucci
Agency Code: 704	Contractor Name: Day Go Adventure DBA Anthony Spatucci
Appropriation Unit: 4162-00	Address: PO Box 2014
Is budget authority available?: Yes	City/State/Zip: Stateline, NV 89449
If "No" please explain: Not Applicable	Contact/Phone: Anthony Spatucci 775-450-4757
	Vendor No.:
	NV Business ID: NV20151204949

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue Contract

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/20/2019**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2019**

Contract term: **255 days**

4. Type of contract: **Revenue Contract**

Contract description: **Kayak Tours**

5. Purpose of contract:

This is a new revenue contract to provide kayak rentals and tours at Cave Rock State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Request for vendor to provide kayak rentals and tours.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NA

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Brett Hartley, Park Ranger Ph: 775-831-0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/20/2019 14:02:35 PM
Division Approval	sdecrona	03/20/2019 14:02:38 PM
Department Approval	sdecrona	03/20/2019 14:02:42 PM
Contract Manager Approval	sdecrona	03/20/2019 14:02:45 PM
Budget Analyst Approval	cpalme2	03/20/2019 14:42:56 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: **21678**

Agency Name: **DCNR - PARKS DIVISION**
 Agency Code: **704**
 Appropriation Unit: **4162-00**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **LVW, LLC DBA Las Vegas Weddings**
 Contractor Name: **LVW, LLC DBA Las Vegas Weddings**
 Address: **8275 South Eastern Avenue Suite 200-165**
 City/State/Zip: **Las Vegas, NV 89123**
 Contact/Phone: **Shawn Absher 702-914-0198**
 Vendor No.:
 NV Business ID: **NV20131152147**

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X Other funding	100.00 % Revenue Contract

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/02/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/10/2021**

Contract term: **2 years and 9 days**

4. Type of contract: **Revenue Contract**

Contract description: **Commercial Weddings**

5. Purpose of contract:

This is a new revenue contract to provide commercial weddings and wedding photo tours at the Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor would like to conduct commercial weddings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NA

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

They have been a vendor since 2009 with satisfactory compliance.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jim Hammons, Park Supervisor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/28/2019 14:02:16 PM
Division Approval	sdecrona	03/28/2019 14:02:19 PM
Department Approval	sdecrona	03/28/2019 14:02:21 PM
Contract Manager Approval	sdecrona	03/28/2019 14:02:24 PM
Budget Analyst Approval	cpalme2	04/02/2019 11:30:39 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21656**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Tomsik Photography LLC, DBA Scenic Las Vegas Weddings
Agency Code: 704	Contractor Name: Tomsik Photography LLC, DBA Scenic Las Vegas Weddings
Appropriation Unit: 4162-00	Address: 5024 Maverick Street
Is budget authority available?: Yes	City/State/Zip: Las Vegas , NV 89130
If "No" please explain: Not Applicable	Contact/Phone: Melissa Tomsik 702-515-1100
	Vendor No.:
	NV Business ID: NV20091090417

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %	X Other funding	100.00 % Revenue Contract

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/28/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/09/2021**

Contract term: **2 years and 13 days**

4. Type of contract: **Revenue Contract**

Contract description: **Commercial Weddings**

5. Purpose of contract:

This is a new revenue contract to provide commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor would like to provide weddings and wedding photo tours.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NA

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been under contract since April 2010 with satisfactory compliance.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jim Hammons, Park Supervisor Ph: 702-397-2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/21/2019 14:49:35 PM
Division Approval	sdecrona	03/21/2019 14:49:38 PM
Department Approval	sdecrona	03/21/2019 14:49:40 PM
Contract Manager Approval	sdecrona	03/25/2019 14:04:41 PM
Budget Analyst Approval	mtum1	03/28/2019 16:54:02 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: **21696**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Trusted Hauling and Cleanup DBA Closson Enterprises, Inc.
Agency Code: 704	Contractor Name: Trusted Hauling and Cleanup DBA Closson Enterprises, Inc.
Appropriation Unit: 4605-19	Address: 5450 Menteca Circle
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: Susan Closson 702-308-7067
	Vendor No.:
	NV Business ID: NV20081531928

To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Admission Charges
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2019**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **80 days**

4. Type of contract: **Contract**

Contract description: **Insulation replaceme**

5. Purpose of contract:

This is a new contract to remove bad insulation and ducts and replace with upgraded materials at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,580.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Existing insulation and ducts have been destroyed by rodents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the training or resources to do this project.

