

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>

PUBLIC MEETING NOTICE AND AGENDA

Date and Time: June 13, 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 May 14, 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 Mr. James Patterson.

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	\$51,933
Total	1	\$51,933

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.

Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests to contract with a former employee, Edvaldo Martins. Henningson Durham and Richardson, Inc. is proposing to utilize Mr. Martins to fill the position of Inspector, a key role in overseeing the construction in the Full Administration of District II Betterment projects agreement P614-17-040.

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

Pursuant to NRS 463.123(2), the Nevada Gaming Control 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.

8. Requests for Approval to Pay a Cash Settlement (For possible action)

A. The Department of Conservation and Natural Resources – Division of Forestry and University of Nevada, Reno

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

The Division of Forestry, in conjunction with the University of Nevada, Reno request the Board of Examiners approve a settlement agreement between 105 Nevada property owners and the State of Nevada, Division of Forestry and UNR where the State of Nevada agrees to pay, as its share of the settlement, a total of \$10 million.

B. The Office of the Nevada Attorney General

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

The Office of the Attorney General requests the Board of Examiners approve a settlement agreement between the estate of Julio Cesar Montes and the State of Nevada, Health and Human Services, Desert Regional Center for acceptance and approval of the agreement where the State of Nevada will pay \$600,000 to the estate of Julio Cesar Montes.

9. Requests for the Allocation and Disbursement of Funds for Salary Adjustments (For possible action)

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
2691	Department of Agriculture – Nutrition Education Programs	\$8,990	
	Total	\$8,990	
4150	Department of Conservation and Natural Resources - Administration	\$27,761	
	Total	\$27,761	
2941	Department of Tourism and Cultural Affairs – Museums and History Division	\$7,786	
	Total	\$7,786	
4729	Department of Public Safety – State Emergency Response Commission		\$7,704
	Total		\$7,704
4204	Tahoe Regional Planning Agency	\$36,795	
	Total	\$36,795	

10. [Approval of Proposed Leases](#) (For possible action)
11. [Approval of Proposed Contracts](#) (For possible action)
12. [Approval of Proposed Master Service Agreements](#) (For possible action)
13. [Approval of Work Plan](#) (For possible action)
14. [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 April 23, 2019 through May 20, 2019.

15. Reports (Informational only)

Statewide Quarterly Overtime Report – Fiscal Year 2019 3rd Quarter

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 3rd Quarter Overtime Report and analysis for Fiscal Year 2019.

16. 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.)

17. 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: 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

MEMBERS PRESENT:

Governor Steve Sisolak
Attorney General Aaron Ford
Secretary of State Barbara Cegavske

STAFF PRESENT:

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

OTHERS PRESENT:

Bob Reese, Assistant Director Engineering and Operations, Colorado River Commission
Gail Benton, Natural Resource Specialist, Colorado River Commission
Charlene Boegle, Administrative Services Officer 1, Department of Public Safety
John Borrowman, Deputy Director, Department of Corrections
Sue Sieber, Administrative Services Officer 3, Department of Public Safety
Melanie Young, Director, Department of Taxation
Cole Mortensen, Assistant Director of Engineering, Department of Transportation
Scott Anderson, Chief Deputy, Secretary of State's Office
Wayne Thorley, Deputy Secretary of State, Secretary of State's Office
Brenda Nebesky, Acting Director, Department of Tourism and Cultural Affairs

1. Call to Order / Roll Call

Governor: Good morning. I would like to call today's meeting of the State of Nevada Board of Examiners for May 14th, 2019 to order.

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

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, items on the agenda, please step forward, identify yourself for the record and comments will be limited to three minutes. Do we have anyone in Las Vegas?

Rosalie Bordelove: We do not.

3. Approval of the April 9, 2019 Minutes (For possible action)

Governor: Approval of the April 9, 2019 minutes.

Secretary of State: So moved.

Governor: We have a motion on the floor. Any discussion on the motion? Seeing and hearing none, all in favor signify by saying aye. Any opposed? Motion passes.

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

Pursuant to Nevada Revised Statute (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.

Governor: Item 4, *Review and Consideration of Victims of Crime Appeal*.

Clerk: Good morning, Governor, Members of the Board. Item 4 is a Victims of Crime Appeal. NRS 217 regulates the compensation for certain victims of criminal acts. Victims apply to the program and a determination is made as to whether or not the victim is entitled to compensation from the program. A victim whose claims are denied can appeal to a hearings officer or have their claims reconsidered.

The victim or the Clerk of the Board of Examiners may appeal the decision to the Hearings Officer or to an Appeals Officer. Both the Hearings Officer and Appeals Officer processes are under the jurisdiction of the Department of Administration. Under the Appeals Officers decision NRS 217.117, subsection 3, allows the applicant or the Clerk of the Board of Examiners to appeal the decision of the Hearings Officer to the Board of Examiners.

The Board of Examiners can render a decision in the case or hold a hearing on the matter. The item for consideration today is a review of the record of an Appeals Officer decision of an appeal by the applicant, Veronica Nixon. Ms. Nixon was notified of the meeting today.

Within 15 days of today's hearing, the Board shall render its decision on the case. The Board may affirm, modify or reverse the decision. Representatives from the Victims of Crime program are available to answer any questions you may have.

Governor: Okay, I need a legal opinion here. Who goes first? Is the Appellant here?

Board Secretary: No, sir.

Greg Ott: So, the Board has three options. It can either set this matter aside for a further hearing or it can decide today whether it should reverse the decision or uphold the decision. So, the Appellant has been noticed to be here today, but does not have to appear. If you wish to have a future hearing on the matter with the Appellant present, that is within your discretion.

Governor: I'm not in favor of delaying this and having another hearing. What is the sense of the Board?

Attorney General: In my estimation, I have reviewed the record, it appears as though some fraudulent materials were presented relative to receipts and indicating that the monies requested should not be granted, and I believe that was the decision of the Hearing Officer. I would lean in favor of affirming the Appeals Officer's decision in that regard.

Governor: So, we would be upholding the decision, correct?

Attorney General: Correct.

Governor: Do we have any discussion on that? I agree with you completely.

Attorney General: So, moved.

Governor: Okay, so we have a motion on the floor. Any discussion on the motion? Hearing and seeing none, all in favor signify by saying aye. Any opposed? Motion passes.

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

Clerk: There are requests for three vehicles in this agenda item. The first request is from the Colorado River Commission (CRC) to purchase one replacement vehicle for \$71,034. The vehicle being replaced has met the age and mileage requirements in the State Administrative Manual (SAM); \$30,002 was funded in the agency's legislatively approved budget and the remaining \$41,032 will be paid using reserves.

The second request is from the Department of Conservation and Natural Resources(DCNR), Sagebrush Ecosystem Technical Team to purchase a replacement vehicle for \$2,500. The vehicle being replaced has met the age and mileage requirements in SAM. The purchase will be funded from realized savings.

The third request is from the Department of Public Safety(DPS), Capitol Police to purchase one new vehicle for \$1,500. The vehicle will be purchased using realized savings.

Governor: Who's here from CRC?

Bob Reese: Hi, this is Bob Reese, Assistant Director of Engineering Operations for the Colorado River Commission along with Gail Benton with the Colorado River Commission, Senior Accountant.

Governor: Okay, I have a couple of questions. First off, I appreciate that Director Brown got me the answers to the questions and queries I had. I was concerned to put out all this extra equipment that apparently you're saying couldn't be done by anybody at the same price in Nevada?

Gail Benton: The \$1,000 fee relates to having the truck sent to California from Reno in order to do the build-out. The quote that we received includes that \$1,000 transportation fee and the out-of-state permit in order to do that.

Governor: I understand that the quote includes that and I am well aware of the fact that your agency oftentimes uses out-of-state vendors which always bothered me. It doesn't seem like you gave the priority to looking for Nevada companies and I want to know if this is another case of that.

Gail Benton: No, in this instance we actually did receive three quotes, two from Las Vegas and then one from the vendor that we decided to go with. One of the quotes was substantially higher than we were quoted and one was slightly lower but the vendor that we used, we have used in the past and they were the originators of the specs for the build-out.

Governor: So, let me understand. The one that we've used in the past is the one in California.

Gail Benton: Yes.

Governor: And they were not the lowest bidder.

Gail Benton: They were not the lowest bidder. They were in the middle. We had three quotes. They were the middle bid.

Governor: That is troubling to me. Was the other company that was the lowest bidder in Nevada?

Gail Benton: Yes, they were.

Governor: In Las Vegas?

Gail Benton: We've used them in the past. They were the originator of the specs for the build-out. We attempted to try to find the appropriate vehicle type of truck type in Las Vegas. They did not have the proper wheelbase and some other issues, so we went with the vendor in Reno.

And since we had worked with this build-out contractor in the past, we selected them to go ahead and move forward or potentially move forward with the build-out for the purchase of the truck in Reno.

Governor: My concern isn't the company in Reno. My concern is the California company because you've used them in the past, I don't know why you would continue to use them if they're not the lowest bidder because they originated the specs that are now our specs. How much lower was the other bidder?

Gail Benton: Approximately \$1,000.

Governor: And then there's another \$1,000 in shipping?

Gail Benton: No, the difference between the lowest and the one we selected is approximately \$1,000.

Governor: Which includes the \$1,000 that we're paying for shipping.

Gail Benton: Correct, so, in total the difference between the one we selected and the lower one is approximately \$1,000.

Governor: I'm sorry but, and this is not the first time I've had this with CRC, I'm really disappointed. I am not in favor of using an out of state company that provides a higher bid than a Nevada company.

Bob Reese: If I may interject, Governor. The other bidder had different specifications for the utility bed, and that was one of the reasons in picking this particular vendor. It's very important for us to have the appropriate cargo space that can equip that type of equipment and also secure it.

Governor: Okay, that is not what your colleague just said. She said they put out the bid and the bids were different. She never said that the specifications were different. Now we're kind of changing the story so, I want to hold this one and bring it back for some accurate information because I'm troubled how this was handled, okay?

Bob Reese: Very good.

Gail Benton: Okay.

Governor: Okay.

Counselor, what do you want me to make the motion on this one? The Colorado River Commission one we're bringing back and the other two we're approving.

Greg Ott: The motion would be to approve the DCNR and the DPS items and not the CRC item.

Governor: Okay.

Attorney General: So moved.

Governor: We have a motion. Any discussion? Seeing none, all in favor signify by saying aye. Any opposed? Motion passes.

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 (NDOC) (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 Senate Bill (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.

Governor: Item 6, *Authorization to Contract with a Current and/or Former State Employee*.

Clerk: Item 6 includes four requests to contract with current or former employees pursuant to NRS 333.705, subsection 1.

The first request is from the Department of Corrections to contract with two current employees to deliver packages to inmates through September 2019, and these deliveries will occur off-hours.

The second request is from the Department of Public Safety, Division of Parole and Probation, to contract with a current employee to provide effective practices and community supervision training to staff. There is a revision needed for this agenda item. The agenda states that this item is related to Agenda Item 8, Contract 26, Contract 21714. This request is actually related to Agenda Item 10, Clerk of the Board Contracts, Contract 36, Contract 21626.

The third request is from the Department of Taxation to contract with a former employee to assist in the review and evaluation of critical application data to create documents intended for public disclosure as introduced in the amendment to SB 32 through June 30th, 2019. This request is retroactive.

The final request is from the Department of Transportation to contract with a former employee. The CA Group has hired a former employee and plans to utilize this individual on the I-15 South National Environmental Policy Act Reevaluation Project to provide alternative analysis and conceptual design services. Representatives from the departments are available to answer any questions the Board may have.

Governor: Okay, Corrections, who wants to come on up? I've got questions so pull up a chair. Okay, let me understand how this works. Inmates can order something from this catalog, and they can order anything. They can order food. They can order tvs. They can order what-have-you. They pay for it out of their account and it's delivered by an employee who gets a commission for every package that they deliver. Is that right?

John Borrowman: Good morning. I appreciate the opportunity to speak with this Board about this matter. This is where the inmate could make purchases like batteries, Cinnabon's, Top Ramen – those types of things that you would normally see in a convenience store. The inmates are able to buy that as commissary and we have store staff that is part of NDOC employees that would in most cases, the inmate would come to the window and pick up their packages or their commissary that they've purchased and brought that back to their housing unit.

A separate program, also through the same vendor, but a separate program, is the package program. That's where the inmate or the family and friends could buy items for the inmate and receive those as a separate package. That package is delivered to a storage unit outside of the facility and it is up to the vendor to provide the delivery to the

individual inmate. We do not use NDOC employees through the commissary program to deliver these packages.

In this case, the vendor would have passed the NDOC background and the vendor exclusively hires NDOC employees to complete the delivery of these packages, but they are not being made on NDOC employee time. They are considered independent contractors directly with the vendor and the vendor does pay those employees \$5.00 per package to deliver those packages off-shift to the individual inmates.

So, the difference would be commissaries through the windows provided by NDOC employees and the secure pack is provided as a contract from the vendor to a contracted employee to off-hours, off-shift, to go ahead and deliver those individual packages to the individual inmates for \$5.00 a package.

Governor: Okay, so it's not foodstuffs. There's no food.

John Borrowman: It is a different type of food so, they could order unusual or slightly different menu items through this package program, order special religious meals, etc. but it is not the primary commissary that's provided through the NDOC commissary program.

Governor: Okay, so the inmate or the family or whoever would pay out of this account and they'd add on. If it was \$100, they'd add on \$5.00 and they'd be charged \$105. \$5.00 goes to the employee and the rest goes to the vendor.

John Borrowman: Yes, now just to be transparent in this, the commissary program does charge an overhead. It makes a profit and that profit goes to the inmate welfare account where it is used for the benefit of all inmates. That could be the indigent funds, it could be the legal support to the secure pack package program so, the profit margin is still paid to the inmate welfare account but the \$5.00 delivery fee is paid independently to the individual contractor.

Governor: And how much is that profit margin?

John Borrowman: It's around 22%.

Governor: 22% is paid off the inmate's account that goes into this fund?

John Borrowman: Yes, that's correct.

Governor: Wow. Okay, have we bid this out for other companies or is that our fee, 22%, or?

John Borrowman: We did go through an extensive Request for Proposal process. This was initially, in 2010, a multi-state National Association of State Procurement Officers contract where multiple states were trying to set up a program and multiple states did actually participate in the awarding of this contract. In exchange for that larger investment of capital by the vendor we did go ahead and extend the duration of the contract. It expires

in 2022; and yes, we did do competitive bidding for all vendors that were interested in applying for this multi-state effort.

Governor: Can you give me an approximation of how many packages the employee delivers on a shift during the day?

John Borrowman: So, when the vendor has to hire an independent contractor to deliver these packages, it's all great when the system works perfectly but when we have employee turnover, it takes a while for this vendor to secure a new employee to continue with the deliveries. So, we did find in the case of the rural camps, that there was oftentimes a disruption in the delivery for the commissary program so the position was changed from a half full-time equivalent (FTE) employee to a full-time FTE. This has helped substantially with recruitment and retention and improvement of the commissary program. In 2017/2018, we discovered that the use of the independent contractors was not compliant so we brought our request to the Board and asked for authorization to contract with a current NDOC employee starting in August of last year. We evaluated the capacity and we found that we could go ahead and have the package program delivered through the commissary staff at the rural camps where they had the capacity and they would no longer go and deliver to the individual inmates. Instead it would be received through the standard commissary deliveries and it would be distributed to the inmates through the standard commissary service window. So, in the case of the rural camps, we are providing the package delivery to the inmates through commissary.

So, in the case of the major institutions we still have that independent contractor doing those independent deliveries. In fiscal year 2021 we have asked for additional staff. It was in the Governor's recommended budget and it was approved by the money committees in the hearing last night to go ahead and augment the commissary staff. So, we would roll out that final program in 2021 where all packages would be going through the commissary program, through normal delivery channels.

Obviously, with the change in the rural camps as diminished over the last year because we're now doing it through commissary, but the remaining major institutions are delivering about—

Governor: There are how many people doing this?

John Borrowman: I believe that we are sitting right around 14 in total.

Governor: Where is the package inspected that comes from this company?

John Borrowman: Because we have this exclusive agreement with the vendor to provide this service and they are the parent company of the Access Secure Pack, they have been vetted. So, the items that go into the box are already through a secured vendor put inside this shipping container which is secured and therefore each box does not have to be reopened and examined as it enters the institution.

Governor: I thought that's what you were going to say. So, this is secured – it's a cardboard box that some company put the product in there, sent it to an inmate and we assume that there's no contraband in that box?

John Borrowman: John Borrowman. In order to avoid the suggestion that somehow we are tampering with their merchandise or stealing or theft or loss or whatever, we want that transaction to be between the inmate and the package vendor. However, we do cell searches in order to make sure that the stuff that they have inside their cell is still compliant with what was allowable.

Governor: I'm a little surprised. I get a box and it gets x-rayed. I can't open my own boxes but they can send an inmate something if it comes from the secure vendor and nobody x-rays the box, nobody drug sniffs the box?

John Borrowman: I understand. We don't let anybody send anything.

Governor: No, I get that.

John Borrowman: The vendor has gone through substantial security scrutiny. They have security protocols in place. Their controls are essentially an extension of Indio Institution. They are a national company and they have met the national standards in order to be able to participate in that program.

Governor: I don't want to hold this up and you're the law enforcement guy. Okay, if you could have the Director get with me offline because I just would think that there's a potential for contraband to come in. I know how tough it is to get that stuff under control and we've got a problem with contraband getting in, if this is maybe a little bit of a loophole. Okay, I'll tell you what, I'll go ahead to approve these.

Secretary of State: Thank you, Governor. I appreciate it. I've been hearing about this and I thought that that was one of the things that we could do was at least have them go through an x-ray machine just to make sure there's nothing in there and I didn't think that was an invasion of privacy. I thought that was something that we had talked about. But we're not doing that? Thank you.

John Borrowman: I'll reaffirm with staff to see if we're doing any type of that type of inspection. I'd agree, we could x-ray those things without it being considered an invasion of privacy. I just wanted to clarify that we are not opening the packages. To my knowledge we are not opening the packages and inspecting the contents of those packages.

Governor: If we can get the Director to get back to all of us, just memo us, on how it's being done because it's a security question there.

Any discussion? Hearing none, all in favor signify by saying aye. Any opposed? Motion passes, thank you.

Next, 6-B, Department of Public Safety, Division of Parole and Probation. Do you want to tell us a little bit about what you're asking for, please?

Sue Sieber: This contract, we put out a bid. We have in the last biennium implemented Effective Practice in Community Supervision (EPICS) and it's a change in the way that we actually provide the training.

We felt that as the resistance to the change in the environment we put out a bid to have a workshop for people to come in and explain to all of our sworn physicians what the benefit is of the EPICS in general and where the recidivism would go and how this would benefit us as a whole.

So, we put out a bid on March 4th to see who could come in and provide the workshops. We planned three trainings in the north and six in the south to educate every sworn officer about the benefits of EPICS and how it would benefit us in the future. Of those three bids, Dr. Salisbury came in as the lowest bid. Although she's a current employee of the University of Nevada, Las Vegas (UNLV), she will be on her off-time when she is doing the training. This is a secondary occupation for her.

Governor: So, she is the lowest bid at \$250 an hour?

Sue Sieber: Yes, the total contract.

Governor: Okay and what do you mean the total contract?

Sue Sieber: So, the total contract – all the work sessions, the three and the nine workshops that she's holding, the total bid was \$13,978 for total, to hold all of the classes that we did.

Governor: Okay and has this been approved by Nevada System of Higher Education (NSHE) because I know, I spent 10 years there as well. When they're seeking part-time employment, it has to come through the college, the university. Was that was approved?

Sue Sieber: I don't know about that. We just put the bid out. The three bids that came back were from the different people that are involved in EPICS as a whole statewide or nationwide, so I don't know if she went through NSHE.

Governor: But she uses her UNLV phone number and email address, so somebody is going to communicate with her when she's at UNLV on UNLV time. That's what I am asking you. The university put procedures in place to make sure that employees can't be conducting business while they're on university time.

Charlene Boegle: This is the contract. She does have her own business, Salisbury Consulting.

Sue Sieber: Right, that's what I'm saying. I thought she bid under her Salisbury Consulting, LLC.

Governor: And my question is, all the 895 exchanges are UNLV exchanges. When it says @unlv.edu, that's a UNLV email address. So, she's using UNLV resources – that's what my question is.

Charlene Boegle: The information that we have for the contract is Salisbury Consulting. As I understand it, the contract is only under Salisbury Consulting and I understood that the contact was through her personal number and her personal email but I certainly can research that.

Attorney General: As I'm reviewing the information here I wonder if it may just be that she included this as part of the biography component, for information.

Secretary of State: Or did they pull it off of her website?

Governor: Did she submit this, or did you pull this off of a website?

Sue Sieber: We pulled it from the website.

Governor: Off her company website?

Sue Sieber: I apologize, I can't remember it.

Attorney General: Did you pull this off the UNLV Law School website? This is a different phone number that is listed for Dr. Salisbury and the address and the contractor name is in fact Salisbury Consulting listed on the different address in Las Vegas than UNLV.

So, the fact that this biography is included in here and it is a copy of the bio at UNLV's website is what's causing a little confusion here. We just want to ensure that she won't be, and she sounds as though she's communicated to you, that she will not be doing this work on UNLV time but the inclusion of her bio from UNLV draws some confusion here.

Charlene Boegle: That was my error. I was trying to offer the budget office information as to why her credentials were not directly related to UNLV showing where she had received her education.

Governor: I appreciate your transparency in answering General Ford's question. My issue is, and I spent a lot of time at UNLV, they very tightly regulate this because they had a lot of faculty spending an inordinate amount of time testifying in cases as professional expert witnesses doing different things and using university resources to get there and the university wasn't getting any compensation. So, this became an issue about ten years ago. As long as she's aware of it, I'm fine.

Attorney General: Chair, may I, just for additional information, it looks like the emails back and forth between the Department and Dr. Salisbury are coming from Salisbury Consulting as opposed to being from UNLV, so I'm satisfied that, at least at this juncture, this will be separate and apart from UNLV and not be done on UNLV time.

Governor: Do we have a motion on Item B? Any discussion? We have a motion on B. All in favor signify by saying aye.

Next is marijuana regulation and control.

Melanie Young: Good morning. This request is retroactive from April 22, 2019 through June 30, 2019 for a former employee, Ms. Murphy, to work with the Department. She assisted the Department in preparing the information that we posted on the Taxation website last Friday as a result of SB32. We will continue to utilize her services to assist with the backlog in the licensing transfer requests due to staff vacancy.

Governor: Okay, and she's not making an additional contribution to Public Employees' Retirement System (PERS) but she's collecting from PERS? She's under an LLC or something?

Melanie Young: No, we hired her through a temporary employment service. I don't remember the name of it.

Attorney General: Are you not anticipating any additional disclosure requirements on the going forward basis under the new law?

Melanie Young: Potentially. What we would be disclosing are any license changes. We plan on doing that on a monthly basis, which I think we can handle with internal staff. So, we will only be utilizing her resources as needed and we will re-evaluate going forward.

Attorney General: So, SB 332 didn't provide you additional resources necessary to do this job?

Melanie Young: No.

Governor: Alright, thank you. I appreciate it and I want to thank you for getting all of that up on the website. I got inundated with calls. There was a lot of documentation you downloaded onto that website.

So do we have a motion on this one? We have a motion for approval. Any discussion? All in favor signify by saying aye. Motion passes. Thank you very much.

Item 6-D, Department of Transportation.

Cole Mortensen: Good morning, Governor, Members of the Board. We are requesting approval to contract with a former employee for the CA Group on the I-15 NEPA re-evaluation project. The employee wasn't involved with managing or handling the CA Group contract and the CA Group was contracted through a competitive process with the department.

Governor: Okay, discussion? Motion?

Attorney General: So moved.

Governor: We have a motion for approval on Item 6-D. Any discussion? All in favor signify by saying aye. Any opposed? Motion passes. Thank you.

7. Approval of Proposed Leases (For possible action)

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

Clerk: There are 10 leases in agenda item 7 for approval by the Board this morning. No additional information has been requested by the Members.

Governor: 5 and 6. Are those the only two with MDL? As a lessor?

Clerk: Yes.

Governor: Thank you. I'm going to put a disclosure on the record. I don't know if I should abstain. One of the principals in MDL Group is my sister-in-law.

Greg Ott: Do you have a financial stake in the company?

Governor: No.

Greg Ott: Do you get any sort of advantageous benefit from the company?

Governor: No. I'll just disclose the relationship of a sister-in-law.

Do we have any questions on this? Any motion? We have a motion for approval. Any discussion? All in favor signify by saying aye. Motion passes. Thank you.

8. Approval of Proposed Contracts (For possible action)

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

Clerk: There are 39 items in Agenda Item 8 for approval by the Board this morning. Members have requested that additional information on Contract #3, between the Secretary of State's Office and the Center for Internet Security and Contract #13, between the Department of Taxation, Marijuana Regulation and Control Account and Accela.

Governor: Okay, I want to take – do we have any questions in general on all of these so –

Scott Anderson: Good morning. This is a contract for the monitoring of what is called Albert Sensors, intrusion detection devices, that are installed in 12 of the 17 counties. The contract itself is for those 12 counties for this monitoring and the description that is on the contract summary is not correct. We wanted to make sure that it was on the record that this has nothing to do with voting systems or voter machines. This has everything to do with the networks that are in front or have access to the voting registration systems. The 12 of the 17 counties have purchased these intrusion devices. Wayne Thorley, our Deputy for Elections is here to answer any further questions you might have.

Governor: Okay, do we have any questions?

Attorney General: Thank you, Mr. Chair. I asked for this to be pulled because I thought this was about voting machines and so I'm that much more confused. I'll need you to give me a better description of what exactly this contract is about, what it's supposed to accomplish and then I might have some follow-up questions.

Wayne Thorley: Good morning. Wayne Thorley, for the record, Deputy Secretary of State for Elections. This is a contract with Center for Internet Services, Proposed Contract, to provide monitoring services for a piece of hardware. It's called an Albert Sensor. It's an intrusion detection system.

Attorney General: Intrusion of what sort?

Wayne Thorley: Cybersecurity. So, and it's looking to alert on certain signatures to notify if there are potential malicious efforts to gain access to a system that houses a county voter registration database. And it's looking to alert on certain signatures to notify if there are potential malicious efforts to gain access to a system that houses a county voter registration database.

Attorney General: So, it's a system to protect against hacking, for example?

Wayne Thorley: Yes. A number of registered voters have already received this service free of charge through the U.S. Department of Homeland Security. So, for the remaining 12 counties we have purchased these sensors for them through a Help America Vote Act (HAVA) cybersecurity grant that we received last year. Then we're proposing to fund this contract through another Federal grant that we received through the Division of Emergency Management.

Attorney General: Well it probably goes without saying but talk to me about the efficacy of the program. You're looking to expand it from five to the remaining twelve but talk to me about what you've seen as the efficacy of this cybersecurity protection system.

Wayne Thorley: With the five counties that have already had the system installed?

Attorney General: Yes.

Wayne Thorley: It informs them of any efforts to breach their system or if there were breaches. I have not seen those reports but I can get that information for you.

Attorney General: Okay, you may not have seen the reports but have you heard reports as to whether this system has prevented efforts at hacking in the five counties that are utilizing the program thus far?

Wayne Thorley: Just to clarify one point. It's not a firewall so it doesn't block traffic coming in. It just monitors and alerts on certain traffic. It flags and informs the counties if they believe somebody has gotten in that shouldn't have been allowed in.

Attorney General: How many flags have we received with the five counties utilizing the service?

Wayne Thorley: I don't have that information but I can get that for you.

Attorney General: Have we received flags? Do you know that?

Wayne Thorley: I do not know that.

Attorney General: Okay. With all due respect, I would just be interested in, you know, how have we been able to respond to those flags and then why would we be looking at this juncture to expand this system without knowing that information.

Wayne Thorley: These are sensors that have been proven to be effective in other states. So, we're going off of the experience that other states and jurisdictions have had using these but I can certainly get you and the other Board Members the information regarding the number of alerts.

Attorney General: So, here is my suggestion. I'm going to defer to the Secretary of State, obviously. This is within her purview and I'm going to trust her judgment on this but I would absolutely like to have more data and statistics on how successful or unsuccessful these programs have been.

I know that you're indicating that nationwide this is proven to be a successful system but I would like to know specific to our state and the five counties that have used it, how effective it's been at alerting, albeit not stopping but alerting us with flags, efforts at tapping into our systems.

Wayne Thorley: Absolutely, will do. Thank you, sir.

Secretary of State: Thank you and thank you to my deputies for being here and explaining this to the Attorney General. We are working on a regular basis with the cybersecurity issues and looking at different issues, and this is one of them that has come up and come to us that we feel very good about that we're being very proactive and that's what we want to do. We've got a great state that has been very good with the voting and

so we want to continue that and this is an effort that we thought would be very beneficial to us. So, thank you, gentlemen, appreciate it.

Governor: Thank you. I've got questions, do we have somebody here from Tourism? I'm going to keep raising the same question that I continued to raise with Tourism because I'm not understanding. I guess you're marketing.

Brenda Nebesky: Yes, it is. These two contracts, contract extensions, one for ad copy testing, the other for web usability. They are somewhat related and essentially what they do is test the effectiveness of our domestic campaigns and media buys.

Governor: I'm well aware of a lot of analytical companies in the State of Nevada but why do we go out-of-state?

Brenda Nebesky: I was not part of this evaluation committee, so I can't speak to it directly but for each of these contracts we had four applicants, including the company awarded and one from Illinois and one from Pennsylvania and one from Washington, the other New York, Indiana, London.

I think it's two things: one is vendors are only notified if they have registered with state purchasing, So, better notification and within the correct service category also; and then the other is just the nature of the expertise within the industry. I really don't think there are that many companies who are doing this type of panel survey work.

Governor: Okay, I guess the two issues that I've got then is one, we are renewing a contract you've had for three years that maybe there wasn't somebody three years ago, but there might be somebody today; and if we renew it for another two years and then it will be a chance for two more years.

Maybe we need to do a better job of outreach because this isn't the first time today, I keep bringing up out-of-state companies, to reach out to Nevada companies and say register your areas of interest. The concern I've got is and I'm a big supporter of tourism and cultural affairs and bringing more people to Nevada but you're competing with the Reno Convention Visitors Authority (CVA), Las Vegas Convention and Visitors Authority, Lake Tahoe.

We're all spending money, and you know, I don't know how effective it is when everybody's just kind of like shooting all over the place as opposed to coordinate the information that you've got and the sharing of that information. Do we do sharing?