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):

**Akal Construction
Eagle View Contractor
Brimont Construction**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The only responding bidder.

d. Last bid date: 02/16/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Boyd Strassburg, Park Maintenance Specialist Ph: 702-397-6933

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	04/04/2019 14:27:06 PM
Division Approval	sdecrona	04/04/2019 14:27:09 PM
Department Approval	sdecrona	04/04/2019 14:27:12 PM
Contract Manager Approval	sdecrona	04/05/2019 10:06:09 AM
Budget Analyst Approval	cpalme2	04/11/2019 10:48:46 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21661**

Agency Name: **DCNR - FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **4198-95**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **CREICO ENTERPRISES LLC**
 Contractor Name: **CREICO ENTERPRISES LLC**
 Address: **3184 ENFIELD AVE**
 City/State/Zip: **ELKO, NV 89801-2428**
 Contact/Phone: **Gary Chapin 775/397-1164**
 Vendor No.: **T32002017**
 NV Business ID: **NV20081370376**

To what State Fiscal Year(s) will the contract be charged? **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.

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 #: **NDF19-030**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2019**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **95 days**

4. Type of contract: **Contract**

Contract description: **M425 Wells Projects**

5. Purpose of contract:

This is a new contract for deferred maintenance projects at the Wells Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,210.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Upon completion of work in a satisfactory manner and receipt/approval of Contractor's invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract for deferred maintenance projects at the Wells Camp.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Canyon Construction
 Navco Construction
 Creico Enterprises**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Selected Contractor attended pre-bid and provided quote.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This Contractor has provided satisfactory contracted services for NDF, both past and present. Current Contracts: CETS 21323, 21363, 21523, and 21660.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Tom Knight, Acting Support Services Program Manager Ph: 775-782-1422

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dprather	03/25/2019 13:36:38 PM
Division Approval	dprather	03/25/2019 13:36:41 PM
Department Approval	dprather	03/25/2019 13:36:44 PM
Contract Manager Approval	jcoope8	03/26/2019 16:47:46 PM
Budget Analyst Approval	cpalme2	03/27/2019 12:19:44 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: **21662**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: PEARSON BROTHERS CONSTRUCTION, LLC.
Agency Code: 706	Contractor Name: PEARSON BROTHERS CONSTRUCTION, LLC.
Appropriation Unit: 4198-95	Address: HC 74 BOX 260
Is budget authority available?: Yes	City/State/Zip: PIOCHE, NV 89043-9501
If "No" please explain: Not Applicable	Contact/Phone: Nick Pearson 702/239-6047
	Vendor No.: T29000200A
	NV Business ID: NV20111610623
To what State Fiscal Year(s) will the contract be charged? 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.	
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 #: NDF19-029	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2019**
Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **95 days**

4. Type of contract: **Contract**

Contract description: **M425 Ely Projects**

5. Purpose of contract:

This is a new contract for deferred maintenance projects at the Ely Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,200.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Upon completion of work in a satisfactory manner and receipt/approval of Contractor's invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract for deferred maintenance projects at the Ely Camp.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Pearson Brothers Construction
Desert Valley Contracting
CB Wells Construction
Don M Lazorko Construction

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Selected Contractor attended pre-bid and provided a quote.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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:

Contract has provided satisfactory contracted services for NDF, both past and present. Current Contracts: CETS 21360 and 21436.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Tom Knight, Acting Support Services Program Manager Ph: 775-782-1422

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dprather	03/25/2019 13:36:16 PM
Division Approval	dprather	03/25/2019 13:36:19 PM
Department Approval	dprather	03/25/2019 13:36:22 PM
Contract Manager Approval	jcoope8	03/26/2019 17:22:34 PM
Budget Analyst Approval	cpalme2	03/27/2019 12:25:08 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18133	Amendment Number: 1
Agency Name: B&I - ATHLETIC COMMISSION	Legal Entity Name: YBARRA, ALEJANDRO C
Agency Code: 749	Contractor Name: YBARRA, ALEJANDRO C
Appropriation Unit: 3952-04	Address: 6387 BOLD REGATTA CT
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89139-6262
If "No" please explain: Not Applicable	Contact/Phone: 702/505-0954
	Vendor No.: T81023618
	NV Business ID: NV20151158439

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	90.00 % From gate & license fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % amateur boxing program

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/23/2016**
Anticipated BOE meeting date **06/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **3 years and 219 days**

4. Type of contract: **Contract**

Contract description: **Inspector Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides unarmed combat inspector services for weigh-ins and events.

This amendment increases the maximum amount from \$9,750 to \$12,500 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:	\$9,750.00	\$9,750.00	\$9,750.00	No
2. Amount of current amendment (#1):	\$2,750.00	\$12,500.00	\$12,500.00	Yes - Info
3. New maximum contract amount:	\$12,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur on evenings, weekends, and holidays. The Commission has a limited staff and other agencies would incur overtime in trying to fulfill these obligations.