Brenda Nebesky: We absolutely do. We consider both the CVA's partners and it's the Division of Tourism's job to drive tourism in the rural areas and appeal to those visitors to take a trip out into the state and to see the rest of what the state offers.

Governor: I get that and I've got to backup up on the ones that I brought up last time about all the contracts that are getting awarded to out-of-state companies to promote in other countries. There's no quantifying of how beneficial they were. If we spent half of a

million dollars in Argentina, we spent, say, \$800,000 in Mexico and I know it's sometimes difficult to quantify but maybe it can be done through surveys or something to see how effective this is.

Brenda Nebesky: We absolutely track our investment related to international markets and we're working on a response. The finance office did ask us for those numbers, and so we're working on a document that will give you, we expect, the same return on investment.

Governor: When do you think you might have that?

Brenda Nebesky: I'm hoping by the end of the week. I've reached out to all of our international representation for their most recent annual reports and some of their site visitations, some of those numbers. So, I expect to have all that in.

Governor: I appreciate it but I don't want the fluff stuff that comes in an annual report that tells all their prospective clients how great they are and they do this. I want the specifics of money that you're spending with them such as that we spent \$800,000 and they had 1,400 people come to Elko for Cowboy Poetry or whatever they did and we can say look, this was a good use of our resources.

Brenda Nebesky: We are able to quantify the visitor spend from each individual market and the numbers per year so, I'll be giving you all of that. There's a specific set of questions you sent. I believe there were six, so we're responding to those.

Governor: Great, thank you very much. Appreciate it.

Brenda Nebesky: Thank you.

Governor: Any other questions? No? Do I have a motion on this one? We have a motion on 8. Any further discussion? All in favor signify by saying aye. Any opposed? Motion passes.

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

Clerk: Agenda Item 9 today for our approval by the Board this morning. No additional information has been requested by the Members.

Governor: Extra great job on this one. I didn't have any questions, Director. Thank you.

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.

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.

Governor: Next item, 10, *Clerk of the Board Contracts*, Informational Item.

Does anybody have any questions? No? Okay.

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.

Governor: Item number 11, *Reports*.

Clerk: There are two Informational reports under this agenda item. The first report is from the Department of Motor Vehicles on the voluntary contributions collected by counties pursuant to NRS 482.480, the Complete Streets Program, for the period from January 1st, 2019, to March 31st of 2019.

During the quarter ending March 31st, the Department collected \$98,186 compared to \$87,816 in the same period last year and \$79,236 collected last quarter. Year-to-date the Department collected \$258,324 which is a 4% increase from the same period in the prior year 4% was from Washoe County; just over 3% was from Carson City; and just under 3% was from Douglas County.

After deducting the 1% to administer the collection and distribution of contributions, the department distributed \$255,740.76 to the four counties year-to-date for fiscal year 2019 compared to \$244,022.63 for the same period in fiscal year 2018.

Approximately 14.27% of those registering a vehicle during the fiscal year contributed to the Complete Streets Program ranging from 10.39% in Douglas County to 15.33% in Clark County. This is an increase from 13.9% who contributed during the same period in fiscal year 2018.

The second item is an Informational Report regarding lands or interests and lands transferred, sold, exchanged or leased under the Tahoe Basin Act Program as well as a quarterly report on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program which are required pursuant to NRS 321.5954 and Chapter Chapter 355, Statutes of Nevada, 1993 respectively.

This report is for the quarter ending December 31, 2018. There were no transactions under the Tahoe Basin Act. There was one transaction under the Lake Tahoe Mitigation Program resulting in a sale of 196 square feet of restored soft land coverage resulting in proceeds of \$4,312 for the Nevada Land Bank.

There was one transaction under the Lake Tahoe Mitigation Program resulting in a sale of 196 square feet of restored soft land coverage resulting in proceeds of \$4,312 for the Nevada Land Bank.

Governor: Thank you. Do we have any questions? That was an Information Item. Seeing none.

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.)

Governor: Item 12 – This is the second time set aside for public comment. Anyone wishing to address the Board on any item, please step forward, identify yourself for the record. Comments must be limited to three minutes.

Seeing none. Do we have anyone in Las Vegas for public comment? None.

Board Secretary: I just wanted to advise everyone that the June Board of Examiners Meeting has been rescheduled to June 13th at 10:00 a.m. in the same location.

13. Adjournment (For possible action)

Governor: Do I have a motion to adjourn? We have a motion. Any discussion? All in favor? Opposed? Motion passes. Thank you all very much. We'll see you next month.

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2. REQUEST FOR BOE APPEAL DATED APRIL 12, 2019
3. DECISION OF THE APPEALS OFFICER, AO MOORE (AO# 1902466-SYM) DATED APRIL 9, 2019
4. TRANSCRIPT OF PROCEEDINGS (AO# 1902466-SYM) DATED MARCH 18, 2019
5. VOCP APPEAL STATEMENT (AO# 1902466-SYM) DATED MARCH 5, 2019
6. NOTICE OF HEARING (AO# 1902466-SYM) DATED FEBRUARY 25, 2019
7. REQUEST FOR APPEAL RECEIVED FEBRUARY 20, 2019
8. DECISION AND ORDER OF THE HEARING OFFICER (HO# 1901859-SA) DATED JANUARY 28, 2019
9. TRANSCRIPT OF PROCEEDINGS (HO# 1901859-SA) DATED JANUARY 22, 2019
10. VOCP HEARING STATEMENT (HO# 1901859-SA) DATED JANUARY 18, 2019
11. EMAIL CORRESPONDENCE FROM DETECTIVE STAFFORD DATED JANUARY 17, 2019
12. NOTICE OF HEARING BEFORE THE HEARING OFFICER (HO# 1901859-SA) DATED DECEMBER 27, 2018
13. REQUEST FOR HEARING (HO# 1901859-SA) DATED DECEMBER 5, 2018
14. VOCP DENIAL LETTER DATED NOVEMBER 9, 2018
15. LVMPD INCIDENT REPORT RECEIVED OCTOBER 29, 2018
16. VOCP APPLICATION RECEIVED OCTOBER 15, 2018

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**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Victims of Crime Program

voc.nv.gov

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

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

May 1, 2019

To: Susan Brown, Clerk, Board of Examiners

From: Michelle Morgando, Coordinator

Re: Appeal of James Patterson
Claim No. 19-10046401-NR

Case Summary

James Patterson appeals the Decision of the Appeals Officer affirming the Victims of Crime Program's (VOCP) determination dated November 9, 2018.

On August 8, 2018, Mr. Patterson was shot outside of a 711, resulting in a fractured hip and L4 vertebrae. Gang unit detectives investigated the event and named Mr. Patterson as one of the suspects.

Recommendation

It is recommended that the Board uphold Appeals Officer Sheila Moore's decision dated April 9, 2019.

- 1. The basis of any Victims of Crime claim is that the person seeking assistance be a victim. Policy requires VOCP to give significant weight to the reports of law enforcement. Although he was shot, Mr. Patterson is named as a suspect, not a victim in the police report. Upon follow up, the detective confirmed that Mr. Patterson is a suspect.**

NRS 217.010 Policy of State. It is the policy of this State to provide assistance to persons who are victims of violent crimes or the dependents of victims of violent crimes.

Victims of Crime Program Policy, Section Six. Police Reports

1. Police Reports Required

A. An application for VOCP benefits cannot be approved unless a police report was filed. NRS 217.090 requires the compensation officer to verify certain facts contained in the reports of law enforcement agencies who investigated the crime. This section states in part:

2.A compensation officer shall:

(a) Conduct an investigation to determine the eligibility of the applicant for aid, including but not limited to: ...

(3) Obtaining and reviewing reports of peace officers and statements of witnesses."

B. The compensation officer verifies the following information from the police report:

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- 1) Whether the report filed within 5 days of the crime per NRS 217.210.
- 2) Whether the crime committed is covered by the VOCP.
- 3) Whether the applicant was a victim of that crime.
- 4) Whether the applicant was injured during the crime.
- 5) Whether the applicant participated in the crime.
- 6) Whether the applicant contributed to their injuries.
- 7) Whether the applicant cooperated with the police.

4. Statements of Law Enforcement in Police Reports.

A. Law enforcement reports will be accepted as evidence by the hearing or appeals officer and will not be subject to disqualification based on hearsay objections.

B. The compensation officer will consider the following when evaluating law enforcement statements concerning applicants' cooperation, or failure to cooperate:

- 1) Whether the applicant was required to cooperate under any other state or federal law or regulation
- 2) Whether applicant demonstrates subsequent cooperation with law enforcement
- 3) Whether applicant demonstrates justifiable fear for victims' safety, or the safety of family members
- 4) Whether applicant demonstrates justifiable fear of violent retaliation
- 5) Credible threat of family disruption or displacement

C. Statements of law enforcement officers contained in their reports will be considered, and significant weight will be given to the evidence from, and conclusions of a law enforcement agency when determining whether or not a crime occurred, or the applicant cooperated. Evidence from the victim that contradicts, corrects or clarifies such reports will also be accepted into evidence and given full consideration.

Section Four. Responsibilities of Applicant

1. General

A. When applying to the VOCP, the burden of proof for determining eligibility lies solely on the applicant. The applicant must provide clear evidence of eligibility for any and all benefits provided by the VOCP. It is not the responsibility of the VOCP to obtain documentation to substantiate claims and statements made by the applicant.

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. If, during the course of a claim, an applicant is convicted as an offender in another crime enumerated in chapter 217 or our policies, VOCP shall close their claim and no further benefits will be authorized.

B. To qualify for VOCP benefits, the applicant must not have participated in the crime that led to the victimization. A victim participated and is not eligible if they are a "coconspirator, codefendant, or accomplice" in the crime, or if they are an adult passenger of a DUI driver.

NRS 217.220 Award of compensation prohibited under certain circumstances;

1. Except as otherwise provided in subsections 2 and 3, compensation must not be awarded if the victim: ...

(b) Was a coconspirator, codefendant, accomplice or adult passenger of the offender whose crime caused the victim's injuries

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.

2. Contributory Conduct Considerations

A. A victim who is involved in the events leading to the crime may not be eligible for VOCP benefits if the behavior of the victim contributed to the victim's injuries.

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B. Sec. 2. NRS 217.180 provides:

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 his injury or death, the prior case or social history, if any, of the victim, the need of the victim or his dependents for financial aid and other relevant matters.*

2. *If the case involves a victim of domestic violence, sexual assault, or sex trafficking, the compensation officer shall not consider the provocation, consent or any other behavior of the victim that directly or indirectly contributed to his injury or death of the victim.*

C. Definition of contributory conduct:

Contributory conduct is intentional conduct, willingly and knowingly engaged in by the victim that is both a direct cause, and a proximate cause, of the victim's injuries.

D. Applications will not be denied based on contributory conduct where:

- 1) The victim is a victim of sexual assault;
- 2) The victim is a victim of domestic violence;
- 3) The victim acts in self-defense or defense of others;
- 4) The victim acts are attributable to reasonable efforts by the victim to aid a crime victim, to prevent a crime from occurring in his presence, or to apprehend a person who has committed a crime in his presence.

E. If an application is denied for issues related to contributory conduct and the applicant appeals the denial, the applicant will have the burden of establishing that their conduct meets the standards and criteria set forth in these policies. The VOCP will not be required to establish an applicant's behavior did not meet the standards established by these policies.

F. To qualify for benefits associated with physical injury claims an applicant must not act in a way that caused or contributed to their injury. The contributory conduct must be the "proximate cause" of the injury to disqualify an applicant from acceptance by the VOCP. Such conduct may be determined by the victim's actions immediately before or during the crime.

G. Applications for assistance may be denied in whole or in part if the victim suffered physical injury from:

- 1) crimes in which the victim deliberately provoked the offender by means of fighting words, "road rage", racial pejoratives or other taunting, or by threats coupled with overt actions indicating the victim's intent to carry out the threat;
- 2) crimes in which the victim initiated or significantly escalated a physical altercation with the offender;
- 3) crimes constituting acts of retaliation or retribution for a crime or crimes previously committed by the victim;
- 4) crimes committed during the course of an illegal drug transaction in which the victim was a knowing and willing participant;
- 5) crimes in which the victim's felony criminal record, coupled with the circumstances of the crime, lead to the reasonable inference that the crime for which the applicant seeks compensation was directly caused or provoked by the victim's criminal history.

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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 **BOE CASE SUMMARY** was duly mailed, postage prepaid to the following:

SUSAN BROWN, CLERK
BOARD OF EXAMINERS
BY EMAIL: CBREKKEN@FINANCE.NV.GOV

JAMES PATTERSON


Dated this 2nd day of May, 2019



Employee of the State of Nevada

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Appeal Letter

April 12, 2019

Claim Number: 19-10046401-NR

RECEIVED
APR 30 2019
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Victims OF Crime Program

To whom it may concern, I James Patterson, is writing a written request for a hearing to appeal a decision that was denied on the behalf of my benefits application that was mailed out on October 10, 2018. As well as my second hearing which was a phone hearing on January 26, 2019. Everything that was stated in the police report was true and accurate to the best of my knowledge. In the police report it clearly states that I am a victim and not the aggressor. I was ~~not~~ involved in any incident, just a by stander that was injured in a crossfire.

I am hurt, injured, suffer from being able to walk correctly, not able to work and do daily duties for myself. I suffer from depression as well. Not knowing if I'm going to ever recover fully and walk normal again! If you have any questions or concerns, please feel free to contact me through Via Mail or Phone.

Thank You.

James Patterson

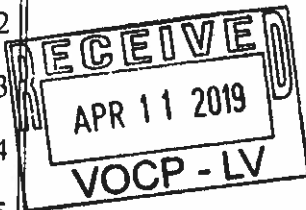
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APR 30 2019
VOC - LV

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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER



1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED

APR 09 2019

DEPT. OF ADMINISTRATION
APPEALS OFFICER

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

Claim No: 19-10046401-NR

8 Appeal No: 1902466-SYM

9 JAMES PATTERSON,

10 Claimant.
11

12 **DECISION OF THE APPEALS OFFICER**

13 The above entitled matter was heard March 18, 2019. The Claimant
14 was present via telephone and was not represented. The Victims of Crime
15 Program (VOC) was represented by Rebecca Salazar, Program Manager, who
16 also appeared via telephone.

17 The above-captioned appeal arises from the decision of the Hearing
18 Officer dated January 28, 2019. The hearing was conducted pursuant to NRS
19 Chapter 217, and all applicable administrative regulations.

20 Based on the documentary evidence and consideration of the
21 testimony herein, the Appeals Officer hereby renders the following Findings of
22 Fact and Conclusions of Law:

23 **FINDINGS OF FACT**

24 James Patterson testified that on August 8, 2018, he and a friend were
25 visiting Las Vegas from California. Mr. Patterson stated that the friend's name was
26 Correl but did not know his last name. On that day, the two were given a ride and
27 dropped off near the Ross Dress for Less located at 2420 East Desert Inn Road. Mr.
28 Patterson testified that he did not know the name of the female who gave him

1 the ride to that location. Shortly after he was dropped off, he was shot twice, and he
2 testified that he was simply an innocent bystander. Mr. Patterson further testified
3 that a stranger stopped to help him and gave him a ride to the hospital, however, he
4 did not know that person's name either.

5 According to the police report, James Patterson was listed as the
6 offender in the incident. Detective Eric Stafford, Las Vegas Metropolitan Police
7 Department Gang Investigations, stated that the evidence at the crime scene
8 indicates that Mr. Patterson is a suspect.

9 Mr. Patterson's testimony was self-serving and was found not to be
10 credible. He did not know the full names of any of the individuals he was with nor
11 the person who transported him to the hospital.

12 CONCLUSIONS OF LAW

13 It is the policy of the State of Nevada to provide assistance to persons
14 who are victims of violent crimes. NRS 217.010. A victim is defined as "a person
15 who is physically injured or killed as the direct result of a criminal act." NRS
16 217.070. Board of Examiners' Policy, Section Six (1)(B)(3) requires a
17 compensation officer verify from a police report whether the applicant was the
18 victim of a crime. In this matter, Mr. Patterson claims that he was an innocent
19 bystander when he suffered a gunshot wound on August 8, 2018. However, the
20 police report lists him as the offender, and Detective Stafford states that evidence at
21 the crime scene indicates that Mr. Patterson is a suspect in the crime.


22 Under the Victim of Crime Program, the applicant has the burden of
23 proof, by clear and convincing evidence, to establish entitlement to benefits.
24 Nevada Victim of Crime Policies and Procedures, Section Fourteen (A). Mr.
25 Patterson has not met his burden of proof in establishing that he was a "victim". As
26 such, claim denial was proper.

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IT IS SO ORDERED.

ED.



SHEILA Y MOORE
APPEALS OFFICER

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JAMES PATTERSON

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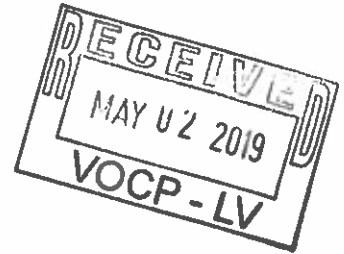
Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER



In the matter of the:
Contested Victim of
Crime Claim,

of

JAMES PATTERSON,
Claimant

Claim No.: 19-10046401-NR

Appeal No.: 1902466-SYM

TRANSCRIPT OF PROCEEDINGS
BEFORE THE
HONORABLE SHEILA MOORE, ESQ.
APPEALS OFFICER

MARCH 18, 2019

11:01 AM

1050 EAST WILLIAMS STREET, SUITE 450
CARSON CITY, NEVADA 89701

Ordered by: Victims of Crime Program
Rebecca Salazar
220 South Rancho Drive, Suite 210A
Las Vegas, Nevada 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:

James Patterson



On behalf of the Program:

Rebecca Salazar

Victims of Crime

2200 South Rancho Drive, Suite 210A

Las Vegas, Nevada 89102

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I N D E XEXAMINATIONDIRECTCROSSREDIRECTRECROSS

[None]

E X H I B I T SIDENTIFIEDENTEREDEVIDENCE

Program's Exhibit 1

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P R O C E E D I N G S

APPEALS OFFICER: Good morning. Today's date is March 18, 2019. It's approximately 11:00 in the morning. This is the time and date set for the hearing in the matter of Victims of Crime Claim of James Patterson.

This is Appeal #1902466. Present by telephone is Mr. Patterson. Also present by telephone is Rebecca Salazar, Program Manager, representing the Victims of Crime Program.

This is the Applicant's appeal of a January 28, 2019 Hearing Officer's Decision which affirmed claim denial.

I have one Exhibit that's been filed. It was filed on March 8th by the Victims of Crime Program. Mr. Patterson, did you receive a copy of that document?

JAMES PATTERSON: Yes.

APPEALS OFFICER: Okay. This document will be marked and entered as Exhibit 1. Mr. Patterson, other than yourself, do you have any witnesses today?

JAMES PATTERSON: No.

APPEALS OFFICER: Okay. Ms. Salazar, do you have any witnesses?

REBECCA SALAZAR: No.

APPEALS OFFICER: Okay. Mr. Patterson, at this time, I'm going to swear you in, will you please raise your right hand? Do you swear or affirm the testimony you're about

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1 to give in this matter is the truth, the whole truth and
2 nothing but the truth?

3 JAMES PATTERSON: Yes.

4 APPEALS OFFICER: Okay. Would you please go ahead
5 and state your position?

6 JAMES PATTERSON: [inaudible]

7 APPEALS OFFICER: Okay. What I mean is, tell me
8 what happened.

9 JAMES PATTERSON: August 8th, I was [inaudible] I'm
10 not sure what the streets were. Around [inaudible]. I was
11 walking to the store and I heard gunshots. I was hit from a
12 [inaudible] across the street.

13 APPEALS OFFICER: How many times were you hit?

14 JAMES PATTERSON: I believe two. In my left-left
15 hip.

16 APPEALS OFFICER: Okay. Do you know who fired the
17 weapon?

18 JAMES PATTERSON: No, I didn't see them.

19 APPEALS OFFICER: Okay. When you say you were
20 across the street from the store, what street were--what the
21 store were you across the street from, do you remember?

22 JAMES PATTERSON: From 7-11.

23 APPEALS OFFICER: Across from 7-11. [pause] At
24 that time, were you a resident of California?

25 JAMES PATTERSON: Yes.

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1 APPEALS OFFICER: Okay. So, you were just in Las
2 Vegas visiting?

3 JAMES PATTERSON: Yes.

4 APPEALS OFFICER: And, how did you get to be where
5 you were located across from 7-11?

6 JAMES PATTERSON: I was--someone brought me over
7 there. It was a friend, a female that my friend was talking
8 to.

9 APPEALS OFFICER: Okay. So, you were with a
10 friend and your friend was talking to a female?

11 JAMES PATTERSON: Yeah, getting dropped off at
12 Ross.

13 APPEALS OFFICER: Oh, you were dropping the female
14 off at Ross.

15 JAMES PATTERSON: No, she was dropping us off.

16 APPEALS OFFICER: Oh, she was dropping you off.

17 JAMES PATTERSON: Yeah.

18 APPEALS OFFICER: Do you know her name?

19 JAMES PATTERSON: No.

20 APPEALS OFFICER: And, do you know the--can I get a
21 name of the friend you were referring to?

22 JAMES PATTERSON: His name is Correl, I believe.

23 APPEALS OFFICER: Correl?

24 JAMES PATTERSON: Yeah.

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1 APPEALS OFFICER: Do you know, is that a first
2 name, a last name?

3 JAMES PATTERSON: First name.

4 APPEALS OFFICER: Do you know a last name?

5 JAMES PATTERSON: No.

6 APPEALS OFFICER: And, did you meet them in Las
7 Vegas, or is this person also a resident of California?

8 JAMES PATTERSON: Yeah, he's a resident to
9 California.

10 APPEALS OFFICER: Okay. What happened after you
11 were shot?

12 JAMES PATTERSON: I was dropped off at the
13 hospital, Sunrise.

14 APPEALS OFFICER: So, who took you to the
15 hospital?

16 JAMES PATTERSON: I don't know, it was someone
17 else because the girl had left. There was some people that
18 was there in the parking lot.

19 APPEALS OFFICER: I'm sorry, I didn't quite
20 understand that last statement, can you say that again?

21 JAMES PATTERSON: The girl had left, she already
22 had dropped us off. And, there was someone that was in the
23 parking lot. I'm not sure, it was a stranger. I don't know.

24 APPEALS OFFICER: Oh, somebody just saw that you
25 were injured and took you to the hospital?

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1 JAMES PATTERSON: Yes.

2 APPEALS OFFICER: Okay. Is there anything else
3 you'd like to present?

4 JAMES PATTERSON: No.

5 APPEALS OFFICER: Ms. Salazar, are you prepared to
6 present the case for the Victims of Crime Program?

7 REBECCA SALAZAR: I am. This case is unique in
8 that the police report is confusing. It's—the facts are kind
9 of jumbled. It's not really clear as to how Mr. Patterson
10 fits into the scenario and what exactly happened.

11 Our decision—our denial was based on the fact that
12 Mr. Patterson is listed as a suspect in the police report,
13 rather than a victim. And that's the very basis for a Victims
14 of Crime Claim is you have to be named, as a victim, by
15 police, of a violent crime. So, we don't have that.

16 Because the narrative is so confusing, we did reach
17 out to the Detective that investigated this case for more
18 information and although he didn't provide much, he provided a
19 statement saying that—confirming that Mr. Patterson is a
20 suspect rather than a victim.

21 So, that's what our denial is based on.

22 APPEALS OFFICER: Okay. Thank you. Mr.
23 Patterson, did you have anything else you would like to add?

24 JAMES PATTERSON: No, I just—I'm [inaudible]
25 detective actually has on the paperwork. I don't believe I

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1 talked to him. I was talking to Detective Heffner [phonetic],
2 [inaudible]. I was trying to get my money back that they took
3 out of my clothes. The Detective [inaudible] paperwork.

4 APPEALS OFFICER: Okay. And, does that complete
5 everything you'd like to tell me?

6 JAMES PATTERSON: Yes, so far.

7 APPEALS OFFICER: Okay. At this time, this matter
8 is going to submitted for decision. I'll have that decision
9 rendered in 15 days, okay?

10 JAMES PATTERSON: Okay.

11 APPEALS OFFICER: All right, thank you both for
12 your time today and with that, we're off the record and both
13 of you have a good day. Thank you very much.

14 REBECCA SALAZAR: Thank you, bye-bye.

15 JAMES PATTERSON: Thank you.

16 APPEALS OFFICER: Bye now.

17 [end of proceeding 11:08:16]

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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 Victim of
Crime Claim,

of

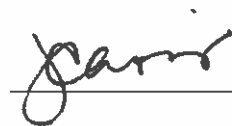
JAMES PATTERSON,
Claimant

Claim No.: 19-10046401-NR

Appeal No.: 1902466-SYM

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 March 18, 2019 in Carson
City, Nevada.



Jaime Caris
Always On Time
May 2, 2019

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

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

In the Matter of the Contested)	APPEAL NO: 1902466-SYM
Application for Compensation:)	
)	
James Patterson,)	VOCP NO: 19-10046401-NR
Applicant)	
_____)	

VOCP APPEAL STATEMENT

Mr. Patterson filed an application on October 15, 2018 and that application was denied on November 9, 2018. The report issued by the Las Vegas Metropolitan Police Department (LVMPD) lists Mr. Patterson as a suspect. The narrative of the report is confusing and mentions another suspect, so the Victims of Crime Program (VOCP) contacted LVMPD for more information. The gang unit detective investigating the case stated that evidence at the scene indicates Mr. Patterson is not an innocent victim but rather a suspect in the crime. Although sufficient details are not available, VOCP must deny the application since we do not have a police report naming Mr. Patterson as a victim of any crime.

Board of Examiners' Policy, Section Six. Police Reports

1. Police Reports Required

A. An application for VOCP benefits cannot be approved unless a police report was filed. NRS 217.090 requires the compensation officer to verify certain facts contained in the reports of law enforcement agencies who investigated the crime.

B. The compensation officer verifies the following information from the police report:

- 1) Whether the report filed within 5 days of the crime per NRS 217. 210.
- 2) Whether the crime committed is covered by the VOCP.
- 3) Whether the applicant was a victim of that crime....

NRS 217.070 "Victim" defined. "Victim" means:

1. A person who is physically injured or killed as the direct result of a criminal act;

Dated this 5th day of March, 2019
 Victims of Crime Program

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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
1050 E WILLIAM ST RM 450
CARSON CITY, NV 89701

JAMES PATTERSON



Dated this 5th day of March, 2019



Employee of the State of Nevada

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FEB 25 2019

DEPT. OF ADMINISTRATION
APPEALS OFFICER

Claim No: 19-10046401-NR

Appeal No: 1902466-SYM

Claimant.

NOTICE OF HEARING

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

Date: Monday, March 18, 2019

Time: 11:00AM

**Place: Appeals Office Hearing Room
1050 E. Williams Street, Suite #450
Carson City, NV 89701
Phone: (775) 687-8420**

Should the Victim wish to make his appearance via telephone he or she may do so by contacting this office prior to the date of the hearing and making arrangements therefore.

Shirley

SHEILA Y MOORE, 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, 1050 E. Williams Street, Carson City, Nevada, to the following:

JAMES PATTERSON

VICTIMS OF CRIME
REBECCA SALAZAR VOCP
2200 S RANCHO DR #210-A
LAS VEGAS, NV 89102

REBECCA SALAZAR VOCP
2200 S RANCHO DR #210-A
LAS VEGAS NV 89102

Dated this 21st day of February, 2019.

14/2
Kristi Fraser, Legal Secretary II
Employee of the State of Nevada

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Tasha Eaton

From: Rebecca D. Salazar
Sent: Wednesday, February 20, 2019 2:00 PM
To: Tasha Eaton
Subject: Req for Appeal
Attachments: patterson.pdf

Hi Tasha,

Please see the attached Request for Appeal that we received by mail. Thanks.

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

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

In the matter of the Contested
Victim of Crime Claim of:

Hearing Number: 1901859-SA
Claim Number: 19-10046401-NR

JAMES PATTERSON
[REDACTED]

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

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: JANUARY 28, 2019

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

PERSON REQUESTING APPEAL: (circle one) APPLICANT / VICTIM OF CRIME PROGRAM

REASON FOR APPEAL: Information I provided was the best to my acknowledgement.

If you are represented by an attorney or other agent, please print the name and address below.

Name of Attorney or Representative

James Patterson
Person requesting this hearing (please print)

Address

[Signature]
Person requesting this hearing (signature)

City, State, Zip Code

Telephone Number

[REDACTED] 2/6/19
Date

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
1050 E. WILLIAMS STREET SUITE 450
CARSON CITY, NV 89701
(775) 687-8420

FILED
FEB 20 2019
DEPT. OF ADMINISTRATION
APPEALS OFFICER

*1902460-S4m
Mon 3-18-19
11:00*

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In the matter of the Contested
Victim of Crime Claim of:

JAMES PATTERSON
[REDACTED]

Hearing Number: 1901859-SA
Claim Number: 19-10046401-NR

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

BEFORE THE HEARING OFFICER

The Applicant's request for Hearing was filed on December 21, 2018 and a Hearing was scheduled for January 22, 2019. A Hearing was held on January 22, 2019 in accordance with Chapter 217 of the Nevada Revised Statutes.

The Applicant was present by telephone conference call. The Victim of Crime Program was represented by Rebecca Salazar, Program Manager, by telephone conference call.

ISSUE

The Applicant appealed the Compensation Officer's determination dated November 9, 2018.

The issue before the Hearing Officer is claim denial.

DECISION AND ORDER

The determination of the Compensation Officer is hereby **AFFIRMED**.

Having reviewed the submitted evidence and in consideration of the representations made at today's hearing, the Hearing Officer finds claim denial is proper. Under the VOC Program, the Applicant has the burden of proof, by clear and convincing evidence, to establish entitlement to VOC benefits. In the instant matter, the Hearing Officer finds the Applicant has not met said burden and, therefore, the denial of the claim is proper.

**NEVADA VICTIM OF CRIME POLICIES AND PROCEDURES (adopted
October 9, 2018)**

Section Fourteen. Appeal Rights and Procedures

Burden of Proof

- A. To qualify for the benefits offered by the VOCP, the applicant must meet certain criteria, and the crime must be an eligible crime. The applicant has the burden of proof, by clear and convincing evidence to establish eligibility for acceptance and payment of any benefit offered by the VOCP.

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B. This level of proof places the burden of establishing eligibility on the applicant or victim by clear and convincing evidence as opposed to merely by a preponderance of the evidence. For instance, claims for benefits such as lost wages or relocation payments must be supported by original, valid, business documents, such as receipts or tax returns. The applicant, to the reasonable satisfaction of the VOCP, must answer questions concerning the legitimacy of such documents.