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has knowledge of the rules and regulations of the unarmed combat sports, and serves as an inspector for the Athletic Commission since October 1997.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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

14. 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

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	avance	03/28/2019 12:59:17 PM
Division Approval	avance	04/05/2019 10:24:13 AM
Department Approval	jhanse4	04/05/2019 10:26:52 AM
Contract Manager Approval	fmason	04/05/2019 16:46:14 PM
Budget Analyst Approval	aurruty	04/15/2019 10:46:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19081**

Amendment Number: **1**

Legal Entity Name: **AFC FIRE CO LLC**

Agency Name: **DETR - REHABILITATION DIVISION**

Contractor Name: **AFC FIRE CO LLC**

Agency Code: **901**

Address: **2020 WESTERN AVE**

Appropriation Unit: **3253-10**

City/State/Zip: **LAS VEGAS, NV 89102-4620**

Is budget authority available?: **Yes**

Contact/Phone: **David Murdock 702/382-8254**

If "No" please explain: **Not Applicable**

Vendor No.: **T27002062**

NV Business ID: **NV20011066450**

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set Aside Fund

Agency Reference #: **3094-20-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/17/2017**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2019**

Contract term: **4 years and 15 days**

4. Type of contract: **Contract**

Contract description: **Fire System Service**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing annual inspections and testing of fire suppression systems and hood filter repair/maintenance (including ANSUL Certification) at all existing Business Enterprise of Nevada locations in southern Nevada. This amendment extends the termination date from August 31, 2019 to August 31, 2021 and increases the maximum amount from \$20,000 to \$40,000 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:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$20,000.00	\$20,000.00	\$40,000.00	Yes - Info
3. New maximum contract amount:	\$40,000.00			
and/or the termination date of the original contract has changed to:	08/31/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Bureau of Services to the Blind and Visually Impaired/Business Enterprises of Nevada has facilities containing ANSUL system, oven/fire hood and fire extinguishers which require mandatory regular inspections and periodic maintenance and repairs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Employees do not have the necessary training required to perform 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):

Nextgen
AFC Fire
Desert Fire

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is the only vendor to respond from the solicitation.

d. Last bid date: 07/07/2017 Anticipated re-bid date: 02/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory services to BEN since 2007.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	03/20/2019 10:55:00 AM
Division Approval	kdesoci1	03/25/2019 13:57:05 PM

Department Approval	kdesoci1	03/25/2019 13:57:08 PM
Contract Manager Approval	aallen	03/25/2019 14:35:20 PM
Budget Analyst Approval	dbaughn	03/28/2019 11:11:44 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21601**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: ALPINE ACADEMY
Agency Code: 901	Contractor Name: ALPINE ACADEMY
Appropriation Unit: 3265-09	Address: 605 BOXINGTON STE 112
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89434-6918
If "No" please explain: Not Applicable	Contact/Phone: Jill Ross 775/356-1166
	Vendor No.: T27023332
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2019-2020
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 21.30 %	Fees 0.00 %
X Federal Funds 78.70 %	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: 3310-20-REHAB	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/28/2019**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **1 year and 95 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2019 Alpine Camp**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16 - 21, to provide the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding must be focused on Pre-ETS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,045.50**

Other basis for payment: \$5,200.00 Staff Salaries; \$275.50 Utilities; \$4,570.00 Transportation/Supplies. The total Contract payable shall not exceed \$10,045.50.

II. JUSTIFICATION

7. What conditions require that this work be done?

WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training that will reach students across the state.

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?

Governmental Entity

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 providing satisfactory services to REHAB since July 2016.

14. 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

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	03/08/2019 13:18:27 PM
Division Approval	kdesoci1	03/20/2019 16:25:05 PM
Department Approval	kdesoci1	03/20/2019 16:25:09 PM
Contract Manager Approval	aallen	03/26/2019 15:11:11 PM
Budget Analyst Approval	dbaughn	03/28/2019 10:12:52 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21559**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BOARD OF REGENTS-UNLV
Agency Code: 901	Contractor Name: BOARD OF REGENTS-UNLV
Appropriation Unit: 3265-09	Address: UNLV OFFICE OF CONTROLLER 4505 MARYLAND PKWY MS 1005
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89154-1005
If "No" please explain: Not Applicable	Contact/Phone: Joshua Baker 702/895-3238
	Vendor No.: D35000813
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2019-2020

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	21.30 %	Fees	0.00 %
X Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3308-20-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/19/2019**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **1 year and 104 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2019 UNLV FOCUS**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16 - 21 with the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires 15% of all federal Rehabilitation funding to be focused on Pre-ETS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,394.25**

Other basis for payment: Fixed: \$2,698.30; Variable: \$23,695.95; with the total Contract not exceeding \$26,394.95.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding must be focused on Pre-ETS.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

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?

Governmental Entity

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 providing satisfactory services to DETR and other agencies since 2003.

14. 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

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	02/27/2019 09:19:58 AM
Division Approval	kdesoci1	03/12/2019 13:11:00 PM
Department Approval	kdesoci1	03/12/2019 13:11:02 PM
Contract Manager Approval	swilli31	03/12/2019 14:22:35 PM
Budget Analyst Approval	dbaughn	03/19/2019 10:06:40 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21483**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: ODYSSEY CHARTER SCHOOL OF
Agency Code: 901	Contractor Name: ODYSSEY CHARTER SCHOOL OF
Appropriation Unit: 3265-09	Address: NEVADA
Is budget authority available?: Yes	2251 S JONES BLVD STE 100A
If "No" please explain: Not Applicable	City/State/Zip: LAS VEGAS, NV 89146-3145
	Contact/Phone: Devon Bolliger 702/501-2160
	Vendor No.: T81102486
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2019-2020

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	21.30 %	Fees	0.00 %
X Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3292-20-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/19/2019**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**

Contract term: **287 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2019 Odyssey Pre-ETS**

5. Purpose of contract:

This is a new Interlocal agreement that continues ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16 - 21, to provide the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding be focused on Pre-ETS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,250.00**

Other basis for payment: \$135.00/student per week (student must attend minimum of 1 of 3 days per week to qualify for payment); minimum of 15 students, maximum of 30 students; 5-week program (Tuesday through Thursday); with the total Contract not exceeding \$20,250.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

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?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been providing satisfactory services to DETR since July 2017 and the Department of Education since 2002.

14. 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

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	01/28/2019 11:00:58 AM
Division Approval	kdesoci1	03/12/2019 13:13:07 PM
Department Approval	kdesoci1	03/12/2019 13:13:10 PM
Contract Manager Approval	swilli31	03/12/2019 14:30:43 PM
Budget Analyst Approval	dbaughn	03/19/2019 10:26:10 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19065** Amendment Number: **1**

Agency Name: **DETR - EMPLOYMENT SECURITY** Legal Entity Name: **EMCOR SERVICES DBA**

Agency Code: **902** Contractor Name: **EMCOR SERVICES DBA**

Appropriation Unit: **4771-07** Address: **MESA ENERGY SYSTEMS**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89120-4404**

If "No" please explain: **Not Applicable** Contact/Phone: **TONY DYER 702-597-0314 949-460-0460**

Vendor No.: **T27027115**

NV Business ID: **NV20071267110**

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % ESD SPECIAL FUNDING

Agency Reference #: **3078-20-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2017**

Anticipated BOE meeting date **05/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2019**

Contract term: **4 years and 32 days**

4. Type of contract: **Contract**

Contract description: **HVAC MAINTENANCE**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing HVAC maintenance services to the facilities located in southern Nevada. This amendment extends the termination date from September 30, 2019 to September 30, 2021, it also increases the maximum cost from \$15,500.00 to \$30,500.00 due to the continued need for these services and adds the "Provisions for Contracts under Federal Awards" to the contract due to new Federal requirements.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$15,500.00	\$15,500.00	\$15,500.00	Yes - Info
2. Amount of current amendment (#1):	\$15,000.00	\$15,000.00	\$30,500.00	Yes - Info
3. New maximum contract amount:	\$30,500.00			
and/or the termination date of the original contract has changed to:	09/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC mechanical systems need to be maintained for longevity and effective operation of equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these tasks.

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):

Johnson Controls
Emcor Services DBA Mesa Energy Systems
Carrier Corporation

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

One in a vendor pool.

d. Last bid date: 06/07/2017 Anticipated re-bid date: 04/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. 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

13. 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 provided satisfactory services to the Department of Employment, Training, and Rehabilitation since 2013.

14. 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

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	04/12/2019 15:10:50 PM
Division Approval	rolso1	04/12/2019 15:24:07 PM
Department Approval	kdesoci1	04/16/2019 11:42:34 AM

Contract Manager Approval
Budget Analyst Approval

aallen
dbaughn

04/16/2019 15:23:26 PM
04/18/2019 14:24:12 PM



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: April 16, 2019

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Bridgette Garrison, Executive Branch Budget Officer
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

A handwritten signature in blue ink, appearing to be "B. Garrison", written over the "From:" field.