C. It is not the responsibility of the VOCP to prove the documents are not legitimate but rather the applicants' responsibility to prove they are. Doubt will be resolved in favor of the VOCP decision, unless overcome by evidence that is clear in its validity and convincing in its application to the matter under review.

APPEAL RIGHTS

If you disagree with this decision, you may appeal this decision to an Appeals Officer by filing a written request for appeal within fifteen (15) days after the date of this decision to: Appeals Office, Department Of Administration, 1050 E. Williams St Suite 450, Carson City, NV 89701.

IT IS SO ORDERED this 28th day of January, 2019.


Sondra L Amodei, Hearing Officer

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 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:

JAMES PATTERSON


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

Dated this 28th day of January, 2019.



Karen Dyer
Employee of the State of Nevada

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NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE HEARINGS OFFICER

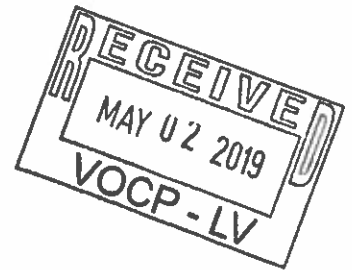
In the matter of the:
Contested Victim of
Crime Claim,

of

JAMES PATTERSON,
Claimant

Claim No.: 19-10046401-NR

Hearing No.: 1901859-SA



TRANSCRIPT OF PROCEEDINGS
BEFORE THE
HONORABLE SONDRAMODEI, ESQ.
HEARINGS OFFICER

JANUARY 22, 2019

9:03 AM

1050 EAST WILLIAMS STREET, SUITE 450
CARSON CITY, NEVADA 89701

Ordered by: Victims of Crime Program
Rebecca Salazar
220 South Rancho Drive, Suite 210A
Las Vegas, Nevada 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:

James Patterson



On behalf of the Program:

Rebecca Salazar

Victims of Crime

2200 South Rancho Drive, Suite 210A

Las Vegas, Nevada 89102

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EXAMINATIONDIRECTCROSSREDIRECTRECROSS

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[None]

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E X H I B I T S

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P R O C E E D I N G S

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2 HEARING OFFICER: It is January 2nd [sic] at 9:03.
3 I am here, Officer Sondra Amodei. This is the date and the
4 time for Hearing #1901859. The Applicant, James Patterson is
5 present by telephone conference call. Rebecca Salazar is
6 present by telephone conference call, representing the Victim
7 of Crime Program.

8 So, Mr. Patterson, you're appealing the denial of
9 your Victim of Crime Claim?

10 JAMES PATTERSON: Yes.

11 HEARING OFFICER: Okay. You need to explain to me
12 why you disagree with that?

13 JAMES PATTERSON: Well, I was told that
14 [inaudible] a certain [inaudible] which I disagreed with that.
15 That's not what I was put in my [inaudible] -so, I didn't
16 understand why they would say that about me.

17 HEARING OFFICER: Okay. Ms. Salazar?

18 REBECCA SALAZAR: Yeah. In reviewing the police
19 report, Mr. Patterson asked the suspect—although the narrative
20 is confusing and it doesn't really explain what happened and
21 where Mr. Patterson fit into the whole thing. And, it lists
22 another suspect.

23 So, we reached out to the Detective that's
24 investigating this case for more information and what we got
25 back was not very much more information. It was just the

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1 Detective reiterating that he felt Mr. Patterson was a
2 suspect.

3 So, for that reason, we had to proceed with the
4 denial.

5 HEARING OFFICER: Okay, Mr. Patterson, response to
6 that?

7 JAMES PATTERSON: Well, I'm not sure exactly what
8 they put in there, as far as what they took from what I told
9 them. I told them, what I remembered that happened to me, I
10 don't know what else was going on.

11 HEARING OFFICER: You read [sic] in your statement
12 that you did read the police report?

13 JAMES PATTERSON: Oh no, I-I've never seen the
14 police report.

15 HEARING OFFICER: Oh. Try to see-[pause] So, you
16 were at a-shopping, is that where you were at?

17 JAMES PATTERSON: Yes, I had just been dropped off
18 at-by the Ross.

19 HEARING OFFICER: So, there were gun shots outside
20 the store?

21 JAMES PATTERSON: Yes, it was across the street
22 from the store.

23 HEARING OFFICER: Okay. And there was a black
24 man, adult, holding a firearm?

25 JAMES PATTERSON: Yeah, I'm not sure.

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1 HEARING OFFICER: Okay. The male continued to
2 fire across like five to nine shots. Okay. Let's see.
3 Hispanic male, [inaudible] [REDACTED] I'm trying to find
4 your name in here. [pause] Oh, here you are. Okay.

5 Notified--had voluntarily walked in with a gunshot
6 wound and the male was yourself?

7 JAMES PATTERSON: Yes.

8 HEARING OFFICER: It was later determined that
9 Patterson had received the wounds from the same event, further
10 medical attention revealed that Patterson had a single gunshot
11 wound, fractured left hip and fractured left L4 vertebrae.

12 A black semi-auto handgun was found on the north
13 side of the parking lot. Parking lot where the black
14 Challenger had been parked. So, how did you get shot?

15 JAMES PATTERSON: I was walking from the Ross and
16 I was going to the intersection to cross the street to go--I
17 was actually going to the 7-11, and I just heard shooting.
18 And, I was hit. It was right around time, I was coming from--I
19 live across the street from where I was headed to, which was
20 the 7-11.

21 HEARING OFFICER: Have you been charged with any--

22 JAMES PATTERSON: [crosstalk]

23 HEARING OFFICER: Have you been charged with
24 anything?

25 JAMES PATTERSON: No.

000036

1 HEARING OFFICER: Have you been interviewed by the
2 police?

3 JAMES PATTERSON: Yes, several times when I was in
4 the hospital. Also, I contacted the police officers because
5 they had took some, like a couple dollars from my pocket when
6 I was--after I was shot. And, I tried to call them to get that
7 money back. They said they was doing the investigation or
8 whatever. They wasn't finished and--well, actually they said,
9 they would release the money. So, I would call him--he said,
10 well call me after the weekend. I would call him and it's
11 always just like a runaround. I haven't called him since
12 August.

13 HEARING OFFICER: Did you get a response--is there
14 a response in here, Rebecca, from--oh, sorry about that.
15 Evidence scene indicates he's a suspect. So, you're still a
16 suspect?

17 JAMES PATTERSON: I'm not sure. I called them all
18 the time, they never said that I was a suspect or anything.
19 He was supposed to be giving me my money back, that they took--
20 I had like, \$400 in my pocket, and I asked him how to contact
21 him, the detective all the time and he never said anything
22 about me being a suspect.

23 HEARING OFFICER: Okay. Rebecca, anything else
24 you want to add?

25

000037

1 REBECCA SALAZAR: No, I don't have anything else
2 to add.

3 HEARING OFFICER: Okay. Mr. Patterson, anything
4 else you want to add?

5 JAMES PATTERSON: No ma'am.

6 HEARING OFFICER: Okay. So, my job here Mr.
7 Patterson is to review the evidence, I'll render my decision.
8 You'll get that in the mail within the next 15-days. Are you
9 still at 729 East 116th Street in Los Angeles?

10 JAMES PATTERSON: Yes.

11 HEARING OFFICER: Okay. So, you'll get my order
12 in the mail within the next 15 days, okay?

13 JAMES PATTERSON: Okay, thank you.

14 HEARING OFFICER: Okay, thank you. Okay. We're
15 off the record.

16 REBECCA SALAZAR: Thank you.

17 [end of proceeding 09:09:27]

18

19

20

21

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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 Victim of
Crime Claim,

of

JAMES PATTERSON,
Claimant

Claim No.: 19-10046401-NR

Hearing No.: 1901859-SA

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 January 22, 2019 in Carson
City, Nevada.



Jaime Caris
Always On Time
May 2, 2019

000039

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

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JAN 22 2019
CCM

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

In the Matter of the Contested
Application for Compensation:

James Patterson,
Applicant

HEARING NO: 1901859-SA

VOCP NO: 19-10046401-NR

VOCP HEARING STATEMENT

Mr. Patterson filed an application on October 15, 2018 and that application was denied on November 9, 2018. The report issued by the Las Vegas Metropolitan Police Department (LVMPD) lists Mr. Patterson as a suspect. The narrative of the police report is confusing and mentions another suspect, so the Victims of Crime Program contacted LVMPD for more information. The gang unit detective investigating the case stated that evidence at the scene indicates Mr. Patterson is not an innocent victim but rather a suspect in the crime. Therefore, Mr. Patterson's 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.

**Nevada Victims of Crime Program 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 18th day of January, 2019
Victims of Crime Program

000040

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Victims of Crime Program, 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
1050 E WILLIAM ST STE 400
CARSON CITY, NV 89701

JAMES PATTERSON


Dated this 18TH day of January, 2019


Employee of the State of Nevada

000041

Antonia Preciado

#46401-NR

From: Eric Stafford <[redacted]@LVMPD.COM>
Sent: Thursday, January 17, 2019 4:47 PM
To: Antonia Preciado
Subject: RE: Victims of Crime Program Event #180808003975

Hey sorry about that,
Evidence at the scene indicates he is a suspect.

Detective Eric Stafford

LVMPD Gang Investigations

(702) [redacted]

From: Antonia Preciado <apreciado@admin.nv.gov>
Sent: Thursday, January 17, 2019 10:57 AM
To: Eric Stafford <[redacted]@LVMPD.COM>
Subject: RE: Victims of Crime Program Event #180808003975

Good morning,

Just following up on the status of my request.

Thank you,
Antonia Preciado

From: Antonia Preciado
Sent: Monday, December 31, 2018 3:26 PM
To: '[redacted]@lvmpd.com' <[redacted]@lvmpd.com>
Subject: Victims of Crime Program Event #180808003975

Good afternoon,

Victim is requesting benefits from Victims of Crime Program but we need police verification to determine eligibility.

Please complete attachment at your convenience.

Thank you,

Antonia Preciado
Admin Assistant II
2200 S. Rancho Dr., Suite 210A
Las Vegas, NV 89102

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Victim of Crime Claim of:

Hearing Number: 1901859-SA
Claim Number: 19-10046401-NR

JAMES PATTERSON


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

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 by telephone on:

DATE: TUESDAY, JANUARY 22, 2019

TIME: 9:00AM

**PLACE: Department of Administration, HEARINGS DIVISION
1050 E. Williams Street (Hwy 50 East), Suite 400
Carson City, NV 89701
Phone (775) 687-8440**

~~The matter to be ascertained from this Hearing shall be whether the determination rendered by the Compensation Officer is proper. Failure of the appealing party to contact the Hearing Division to arrange for telephone testimony may result in dismissal of the appeal.~~

~~Please contact this office at (775) 687-8440 to inform us of the telephone number that you will be available at for your Hearing.~~

Dated this 27th day of December, 2018.

Sondra L Amodei, Hearing Officer

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DEC 31 2018
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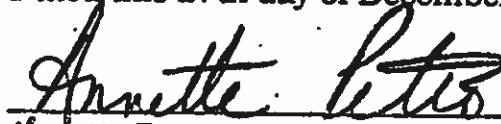
CERTIFICATE OF MAILING

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 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:

JAMES PATTERSON


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

Dated this 27th day of December, 2018.



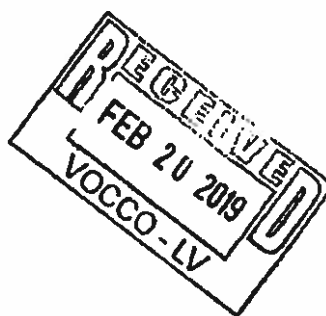
Annette Petro
Employee of the State of Nevada

000044

Appeal Letter

December 5, 2018

Claim Number: 19-10046401-NR



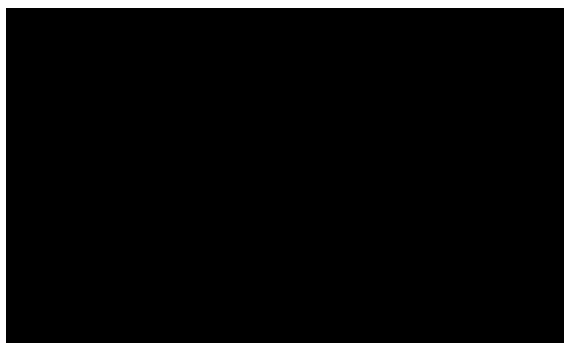
Victims OF Crime Program

To whom it may concern, I James Patterson, is writing a written request for a hearing to appeal a decision that was denied on the behalf of my benefits application that was mailed out on October 10, 2018. Everything that was stated in the police report was true and accurate to the best of my knowledge. In the police report it clearly states that I am a victim and not the aggressor. I was not involved in any incident, just a by stander that was injured in a crossfire.

I am hurt, injured, suffer from being able to walk correctly, not able to work and do daily duties for myself. If you have any questions or concerns, please feel free to contact me through Via Mail or Phone.

Thank You,

James Patterson



000045

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION

2018 DEC 21 AM 11:38

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AND
FILED

November 9, 2018

JAMES A. PATTERSON

RE: Claim Number: 19-10046401-NR
Victim: Patterson, James A.
Date Of Crime: August 8, 2018

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:

.. Police report indicates victim was perpetrator/aggressor.

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

TUES.
1/22 @ 9:00
SA
000046



Administrative

Location 3725 S Eastern Las Vegas, NV 89121
Occurred On (Date / Time) Wednesday 8/8/2018 8:22:00 PM
Reporting Officer [REDACTED]
Entered By [REDACTED]
Related Cases

Or Between (Date / Time)
Reported On 8/8/2018
Entered On 8/8/2018 10:41:59 PM
Jurisdiction Clark County

Sector / Beat H1

Traffic Report No Place Type Accident Involved

Offenses:

Battery W/Dw(F)-NRS 200.481.2E
Completed Yes Domestic Violence No
Entry Premises Entered
Weapons
Criminal Activities None/Unknown
Hate/Bias None (No Bias)
Type Security
Location Type Convenience Store
Tools

Victims:

Name: Cain, Romel

Victim Type Individual Written Statement No Can ID Suspect No
Victim of 50223 - Battery W/Dw(F)-NRS 200.481.2E
DOB XX/1983 Age 35 Sex Male Race Black or African American Ethnicity Not Hispanic or Latino
Height 6' 0" Weight 165 Hair Color Black Eye Color Brown
Employer/School
Occupation/Grade
Injury Other Work Schedule
Possible Internal Injury Injury Weapons Firearm (Type Not Stated)

Addresses

Residence

Phones

Offender Relationships

S - PATTERSON, JAMES ALLEN Relationship Unknown
Notes:

Name: [REDACTED]

Victim Type Individual Written Statement No Can ID Suspect No
Victim of 50223 - Battery W/Dw(F)-NRS 200.481.2E
DOB XX/1992 Age 26 Sex Male Race Black or African American Ethnicity Not Hispanic or Latino
Height 5' 5" Weight 136 Hair Color Black Eye Color Hazel
Employer/School
Occupation/Grade Not Provided Work Schedule
Injury Not Provided Injury Weapons Firearm (Type Not Stated)

Addresses

Residence

Phones

Offender Relationships

S - PATTERSON, JAMES ALLEN Relationship Unknown
Notes:

The Use and Dissemination of this
Record is Regulated by Law. Secondary
Dissemination of any kind is Prohibited
and could subject the offender to Criminal
and Civil Liability.