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report is for the period beginning January 1, 2019 and ending March 31, 2019.

Additional Information:

During this time period the Department of Motor Vehicles collected \$89,186 as compared to \$87,816 for the same period last year and \$79,236 collected last quarter. Of the amounts collected, approximately 78.12% was from Clark County, 16.04% was from Washoe County, 3.04% was from Carson City and 2.80% was from Douglas County. After deducting 1% to administer the program, Clark County received \$69,595.02; Washoe County received \$13,858.02; Carson City received \$2,631.42 and Douglas County received \$2,209.68.

For the third quarter of State Fiscal Year 2019, 14.86% is the average of those registering vehicles who contributed to the Complete Streets Program. This is a .43% increase from 14.43% from the same period of State Fiscal Year 2018. For the second quarter of State Fiscal Year 2019, Clark County received on average 14.95% where Douglas County received on average 10.69% of vehicle registrations donating.

Uses:

The uses reports from the local jurisdictions will be reported on a fiscal year basis and is anticipated for the September 2019 BOE.

Statutory Authority:

NRS 482.1825

REVIEWED: <u> </u>
INFO ITEM: <u> </u>

Steve Sisolak
Governor



Julie Butler
Director

555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4368
www.dmvnv.com

April 8, 2019

Board of Examiners

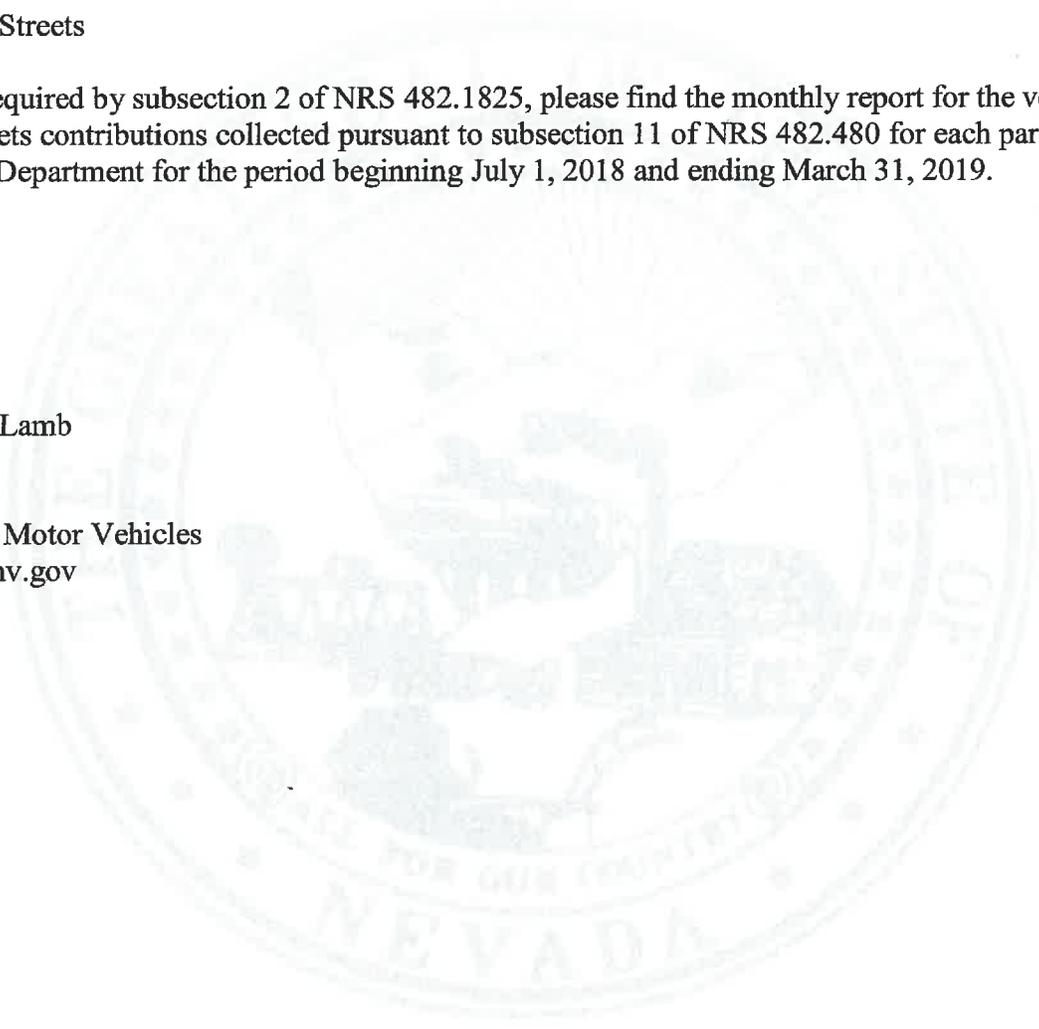
Re: Complete Streets

Attached, as required by subsection 2 of NRS 482.1825, please find the monthly report for the voluntary Complete Streets contributions collected pursuant to subsection 11 of NRS 482.480 for each participating county by the Department for the period beginning July 1, 2018 and ending March 31, 2019.

Sincerely,

Angela Smith-Lamb

Administrator
Department of Motor Vehicles
asmith@dmv.nv.gov
775-684-4627



**Department of Motor Vehicles
Complete Streets Report: Donations
2019**

County	January	February	March	1st Qtr	2nd Qtr	Year To Date
Carson City						
Donations	443	401	485	1,403	1,197	3,929
Registrations	3,147	2,831	3,808	10,908	9,433	30,127
Percent that Donated	14.08%	14.16%	12.74%	12.86%	12.69%	13.04%
Clark						
Donations	11,563	10,073	13,513	34,821	30,926	100,896
Registrations	73,640	65,204	82,533	229,860	206,841	658,078
Percent that Donated	15.70%	15.45%	16.37%	15.15%	14.95%	15.33%
Douglas						
Donations	386	309	421	1,323	1,176	3,615
Registrations	3,696	3,152	4,052	12,901	11,006	34,807
Percent that Donated	10.44%	9.80%	10.39%	10.26%	10.69%	10.39%
Washoe						
Donations	2,295	2,010	2,694	7,404	6,319	20,722
Registrations	19,208	16,704	22,135	67,985	56,127	182,159
Percent that Donated	11.95%	12.03%	12.17%	10.89%	11.26%	11.38%

Notes

1. Registration transaction counts come from: G:\Crystal Report\VR\Registrations\New and Renewal Registrations
2. Registration transactions include new registrations and registration renewals completed on the Kiosk, Web and MyDMV Portal only.
3. DMV began accepting Douglas County contributions on 5/9/16.

Department of Motor Vehicles
Complete Streets: Monthly Report FY19
Report Date: 4/8/2019
Reporting Period: March-19

County	Contributions															
	January		February		March		FY19 Q1		FY19 Q2		Year to Date		FY 18		FY 17	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total								
Carson City	\$ 886.00	3.02%	\$ 802.00	3.13%	\$ 970.00	2.83%	\$ 2,806.00	3.12%	\$ 2,394.00	3.02%	\$ 7,858.00	3.04%	\$ 10,338.00	3.19%	\$ 10,351.00	3.15%
Clark	\$ 23,126.00	78.73%	\$ 20,146.00	78.74%	\$ 27,026.00	78.96%	\$ 69,642.00	77.46%	\$ 61,852.00	78.06%	\$ 201,792.00	78.12%	\$ 262,432.00	81.07%	\$ 254,228.00	77.37%
Douglas	\$ 772.00	2.63%	\$ 618.00	2.42%	\$ 842.00	2.46%	\$ 2,646.00	2.94%	\$ 2,352.00	2.97%	\$ 7,230.00	2.80%	\$ 9,503.51	2.94%	\$ 9,320.00	2.84%
Washoe	\$ 4,590.00	15.63%	\$ 4,020.00	15.71%	\$ 5,388.00	15.74%	\$ 14,808.00	16.47%	\$ 12,638.00	15.95%	\$ 41,444.00	16.04%	\$ 41,444.00	12.80%	\$ 54,669.75	16.64%
Total	\$ 29,374.00	100.00%	\$ 25,586.00	100.00%	\$ 34,226.00	100.00%	\$ 99,902.00	100.00%	\$ 79,236.00	100.00%	\$ 258,324.00	100%	\$ 323,717.51	100.00%	\$ 328,568.75	100.00%

County	DMV Commission (1%)															
	January		February		March		FY19 Q1		FY19 Q2		Year to Date		FY 18		FY 17	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$ 8.86	3.02%	\$ 8.02	3.13%	\$ 9.70	2.83%	\$ 28.06	3.12%	\$ 23.94	3.02%	\$ 78.58	3.04%	\$ 103.38	3.08%	\$ 103.51	3.15%
Clark	\$ 231.26	78.73%	\$ 201.46	78.74%	\$ 270.26	78.96%	\$ 696.42	77.46%	\$ 618.52	78.06%	\$ 2,017.92	78.12%	\$ 2,624.32	78.07%	\$ 2,542.28	77.37%
Douglas	\$ 7.72	2.63%	\$ 6.18	2.42%	\$ 8.42	2.46%	\$ 26.46	2.94%	\$ 23.52	2.97%	\$ 72.30	2.80%	\$ 95.04	2.83%	\$ 93.20	2.84%
Washoe	\$ 45.90	15.63%	\$ 40.20	15.71%	\$ 53.88	15.74%	\$ 148.08	16.47%	\$ 126.38	15.95%	\$ 414.44	16.04%	\$ 414.44	16.02%	\$ 546.70	16.64%
Total	\$ 293.74	100%	\$ 255.86	100%	\$ 342.26	100%	\$ 899.02	100.00%	\$ 792.36	100.00%	\$ 2,583.24	100%	\$ 3,361.30	100.00%	\$ 3,285.69	100.00%