This Information Released To:

By: 8164247 Date: 10/29/18
Las Vegas Metro Police Dept.

Suspects:

Name: **PATTERSON, JAMES ALLEN**

Alias:

Scope ID	DOB	XX/1983	Age	34	Race	Black or African American	Ethnicity	Not Hispanic or Latino	
Sex	Male	Height	5' 6"	Weight	130	Hair Color	Black	Eye Color	Brown
Employer/School					Occupation/Grade				

Addresses

Residence

Phones

Notes:

Arrestees:

Witnesses:

Name: [REDACTED]

Written Statement	Yes	Can ID Suspect	No						
DOB	XX/1964	Age	54	Sex	Male	Race	White	Ethnicity	Hispanic or Latino
Height		Weight				Hair Color		Eye Color	

Addresses

Residence

Phones

Cellular

Notes:

Name: [REDACTED]

Written Statement	Yes	Can ID Suspect	Yes						
DOB	XX/1977	Age	41	Sex	Male	Race	Black or African American	Ethnicity	Not Hispanic or Latino
Height	5' 10"	Weight	155			Hair Color	Black	Eye Color	Brown

Addresses

Residence

Phones

Cellular

Notes:

Name: [REDACTED]

Written Statement	Yes	Can ID Suspect	Yes						
DOB	XX/1958	Age	60	Sex	Male	Race	Black or African American	Ethnicity	Not Hispanic or Latino
Height		Weight				Hair Color		Eye Color	

Addresses

Residence

Phones

Home/Residence

Notes:

Other Entities:

Name: Contact [REDACTED]

Written Statement	Yes	Can ID Suspect	No						
DOB	XX/1998	Age	19	Sex	Male	Race	White	Ethnicity	Not Hispanic or Latino
Height	6' 0"	Weight	225			Hair Color	Brown	Eye Color	Brown
Driver License Number						Driver License State			

Addresses

Business

Phones

Notes:

Name: Contact [REDACTED]

Written Statement Yes

Can ID Suspect No

DOB XX/1981
Height 6' 6"
Driver License Number

Age 36
Weight

Sex Female

Race White
Hair Color Brown
Driver License State

Ethnicity Hispanic or Latino
Eye Color Brown

Addresses

Business

Phones

Business/Work

Notes:

Name: Contact [REDACTED]

Written Statement Yes

Can ID Suspect No

DOB XX/1972

Age 46
Weight 140

Sex Female

Race Asian, Indian, Samoan, Pacific Islander
Hair Color Black
Driver License State

Ethnicity Not Hispanic or Latino

Eye Color Brown

Height 4' 11"
Driver License Number

Addresses

Business

Phones

Business/Work

Notes:

Name: Contact [REDACTED]

Written Statement Yes

Can ID Suspect No

DOB XX/1992
Height 5' 2"
Driver License Number

Age 25
Weight 124

Sex Female

Race White
Hair Color Brown
Driver License State

Ethnicity Hispanic or Latino
Eye Color Brown

Addresses

Residence

Phones

Cellular

Notes:

Name: Contact [REDACTED]

Written Statement Yes

Can ID Suspect No

DOB XX/1985
Height
Driver License Number

Age 33
Weight

Sex Male

Race Unknown
Hair Color
Driver License State

Ethnicity Unknown
Eye Color

Addresses

Phones

Home/Residence

Notes:

Name: Contact [REDACTED]

Written Statement Yes

Can ID Suspect No

DOB XX/1977
Height
Driver License Number

Age 40
Weight

Sex Female

Race Unknown
Hair Color
Driver License State

Ethnicity Unknown
Eye Color

Addresses

Business

Phones

Home/Residence

Notes:

Name: Contact [REDACTED]

Written Statement Yes

Can ID Suspect No

DOB XX/1996

Age 22

Sex Female

Race White

Ethnicity Hispanic or Latino

Height 5' 3"

Weight 155

Hair Color Brown

Eye Color Brown

Driver License Number

Driver License State

Addresses

Residence

Business

Phones

Home/Residence

Notes:

Properties: ()

Type: Automobile (not Stolen or Recovered)

Status	Destroyed/Damaged/Vandalized	Quantity	1	Value	01.00	Color	Black
Description	Dodge Challenger with multiple bullet holes on right rear side/ broken driver window			Serial No./VIN	[REDACTED]		
Manufacturer	Dodge	Model	Challenger				
Vehicle Year	2018	Body Type	2-door				
Lic Plate #	[REDACTED]	Lic Plate State	California	Lic Plate Exp	[REDACTED]		
Insurance Company							
Owner	[REDACTED]						
Notes:							

Narrative

On 08/08/2018 at approximately 2022 hours, I Officer P. [REDACTED] alongside Officer [REDACTED] operating as marked patrol unit 3H4 were dispatched to an Assault/Battery with a gun call at the Ross Dress for Less at 2420 E Desert Inn, Las Vegas, Nevada, 89121. Details of the call stated a male was inside of the store bleeding, who had appeared to have been shot. Multiple callers stated that they witnessed a male shooting at the 711 located at 3275 S Eastern, Las Vegas, NV, 89121 before driving off in a black Dodge Challenger.

Upon arrival, multiple witnesses inside of the 711 located at 3275 S Eastern, Las Vegas, NV, 89121 stated that they were inside of the store, when they heard gunshots outside. One of the witnesses verbally identified himself as [REDACTED] stated that he had heard gunshots outside of the store, and saw a Black Male Adult holding an unknown firearm. The Male continued to fire approximately 5-9 shots. [REDACTED] looked outside of the store window and noticed a Black car pull away from the store. [REDACTED] was unknown whether the vehicle was a Challenger, or Charger at the time of occurrence. The vehicle was last seen headed Northbound on Eastern Bearing California plates.

A Hispanic Male Adult inside the store verbally identified himself as [REDACTED] stated that he was inside of the store, when he saw a Black Male Adult enter the store to make a purchase. The male bought what he had to buy, and exited the store. [REDACTED] stated that the male entered the store claiming someone was stealing his car. [REDACTED] then stated the male exited the store, and that is when gunshots were heard outside. [REDACTED] saw the man run to the car that was previously described, and leave the area.

Officers made contact with witnesses inside of the Ross located at 2420 E Desert INN, LV, 89121. Multiple witnesses stated that multiple gunshots were heard from outside of the building. A few moments later, a male was seen enter the store covered in blood, and told security he had been shot.

The Black Male Adult that had been shot was transported to Sunrise Hospital by MedicWest unit#629 where he was identified as [REDACTED] XXXX. [REDACTED] alongside [REDACTED] operating as marked patrol unit 3K2 followed MedicWest, and stayed with [REDACTED]. Further medical attention revealed [REDACTED] had a small liver contusion, and superficial injuries to the left arm, chest, and abdomen.

While at Sunrise Hospital, Officers were notified of a Black Male Adult who had voluntarily walked in with a gunshot wound. The male was identified as Patterson, James XXX. It was later determined that Patterson had received the wounds from the same event. Further medical attention revealed that Patterson had a single gunshot wound, fractured left hip, and fractured L4 Vertebrae.

Back at the scene at 711 on 3275 S Eastern, a black semi-auto handgun was found in the north side of the parking lot. The parking spot where the Black Challenger had been parked, was covered in glass. 2 9MM casings were also found in the parking lot.

At approximately 2306, a black Dodge Challenger matching the description of the suspected vehicle approached Officers on Sombrero/Eastern, just north of the 711. The Black Male Adult driving the vehicle, who was identified via Alabama driver's license as [REDACTED] DOB: XX/1992 was taken into custody, where he was later investigated by Gang Intel.

The Black Dodge Challenger bearing California plate [REDACTED] was a rental that belonged to Hertz LLC. The vehicle had 3-4 indentations that appeared to have been created by bullet entries on the right rear quarter panel. The driver side window was completely shattered. Crime Scene Analyst [REDACTED] operating as C14 photographed, and processed evidence at the scene.



State of Nevada
Victims of Crime Program

19-46401-NR

Application for Victim of Crime Compensation

VOCP Date Stamp and Claim #

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

James A. Patterson

Mailing Address, City, State, Zip

Home Phone, Work Phone, Cell

Date of Birth

11-13-83

Age at time of crime

34

Last 4 Digits SSN

☒ Male
☐ Female

If victim is deceased, date of death:

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 (applicant must be an adult)

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:

Date of Crime:

8.8.18

Date Crime was Reported:

8.8.18

Crime Report No:

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)

Eastern & Desert Inn Road

Describe how the crime occurred:

Visiting Las Vegas on vacation I was getting dropped off across from the store when unfortunately ended up at the wrong place wrong time. my knowledge there was individuals whom were having an altercation which they exchanged gunfire. I was struck multiple times in the hip from across the street!!!

Describe victim's crime injuries:

Bullet in back by spine. shot in left hip fractured pelvic bone surgery in abdomen.

000052

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 type="checkbox"/> Hospital Bills | <input type="checkbox"/> Funeral and Burial expense |
| <input type="checkbox"/> Ambulance Bills | <input type="checkbox"/> Crime Scene Clean Up (death claims only) |
| <input 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 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 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

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:

- | | |
|---|--|
| <input checked="" type="checkbox"/> \$0 to \$10,000 | <input type="checkbox"/> \$40,000 to \$50,000 |
| <input type="checkbox"/> \$10,000 to \$20,000 | <input type="checkbox"/> \$60,000 to \$80,000 |
| <input type="checkbox"/> \$20,000 to \$30,000 | <input type="checkbox"/> \$80,000 to \$100,000 |
| <input type="checkbox"/> \$30,000 to \$40,000 | <input type="checkbox"/> Over \$100,000 |

Employment at Time of Crime:

- ☐ Employed
☐ Self-Employed
☒ Unemployed
☐ Retired
☐ Other:

Primary Language:

- ☒ English
☐ Spanish
☐ Asian
☐ Other:

Were Alcohol or Drugs a factor in this crime, in any way?

- ☐ Yes
☒ No
☐ Unknown

Race:

- ☐ American Indian/Alaska Native
☐ Asian
☒ Black/African American
☐ Hispanic or Latino
☐ Native Hawaiian and Other Pacific Islander
☐ White Non-Latino/Caucasian
☐ Some Other Race
☐ Multiple Races

Marital Status:

- ☒ Single
☐ Married
☐ Domestic Partners
☐ Divorced
☐ Widowed

Education Level:

- ☐ Less than High School Graduate
☒ High School Graduate or GED
☐ Attended College
☐ Attended Graduate School/ University
☐ Have Advanced Degree

000053

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 type="checkbox"/> Victim Advocate |
| <input type="checkbox"/> District Attorney/Prosecutor | <input type="checkbox"/> Victim Service Program (Safe Nest, Stop DUI, etc) |
| <input checked="" 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 checked="" 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	Last Name	Name of Company, Affiliation, or Relationship (Hospital, Dental Provider, Victim Program, etc):
Telephone	Email	

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 checked="" 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	

000054



State of Nevada
Victims of Crime Program

Authorization for Release of Information; Certification and Acknowledgements:

Victim Name:	Victim DOB:	VOCP Claim #:
James Patterson	11.13.83	19-46401-NR

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:	James Patterson
Signature of Victim/Applicant (must be signed by an adult)	Date:
	8.9.18

Send Completed, Signed Applications to:

RECEIVED

VOCP
PO Box 94525
Las Vegas, NV 89193-4525

Scan and E-Mail to: applications@voc-net.net

Fax to: (888) 941-7890

CCSI

000055

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: May 22, 2019

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

From: Colleen Murphy, Executive Branch Budget Officer
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 \$51,933.

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 \$51,933. 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. Vehicle modifications will occur after vehicle receipt through a separate vendor and are anticipated to cost approximately \$16,572.

Statutory Authority:

NRS 334.010

REVIEWED: _____

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: May 22, 2019

Subject: Vehicle Approval

Attached is the modified submittal requesting the replacement vehicle for the Colorado River Commission of Nevada. This information replaces the packet provided to the Board of Examiners prior to the May 14, 2019 meeting. At that meeting the replacement vehicle request was tabled and a request for clarification and reconsideration of the bid for the required modifications to the vehicle by a Nevada entity be completed and the item returned to the Board for consideration at another meeting.

We have completed the process of seeking clarification on the bids provided, and have reached out to the Nevada company, Sierra Truck Body & Equipment company. We requested that Sierra renew the bid provided due to the fact that the original bid is now well over 90 days old and has expired. Sierra has provided a refreshed bid sheet with the total cost increasing approximately \$300 from the original bid due to manufacturing cost increases, but still under all bids provided for this modification.

We have also reached out to the vendor providing the truck, Jones-West Ford, Reno, Nevada to refresh the truck cost estimate. Jones-West has refreshed the bid, and has provided a bid that is \$480 lower than the estimate provided as part of the May Board of Examiners packet.

This packet requesting the vehicle will differ from the May request in that due to the lack of relationship between the truck vendor (Jones-West) and the truck modifications manufacturer/installer, this request will only include the purchase of the truck and not the

modifications as part of the packet. We have been informed by the Purchasing Division that there are two ways to purchase and modify a vehicle such as the one being requested by the Commission. One way is to make the request of the vehicle dealer and ask that the dealer arrange for and complete all phases of the process. This request asks the dealer (Jones-West) to arrange for the buildout of the truck by Ford Motor company to the specifications of the agency, and then to have the vehicle shipped to the modification vendor directly, and coordinate the activity of the modifications, provide for the completion of the modifications, and deliver to the agency a completely modified truck ready for immediate use as desired. The other path provides that the dealer deliver to the agency only the vehicle, as built by the manufacturer, and then the agency is responsible for arranging any modification on their own without any support or warranty from the dealer.


As Jones-West Ford has no relationship with Sierra Truck Body & Equipment, they will no longer facilitate the modifications and the Commission will have to complete the transaction after taking the delivery of the truck. The modifications to the truck will then be coordinated by the Commission and the Purchasing Division.

At this time the Colorado River Commission of Nevada is requesting approval of the purchase of the truck as indicated in the accompanying packet of information. The cost of the truck as provided by the Jones-West bid document is \$51,932.25 which is higher than the E714 estimate of \$30,002, as indicated in the May Board of Examiners request, and this is due to the amounts for the diesel engine and other vehicle costs not anticipated in the NEBS submittal, but which will be covered by agency reserves and not require a work program.

If approved, the Commission will coordinate with the Purchasing Division to complete the build out of the modifications to the truck to meet the needs of the electric utility operations of the agency with Sierra Truck Body & Equipment company. In refreshing the Sierra bid, Commission staff discussed the equipment that will be utilized by Sierra and are satisfied that the components anticipated to be used in the conversion are acceptable and within the parameters of the Commission's request. This process will accommodate the purchase of the truck, and the modification for utility service to be accomplished entirely within the State; utilizing Nevada based vendors, and for the lowest bid received. The bid information that we anticipate using for the truck modification after delivery is included in the vehicle request packet for your information.

If you have any questions, please call Doug Beatty at 702-486-2688.