County	Distributions															
	January		February		March		FY19 Q1		FY19 Q2		Year to Date		FY 18		FY 17	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total						
Carson City	\$ 877.14	3.02%	\$ 793.98	3.13%	\$ 960.30	2.83%	\$ 2,777.94	3.12%	\$ 2,370.06	3.02%	\$ 7,779.42	3.04%	\$ 10,234.62	3.08%	\$ 10,247.49	3.15%
Clark	\$ 22,894.74	78.73%	\$ 19,944.54	78.74%	\$ 26,755.74	78.96%	\$ 68,945.58	77.46%	\$ 61,233.48	78.06%	\$ 199,774.08	78.12%	\$ 259,807.68	78.07%	\$ 251,685.72	77.37%
Douglas	\$ 764.28	2.63%	\$ 611.82	2.42%	\$ 833.58	2.46%	\$ 2,619.54	2.94%	\$ 2,328.48	2.97%	\$ 7,157.70	2.80%	\$ 9,408.47	2.83%	\$ 9,226.80	2.84%
Washoe	\$ 4,544.10	15.63%	\$ 3,979.80	15.71%	\$ 5,334.12	15.74%	\$ 14,659.92	16.47%	\$ 12,511.62	15.95%	\$ 41,029.56	16.04%	\$ 53,317.44	16.02%	\$ 54,123.05	16.64%
Total	\$ 29,080.26	100%	\$ 25,330.14	100%	\$ 33,883.74	100%	\$ 89,002.98	100.00%	\$ 78,443.64	100.00%	\$ 255,740.76	100%	\$ 332,768.21	100.00%	\$ 325,283.05	100.00%

Note:

1. DMV began accepting contributions on 12/15/14.
2. DMV began accepting Douglas County contributions on 5/9/16.

Steve Sisolak
Governor



Susan Brown
Director

Paul Nicks
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: April 9, 2019

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Curtis Palmer, Executive Branch Budget Officer *CP*
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 321.5954, Subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 3rd quarter of Fiscal Year 2019.

Additional Information:

There was no activity under the Tahoe Basin Act and no land acquisitions under the Lake Tahoe Mitigation Program during this quarter. There was one transfer of interest resulting in 196 square feet of restored coverage and an increase to the Land Bank of \$4,312.

Statutory Authority:

NRS 321.5954

REVIEWED: <u>CP</u>
INFO ITEM: _____



Nevada Division of
STATE LANDS

STATE OF NEVADA
Department of Conservation & Natural Resources
Steve Sisolak, Governor
Bradley Crowell, Director
Charles C. Donohue, Administrator

March 31, 2019

MEMORANDUM

RECEIVED

APR - 4 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

TO: Susan Brown, Director
Governor's Finance Office

FROM: Charles Donohue, Administrator
Division of State Lands

RE: **BOARD OF EXAMINERS QUARTERLY REPORT OF THE TAHOE BASIN ACT
AND LAKE TAHOE MITIGATION PROGRAM – 3rd QUARTER FY 2019
BOARD OF EXAMINERS MEETING DATE OF MAY 14, 2019**

Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred under the Tahoe Basin Act and the Lake Tahoe Mitigation Program shall be reported quarterly to the State Board of Examiners. The enabling legislation is listed below.

- There was no activity under the Tahoe Basin Act

Lake Tahoe Mitigation Program:

Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, which requires a quarterly report to the Board of Examiners, this memorandum is to report real property or interests in real property transferred under this program during the quarter ending March 31, 2019.

- There were no acquisitions of land during this quarter. However, one (1) transfer of interest in real property occurred during this quarter and is listed below:

On **March 27, 2019**, a transaction was finalized involving the sale of 196 square feet of Class 1a, restored soft land coverage for a plan revision for a new single-family dwelling in the South Stateline area. This transaction resulted in \$4,312.00 in proceeds for the Nevada Land Bank.

All proceeds from the above transactions were deposited in the respective budget accounts to carry out the intent of the Nevada Land Bank program.