**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>51,932.25</u></p> <p>Is the requested vehicle(s) new or used: <u>NEW</u> Type of vehicle(s) _____</p> <p>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"/> <u>1</u> 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><u>Current Vehicle Information:</u> 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> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  _____ Agency Appointing Authority </div> <div style="width: 30%;"> <p align="center"><i>Administrative Services Officer</i></p> _____ Title </div> <div style="width: 30%;"> <p align="right"><u>MAY 22 2019</u></p> _____ Date </div> </div>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> _____ Board of Examiners </div> <div style="width: 40%;"> _____ Date </div> </div>	

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)			\$ 15,028.00
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	
Delete Truck Bed Add Spare and Trailer Control		\$ <480.00>	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ 0.00	\$ 0.00
Total purchase price with options			\$ 51,903.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 51,932.25



4495 COPPER SAGE ST
LAS VEGAS, NV 89115
P: (702) 633-7181
F: (702) 633-7182

KNAPHEIDE
SINCE 1848

Miller
INDUSTRIES

WHELEN

FEDERAL SIGNAL

MAXON

PALFINGER

BILL TO
COLORADO RIVER COMMISSION - 10892
NORTH LAS VEGAS NV 89030
P:
F:

DELIVER TO
COLORADO RIVER COMMISSION - 10892
3780 LOSEE RD
NORTH LAS VEGAS NV 89030
P: (702) 856-3616
F:

SERVICE ESTIMATE: E300001542

DATE ARRIVED	DATE INVOICE	SALES TYPE	ADVISOR	TERMS	CUSTOMER REFERENCE / PO		
01/28/2019		SRET	G SAYE	CASH			
YEAR	MAKE	MODEL	VIN	CUSTOMER UNIT #	PROCEDE UNIT #	ENGINE SERIAL #	ODOMETER
MISC	MISC	MISC	FORD		117877		0

Estimate Operations

JOB #1 SIE

SIERRA INSTALL EQUIPMENT

JOB REQUEST

SIERRA INSTALL EQUIPMENT

PROVIDE AND INSTALL KNAPHEIDE SERVICE BODY ON CUSTOMER SUPPLIED VEHICLE.

INSTALLLL KNAPHEIDE 696F40 SERVICE BODY WITH FLIP TOPS
TELESCOPIC SLIDING ROOF TWO PIECE
CURBSIDE 6 DRAWER UNIT
CURBSIDE REAR BUMPER MOUNT WELD VISE
NITROGEN BOTTLE HOLDER RACK IN CARGO BED
TOMMY GATE LIFT GATE 1300LBS CAPACITY
CLASS 5 RECEIVER HITCH WITH 7 & 4 WAY SOCKET
ALL DOT LEGAL LED LIGHTS/MARKERS ON BODY
PAINT KNAPHEIDE WHITE COMPLETE BODY

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTD PRICE	
1	696F40	KNAPHEIDE SERVICE BODY 96" FLIP TOP	7,946.87	7,946.87	T
1	20051550	SERVICE BODY INSTALLATION KIT	217.50	217.50	T
1	TSR96J	INSTALLED TELESCOPIC SLIDING ROOF TWO SECTION	0.00	0.00	T
1	20049250	LOOSE, ONE NITROGEN BOTTLE RACK	564.29	564.29	T
1	20072732	LOOSE, MECHANIC'S VISE BRACKET BUMPER MOUNT	100.00	100.00	T
1	77002665	INSTALLED, CURBSIDE REAR COMPARTMENT 6 DRAW	0.00	0.00	T
1	3006/1801050	HITCH, UNIVERSAL FIT	227.37	227.37	T
1	TC1474P	7-WAY/4-WAY DUAL PLUG CONNECTOR	12.49	12.49	T
1	G2-54-1342 TP38	TOMMY GATE LIFT GATE 1300LBS CAPACITY	2,066.85	2,066.85	T
1	RCSB-KIT	REAR CAMERA & SENSOR BAR	68.00	68.00	T
1	BOL-LED-KIT	3-LIGHT LED KIT 2 RED 1 WHITE	396.00	396.00	T
1	BV-MPV5	BESSEY 5" MULTI-PURPOSE VISE	112.46	112.46	T
1	MISCS	MISC PARTS & MATERIALS FOR INSTALL -SIERRA	125.00	125.00	T
1	PAINT	TOUCH-UP PAINT FOR INSTALL	100.00	100.00	T
1	FRT	FREIGHT IN -	800.00	800.00	T
1	BMPRASY94J	KNAPHEIDE WHITE 94" WIDE BUMPER	536.25	536.25	T



SERVICE ESTIMATE: E300001542

Estimate Operations (Cont.)

QTY	ITEM	DESCRIPTION	UNIT PRICE	EXTD PRICE
1	RBB-KIT	REAR BODY BRACE FOR LIFT GATE APPLICATION	60.00	60.00
	LABOR SIE	SIERRA INSTALL EQUIPMENT		2,940.00

I hereby authorize the above repair work to be done with the necessary materials. Sierra Truck Body and Equipment will not be held responsible for loss or damage to vehicle, or articles left in vehicle, in case of fire, theft, accident or any cause beyond your control. I hereby grant you and your employees with permission to operate the vehicle herein described for the purpose of testing and/or inspection. An expressed mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. Because of limited parking space we cannot store vehicles for lengthy periods of time. Please note that effective on the sixth day following completion of repairs, a \$50.00 per day storage fee will be assessed until the unit is removed.

	ESTIMATED	BILLED
LABOR	\$2,940.00	
PARTS	\$12,408.08	
MISC	\$925.00	
SUBLET	\$0.00	
SUBTOTAL	\$16,273.08	

SHOP CHARGES \$292.53

EPA CHARGES \$5.99

TAX \$1,124.11

TOTAL \$17,695.71

16,571.60

Please Remit Payment to:
SIERRA TRUCK BODY AND
EQUIPMENT, INC.
3780 LOSEE RD
NORTH LAS VEGAS NV 89030

AUTHORIZED BY _____ DATE _____

T = Taxable Item

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: (I.e. 1.1 Sedan: Full size; 4 door; 6 passenger)	2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: 2019 FORD F-350 (X3A/X3B)	Base Price for RENO/CARSON CITY \$36,525	Base Price for LAS VEGAS \$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# (When Applicable)		WHEELBASE: 164" (When Applicable)	

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: (I.e. 1.1 Sedan: Full size; 4 door; 6 passenger)	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: (I.e. 1.1 Sedan: Full size; 4 door; 6 passenger)	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	\$ NC	
Vinyl Colors: TAN OR GREY		
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:	2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW	
(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)		
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.



Jones-West Ford **FLEET**

3600 Kietzke Lane Reno, NV 89502

Office: 775.829.3206 FAX: 775.829.3364

Commercial | Fleet Proposal

DATE: 05/21/2019

Proposal prepared for: COLORADO WATER COMM-STATE OF NEVADA ATTN GAIL

Prepared by: Fleet Manager Andy Ludel

Office: 775.829.3364

Fax: 775.829.3206

Quoted Vehicle(s): 2019 F350 WITH AND WITHOUT BED INCLUDED

Quote ID:



FORD FLEET

CNGP530

VEHICLE ORDER CONFIRMATION

05/21/19 16:11:43

==>

Dealer: F72404

2019 F-SERIES SD

Page: 1 of 1

Order No: 5555 Priority: H1 Ord FIN: QS062 Order Type: 5B Price Level: 950
 Ord PEP: 613A Cust/Flt Name: COLORADO RI PO Number:

	RETAIL	DLR INV		RETAIL	DLR INV
X3B	F350 4X4 S/C		11500#	GVWR PKG	
Z1	OXFORD WHITE	425	50	STATE EMISS	
3	40/20/40 CLOTH	512		SPARE TIRE/WHL2	
S	MEDIUM EARTH GR	56A		CPA INCENTIVE	
613A	PREF EQUIP PKG	59H		HI MNT STOP LMP	
	.XLT TRIM			JACK	
	.TRAILER TOW PKG	794		PRICE CONCESSN	
	.AMFM/MP3/CLK			REMARKS TRAILER	
99T	6.7L V8 DIESEL	942		DAY RUNNING LTS	
44W	6-SPEED AUTO	B4A		NET INV FLT OPT	
TDX	LT275/70BSWAT18				
X31	3.31 REG AXLE				
	700 #1 BUILT				

F350 X3B 4X4 EXTRACAB LONG BED BASE PRICE TO LAS VEGAS \$36875.00

DELETE BED FOR AFTERMARKET BODY

OXFORD WHITE

MED EARTH GRAY CLOTH INTERIOR

XLT PACKAGE \$3045.00

DIESEL ENGINE \$8276.00

4X4 \$3462.00

ALL TERRAIN TIRES \$389.00

CAB STEPS \$ 295.00

DAYTIME RUN LIGHTS \$41.00

DELETE TRUCK BED ADD SPARE AND TRAILER CONTROL

SUBTOTAL \$51903.00 PLUS \$29.25 TITLE FEE

TOTAL \$51932.25

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

Date: May 14, 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, likely belonging to Bridgette Garrison, is 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 TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests to contract with a former employee, Edvaldo Martins. Henningson Durham and Richardson (HDR), Inc. is proposing to utilize Mr. Martins to fill the position of Inspector, a key role in overseeing the construction in the Full Administration of District II Betterment projects agreement P614-17-040.

Additional Information:

HDR, Inc. was awarded the agreement as the highest ranked firm responding to the Request for Proposal (RFP). Mr. Martins retired from state service on May 3, 2019 as an Engineering Technician IV. Mr. Martins was not involved in the RFP process or selection of HDR, Inc.

Statutory Authority:
NRS 333.705 (1)

REVIEWED: _____

A handwritten signature in blue ink is written over the "REVIEWED:" line.

ACTION ITEM: _____



1263 South Stewart Street
Carson City, Nevada 89712
Phone: (775) 888-7440
Fax: (775) 888-7201

MEMORANDUM

RECEIVED

MAY - 8 2019

May 6, 2019

To: State of Nevada Board of Examiners
From: Kristina L. Swallow, Director *KLS*
Subject: Authorization to Contract with a Former Employee – Edvaldo Martins

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Mr. Edvaldo Martins. Mr. Martins retired from state service on May 3, 2019. He is now employed by HDR Engineering, Inc., who is proposing to utilize Mr. Martins to fill an Inspector position in the Full Administration of District II Betterment projects on NDOT Agreement P614-17-040.

BACKGROUND

There is insufficient staff and expertise to successfully manage the workload, size and scope of the District II Betterment projects. In January of 2018, NDOT issued a Request for Proposals (RFP) to engage service providers to perform professional and technical engineering services to provide Full Administration construction management to District II. This agreement includes providing a Resident Engineer, an Assistant Resident Engineer, an Office Manager, four Inspectors, and three Testers, to ensure the construction of the District II Betterment projects are accomplished in conformance with the plans, specifications, and all other contract documents.

HDR Engineering, Inc. was awarded the Agreement as the highest ranked firm responding to the RFP for the Full Administration services to District II. HDR has proposed to utilize Mr. Martins to fill the role of Inspector, a key role in overseeing the construction of the District II Betterment projects. Mr. Martins is very qualified and experienced in overseeing highway construction project activities.

Mr. Martins has had no influence or authority over the consultant procurement for this Full Administration agreement.

RECOMMENDATION

We respectfully request your consideration for approval for HDR Engineering, Inc. to engage Mr. Edvaldo Martins to be an Inspector on their staffing team to augment NDOT Betterment projects in District II.

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

Authorization to Contract with a Former Employee

Employee Information

Former Employee Name: Edvaldo Martins

Former Employee ID Number: 05875

Former Job Title: Engineering Technician IV

Former Employee Agency: Department of Transportation

Former Class and Grade: Grade 33, Step 10

Former Employment Dates: 02/21/96 thru 05/03/19

Contracting Agency: HDR Engineering, Incorporated

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.

Highway Construction Inspector on heavy highway projects inspecting a contractors work to assure compliance with the project plans, specifications and safety requirements.

b. Document former job description.

Engineering Technician IV: Perform inspection work involving bridges, drainage structures, roadway embankment, base aggregates, chip seals and required project documentation; act as lead worker for assigned technicians, resolving field problems; conduct survey work and material testing.

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, Mr. Martins has been working in NDOT's Construction Crew in Winnemucca and has extensive experience inspecting chip seals, slurry seals and maintenance overlays. This knowledge is important and not well known outside of NDOT, since very few cities or counties use these pavement preservation techniques. No, there is no clause in the contractor for transfer of specialized knowledge of contracting agency.

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

Manpower shortage due to the increasing size of the NDOT work program and shortage of inspectors statewide.

- 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.**

N/A – no relationship exists.

- f. List contractor's hourly rate.**

\$43 per hour.

- g. List the range of comparable State employee rates.**

\$32.43 per 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 contract rate exceeds the maximum rate for Mr. Martin's previous rate. The contract employee is seasonal with layoffs during the winter when project work is suspended, and work locations vary throughout the state with temporary assignments. Benefits like sick leave and retirement in the private sector are also different.

- i. Document justification for hiring contractor.**

Limited quality staff available.

- 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)**

June 3, 2019 through the end of this agreement, which is February of 2020.

- l. Will the former employee be working FT/PT? If PT how many hours**

Full time with seasonal layoffs.

Comments:

DocuSigned by:

Kristina L. Swallow

05/08/2019

C4B612FC2C1E4FB...
Contracting Agency Head's Signature and Date

Rudgeta Gairson 5/14/19

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

Date: May 21, 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

A handwritten signature in blue ink, appearing to read "Andre Urruty", is 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.

NEVADA GAMING CONTROL BOARD – NEVADA GAMING COMMISSION

Agenda Item Write-up:

Pursuant to NRS 463.123(2), the Nevada Gaming Control Board requests the approval to remove delinquent debt from the Nevada Gaming Commission's records.

Additional Information:

This item was originally presented at the April 9, 2019 meeting of the Board of Examiners and was not approved, pending the agency's responses to questions raised by the Board. The agency was not available to testify at the May 14, 2019 meeting due to a scheduling conflict.

The amount requested to be deemed as bad debt is \$8,040.55. A listing of the debt is included in the attached schedule.

The Gaming Control Board reviewed the vendor listed on the bad debt schedule and found the vendor to be in default status with the Secretary of State. Additionally, the state has not made any payments to the vendor in the last year.

Statutory Authority:
NRS 463.123(2)

REVIEWED: 
ACTION ITEM: _____



**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: May 21, 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: Nevada Gaming Control Board / Nevada Gaming Commission Bad Debt

At the April 9, 2019 meeting of the Board of Examiners (BOE), and pursuant to NRS 463.123(2), the Nevada Gaming Control Board (GCB) sought approval to remove \$8,040.55 in delinquent debt from its records.

BOE did not approve the request pending receipt of the agency's responses to questions raised at the April 9 meeting. Because the agency was unavailable to testify at the May 14, 2019 BOE meeting, the item is to be placed on the agenda of the June 13, 2019 meeting.

At the April 9 meeting, a question was asked by the Secretary of State which was in reference to the three delinquent debts owed by DRT Entertainment, dba Adrenaline Sports Bar and Grill (Adrenaline), which represent the entire amount of \$8,040.55. The status of DRT Entertainment's Nevada business license (NV20141345457) is shown as dissolved.

The Secretary of State had noted that two of the three owners of Adrenaline were also owners of another business, Eclipse Flooring Company (Eclipse), and asked if any efforts had been made to collect Adrenaline's debt from that business. Eclipse's Nevada business license (NV19981303687) is shown as active and appears to be in good standing.