In the event you have any questions or would like additional information please contact Sherri Barker, Land Agent II at 775-684-2735.

CD/sb

cc: Bradley Crowell, Director, Department of Conservation and Natural Resources

NRS 321.5954 Powers and duties of Division and State Land Registrar regarding programs to preserve, restore and enhance Lake Tahoe Basin.

1. In carrying out a program authorized pursuant to NRS 321.5953, the Division may, as the State Land Registrar deems appropriate regarding particular parcels of land:

(a) Acquire, from a willing owner, real property or an interest in real property in the Lake Tahoe Basin by donation, purchase or exchange;

(b) Transfer real property or an interest in real property in the Lake Tahoe Basin by sale, lease or exchange;

(c) Eliminate, or mitigate the effects of, development, land coverage or features or conditions of real property acquired pursuant to paragraph (a) that are detrimental to the natural environment of the Lake Tahoe Basin; and

(d) Retire, extinguish or otherwise terminate rights to develop or place land coverage on real property acquired pursuant to paragraph (a).

2. The State Land Registrar may transfer real property or an interest in real property acquired pursuant to this section:

(a) To state and federal agencies, local governments and nonprofit organizations for such consideration as the State Land Registrar deems to be reasonable and in the interest of the general public.

(b) To other persons for a price that is not less than the fair market value of the real property or interest.

3. Before real property or an interest in real property is transferred pursuant to this section, the State Land Registrar shall record a declaration of restrictions or deed restrictions if the State Land Registrar determines that such restrictions are necessary to protect the public interest.

4. The State Land Registrar shall report quarterly to the State Board of Examiners regarding the real property or interests in real property transferred pursuant to this section.

5. Notwithstanding any other provision of law, a person shall not acquire, disturb or use real property or an interest in real property acquired by this State pursuant to this section unless the person first obtains written authorization from the State Land Registrar.

6. As used in this section:

(a) "Interest in real property" includes, without limitation:

(1) An easement for conservation as that term is defined in NRS 111.410;

(2) The right to develop the real property;

(3) The right to place land coverage on the real property; and

(4) Such other easements or rights as are appurtenant to the real property.

(b) "Land coverage" means a covering over or compaction of the natural surface of the ground that prevents water from percolating into the ground.

(Added to NRS by 1999, 2018)

↓1993 Statutes of Nevada, Page 1153 (CHAPTER 355, SB 139)↓

(a) Acquire by donation, purchase or exchange real property or any interest in real property in the Lake Tahoe Basin.

(b) Transfer by sale, lease or exchange real property or any interest in real property in the Lake Tahoe Basin.

(c) Eliminate land coverage on real property acquired pursuant to paragraph (a).

(d) Eliminate, or mitigate the effects of, features or conditions of real property acquired pursuant to paragraph (a) which are detrimental to the environment of the Lake Tahoe Basin.

(e) Retire or otherwise terminate rights to place land coverage on real property in the Lake Tahoe Basin.

3. Any acquisition of real property or any interest in real property made pursuant to this section must first be approved by the state board of examiners. The price of the acquisition must be based on the fair market value of the property or interest as determined by a qualified appraiser.

4. The state land registrar may transfer real property or any interest in real property acquired pursuant to this section:

(a) To state and federal agencies, local governments and nonprofit organizations for such consideration as he deems to be reasonable and in the interest of the general public.

(b) To other persons for a price that is not less than the fair market value of the real property or interest as determined by a qualified appraiser.

5. Before any real property or an interest in real property is transferred pursuant to this section, a declaration of restrictions or deed restrictions must be recorded as required by the Tahoe Regional Planning Agency to ensure that rights to place land coverage on the real property are retired or otherwise terminated.

6. The state land registrar shall report quarterly to the state board of examiners regarding the real property or interests in real property transferred pursuant to this section.

7. As used in this section, "land coverage" means any covering over the natural surface of the ground that prevents water from percolating into the ground.

Sec. 2. 1. The account for mitigation of land coverage in the Lake Tahoe Basin is hereby created in the state general fund. The state land registrar may expend money in the account to administer and carry out the program established pursuant to section 1 of this act, including the payment of all administrative costs associated with the program. All money received by the division of state lands of the state department of conservation and natural resources for that program from any source and all money received by the state land registrar from the transfer of any real property or interest in real property pursuant to section 1 of this act must be deposited in the state treasury to the credit of the account.

2. The interest and income earned on the money in the account, after deducting any applicable charges, must be credited to the account. Any money remaining in the account at the end of each fiscal year does not lapse to the state general fund but must be carried over into the next fiscal year.