The Gaming Control Board has indicated that they interpret NRS 463.123 to limit their collection efforts to those businesses who possess, or have possessed, a gaming license and a direct debt with the GCB. Eclipse has never possessed a gaming license nor do they have any direct debts with the GCB, so GCB has not pursued collection efforts with Eclipse. However, the GCB stated that they made efforts to contact each of the owners of Adrenaline to collect the debt, which proved unsuccessful. There is no indication that Eclipse is an active vendor, so no monies are owed to them by the State, against which the delinquent debt could be offset, pursuant to NRS 353C.190.

Additionally, the Attorney General asked if this delinquent debt has been presented to the Board of Examiners in concert with the Controller's Office. Pursuant to NRS 463.123, the Gaming Control Board may independently request that the Board of Examiners designate uncollectible accounts as bad debt. Upon approval by the BOE, the Clerk of the Board will notify the State Controller, who in turn shall direct the removal of the bad debt from the books of the account of the State of Nevada. A bad debt removed pursuant to NRS 463.123 remains a legal and binding obligation owed by the debtor to the State of Nevada, and collections efforts may continue.



STEVE SISOLAK
Governor

NEVADA GAMING CONTROL BOARD

1919 College Parkway, P.O. Box 8003, Carson City, Nevada 89702
555 E. Washington Avenue, Suite 2600, Las Vegas, Nevada 89101
3650 S. Pointe Circle, Suite 203, P.O. Box 31109, Laughlin, Nevada 89028
557 W. Silver Street, Suite 207, Elko, Nevada 89801
9790 Gateway Drive, Suite 100, Reno, Nevada 89521
750 Pilot Road, Suite I, Las Vegas, Nevada 89119

SANDRA D. MORGAN, *Chairwoman*
TERRY JOHNSON, *Member*
VACANT, *Member*

February 12, 2019

RECEIVED

FEB 20 2019

Carson City
(775) 684-7742
Fax: (775) 687-8221

State Board of Examiners
209 E Musser St, Room 200
Carson City NV 89701

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

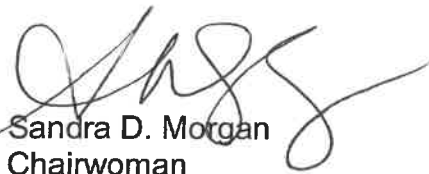
Re: Nevada Gaming Commission Delinquent Accounts

Dear Board Members:

This letter is to advise you that the Nevada Gaming Control Board requests that the State Board of Examiners ("BOE") notice and agenda the following matter for the purpose of determining the appropriate removal of delinquent debts from the Nevada Gaming Commission's ("Commission") records.

The debt shown in the attached schedule is eligible for removal from the Commission's records pursuant to NRS 463.123. It is suggested that the BOE action be taken at the April 9, 2019 meeting.

Sincerely,


Sandra D. Morgan
Chairwoman

SDM/SM:lf

cc: Terry Johnson, Member
Marie Bell, Executive Secretary
Scott MacDonald, Deputy Chief, Tax and License Division
Lance Ferrato, Supervisor, Tax and License Division
Records and Research Services

Enclosures: 2018 Bad debt write-off schedule

Nevada Gaming Commission
2018 Bad Debt Write-off Schedule

Location ID	Location Name	Effective Date	Total Due	Comments
04364-08	ADRENALINE SPORTS BAR AND GRILL	07/01/2017	\$ 4,687.50	Pursuant to NRS 463.385 and NRS 463.270(5), the amount due is for annual slot machine taxes including penalties.
04364-08	ADRENALINE SPORTS BAR AND GRILL	07/01/2017	\$ 2,268.75	Pursuant to NRS 463.373 and NRS 463.270(5), the amount due is for quarterly slot machine fees including penalties.
04364-08	ADRENALINE SPORTS BAR AND GRILL	01/31/2018	\$ 1,084.30	Pursuant to NRS 368A.200, the amount due is for Live Entertainment Tax including penalties.



**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: May 17, 2019

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

From: Jim Rodriguez, Executive Branch Budget Officer *SR*
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.

**APPROVAL OF SETTLEMENT AGREEMENT WITH THE INSURANCE COMPANY
OF THE STATE OF PENNSYLVANIA**

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

**THE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES –
DIVISION OF FORESTRY and UNIVERSITY OF NEVADA, RENO (UNR)**

Agenda Item Write-up:

The Division of Forestry, in conjunction with the University of Nevada, Reno request the Board of Examiners approve a settlement agreement between 105 Nevada property owners and the State of Nevada, Division of Forestry and UNR where the State of Nevada agrees to pay, as its share of the settlement, a total of \$10 million.

Additional Information:

On Oct. 14, 2016, the Division of Forestry implemented and controlled-burn action in Cold Springs, Nevada along Little Valley road. That burn escaped containment and turned into a full-scale wildfire that resulted in significant loss of property and homes. Residents and businesses impacted by that fire brought forth legal action claiming negligence on the part of the Division of Forestry.

Through the course of discovery, mediation and claims for damages a settlement was reached in the amount of \$25 million. The settlement includes two separate agreements: 1.) an agreement with the subrogated insurers for \$7 million, and 2.) an agreement with the 105 individual plaintiffs for \$18 million with the excess insurer for the State paying \$15 million and the State paying \$10 million. The State's portion of the settlement will be funded \$7 million from the Statutory Contingency Account and \$3 million will be paid from the Tort Fund.

The Attorney General's Office believes the settlement is in the best interest of the state and recommends moving forward with the state's portion of the settlement payment in the amount of \$10 million.

Settlement Agreement is attached.

Statutory Authority:

Article 5, Section 21 of the Nevada Constitution

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

AARON D. FORD
Attorney General

CAROLINE BATEMAN
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

JESSICA L. ADAIR
Chief of Staff

RACHEL J. ANDERSON
General Counsel

HEIDI PARRY STERN
Solicitor General

MEMORANDUM

To: Jim Rodriguez, Executive Branch Budget Officer 2
From: Nancy Katafias, Tort Claims Manager
Subject: BOE Agenda Submittal: TC 18948 Little Valley Fire
Date: May 3, 2019

Please place the following item on the June 11, 2019 Board of Examiner's agenda for approval. Upon approval, this item will be paid from Budget 1348, Category 15 and from the Statutory Contingency Fund

Claimant: Little Valley Fire; subrogated insurers and individual plaintiffs

State Claim No.: TC 18948

Settlement Amount: \$25 million
\$15 million Excess Insurance
\$10 million from State of Nevada
\$7 million from the Statutory
Contingency Fund
\$3 million from the Tort Fund

\$25 million is payable as follows:
\$18 million to the individual plaintiffs;
payable to a Qualified Settlement Fund

\$7 million to the subrogated insurers; payable
to Berger Kahn, A Law Corporation, Client
Trust Account

TORT CLAIM RECOMMENDATION

DATE: May 1, 2019
CLAIMANT: Little Valley Fire
CLAIM NUMBER: TC18948
DATE OF LOSS: October 14, 2016
AGENCY: Dept. of Conservation and Natural Resources/Forestry
and NSHE/UNR

DISCUSSION

The Nevada Division of Forestry (NDF) and the University of Nevada, Reno (UNR), faced lawsuits by 105 Plaintiffs, which consists of property owners and subrogated property insurers, arising out of an escaped fire after a prescribed burn. Plaintiffs pled causes of action for gross negligence, nuisance, trespass, inverse condemnation, and strict liability. Plaintiffs stipulated to dismiss their nuisance, trespass, and strict liability claims prior to trial.

The trial on the liability elements of gross negligence proceeded to trial in 2018. The jury exonerated UNR, but found that NDF acted with gross negligence and such conduct was a substantial factor in plaintiffs' injury. The damages phase on gross negligence and the inverse condemnation phase are set for trial in December of 2019.

Through the course of discovery and mediation, settlement demands reached a peak of over \$325 million. Following mediation, the case reached a settlement in the total amount of \$25 million. The settlement includes all attorneys' fees and costs of litigation and resolves this matter; except for, the claims of one party.

The settlement includes two separate agreements: 1) an agreement with the subrogated insurers for \$7 million; and 2) an agreement with the individual plaintiffs for \$18 million. The excess insurer for the State of Nevada will pay \$15 million towards the settlement and the State will pay \$10 million.

If the case proceeded to trial on the inverse condemnation claim, and Plaintiffs received a favorable verdict by a jury, the State's liability would be not be subject to the Nevada legislature's tort cap limitations, but would include just compensation, compound interest, reasonable attorney's fees, and costs.

RECOMMENDATION

Based on my investigation of the claims, and my evaluation of the costs of litigation and a possible adverse outcome, the settlement is in the best interest of the State. As such, I recommend payment in the amount of \$10 million for the State's share of the settlement.

RECOMMENDATION: PAY

G/L 7357

Berger Kahn
1 Park Plaza Ste 340
Irvine CA 92614

Approved:



AARON D. FORD, ATTORNEY GENERAL

5/1/19

DATE

SETTLEMENT AGREEMENT AND RELEASE

This SETTLEMENT AGREEMENT AND RELEASE ("AGREEMENT") is made and entered into by and between those certain subrogation plaintiffs listed on Exhibit A ("SUBROGATION PLAINTIFFS" or "SETTLING PLAINTIFFS") on the one hand, and the State of Nevada ex rel. Nevada Division of Forestry ("NDF"); State of Nevada ex rel. Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Reno ("UNR") on the other hand, pursuant to the terms, conditions and covenants set forth in this AGREEMENT. SUBROGATION PLAINTIFFS, NDF and UNR are collectively referred to herein as "THE PARTIES". NDF and UNR are collectively referred to as "DEFENDANTS." The term "INDIVIDUAL PLAINTIFFS" refers to those people who are residents of Nevada who sued the DEFENDANTS for fire damage to their homes or businesses, whose actions are still pending and not resolved by way of this AGREEMENT.

RECITALS

WHEREAS, SETTLING PLAINTIFFS participated in the jury trial held before Judge Scott Freeman in the action captioned In Re: Little Valley Fire Litigation resulting in a verdict as against NDF for responsibility for tort damages, while UNR was found not responsible in tort;

WHEREAS, the aforementioned trial was limited to liability for tort claims and did not decide the issues related to inverse condemnation;

WHEREAS, issues of inverse condemnation and damages are still being litigated in the trial court;

WHEREAS, a trial date has been set before Judge Freeman in December 2019 to resolve the amount of damages on the tort claim;

WHEREAS, the rest and remainder of the issues in the case, including responsibility (or not) by DEFENDANTS and damages under inverse condemnation are yet to be scheduled for trial or discovery;

WHEREAS, the PARTIES recognize that any decision by the trial court regarding liability for inverse condemnation will inevitably be heard and decided by the Supreme Court of the State of Nevada;

WHEREAS, it is the desire of all PARTIES that there not be subsequent litigation on any issue regarding the Little Valley Fire, or the settlement of the litigation, and SETTLING PLAINTIFFS need finality and certainty in order to accept a discount on their claims against DEFENDANTS;

WHEREAS, the mediator, Judge Togliatti, has stated that this resolution is fair, and she encourages the resolution on the terms and conditions stated;

NOW, THEREFORE, for good and valuable consideration, THE PARTIES hereby agree as follows:

TERMS

1. INCORPORATION OF RECITALS

The preceding Recitals are incorporated by reference as though fully set forth herein in their entirety.

2. CONSIDERATION

DEFENDANTS will pay the total sum of \$7,000,000 (Seven Million Dollars) following the execution of this AGREEMENT and formal approval for said settlement pursuant to Nevada law and procedure in accordance with the timeframe set forth in paragraph 3. This Agreement is subject to and contingent on approval by the Nevada Board of Examiners,

approval by the Nevada Board of Regents, as necessary and in accordance with Board of Regents policy, and all other approvals which may be required under Nevada law.

3. PAYMENT INSTRUCTIONS

Payment will be made by DEFENDANTS on or before the later of 1) 90 days following the execution of this AGREEMENT by all signatories or 2) 30 days following formal approval as provided in paragraph 2 of this AGREEMENT once fully executed by all signatories, and, at the election of DEFENDANTS:

(A) may be made by wire transfer(s) to "Berger Kahn A Law Corporation, Client Trust Account," US Bank, 633 West Fifth Street, Los Angeles, California, 90071, ABA Routing Number 122235821, Account Number 164301213983; or

(B) may be made via check(s) payable to: "Berger Kahn in Trust"

Payment may be reported to Berger Kahn, Tax I.D. Number 95-3135265.

Once the money is delivered to Berger Kahn, DEFENDANTS have no responsibility to make certain that it is distributed properly to the SETTLING PLAINTIFFS, and such SETTLING PLAINTIFFS agree to defend and indemnify DEFENDANTS, and each of them, should any SETTLING PLAINTIFF bring claim or suit against a DEFENDANT claiming that money deposited with Berger Kahn was not properly distributed to them.

4. FULL AND FINAL RELEASE

The SETTLING PLAINTIFFS and each of them, on behalf of themselves and their respective officers, directors, attorneys, affiliates, shareholders, successors, heirs, assignees, employees, and agents agree not to pursue any claim or suit against, shall and do hereby release and forever discharge the State of Nevada, each of the DEFENDANTS, and each of their past, present and future officers, regents, directors, board members, insurers, including but not limited to, The Insurance Company of the State of Pennsylvania, attorneys, affiliates,

successors, heirs, assignees, employees, agents, independent contractors, parents, sisters, and/or subsidiary entities of and from any and all claims, counterclaims, duties, warranties, demands, causes of action, obligations, liabilities, rights to subrogation, damages, debts, losses, sums of money, settlement payments, indemnity payments, defense payments, costs of litigation, expert fees, consultant fees, and attorney's fees and expenses, of all and every kind and nature whatsoever, whether known or unknown, liquidated or unliquidated, asserted or not asserted, whether at law or in equity, based on contract, tort, equity, statute, constitutional rights of inverse condemnation or any other claim or theory of recovery that may exist and whether for compensatory damages, consequential damages, attorneys' fees or costs, interest, punitive damages, or exemplary damages, that in any manner relate to or arise out of or are connected with the LITTLE VALLEY FIRE and/or that were asserted or could have been asserted in the consolidated actions. This release and AGREEMENT specifically excludes any release of individual claims held by insureds of any SETTLING PLAINTIFF against the DEFENDANTS and therefore this AGREEMENT will not bar the legal actions or claims held by any insured of a SETTLING PLAINTIFF and will not bar the claims of any INDIVIDUAL PLAINTIFFS. Nothing in this paragraph should be considered a limitation on the assignment of subrogation right made in paragraph 23.

5. COMPLETE RELEASE

It is the intention of the PARTIES that this AGREEMENT shall constitute a full and final accord and satisfaction as to the matters encompassed in the release set forth in paragraph 4, and a bar to entry of judgment on the SETTLING PLAINTIFFS' claims in the consolidated action, as well as a bar to any and all other actions, causes of action, obligations, costs, expenses, attorneys' fees, damages, losses, claims, liabilities and demands of whatever nature, character or kind, known or unknown, suspected or unsuspected, between the SETTLING PLAINTIFFS and

DEFENDANTS, arising out of, directly or indirectly, or connected with the LITTLE VALLEY FIRE and/or the consolidated action. The PARTIES, and each of them, acknowledge that they are fully familiar with the facts and assumptions giving rise to this AGREEMENT, but agree that this AGREEMENT shall remain fully effective and binding as to each of them even if the facts or assumptions turn out to be different from what they now believe them to be.

6. COMPROMISE

SETTLING PLAINTIFFS, and each of them, acknowledge that they execute and agree to and accept the terms set forth in this AGREEMENT as a complete compromise of matters involving disputed issues of law and fact, and fully assume the risk that the facts and law may be other than they believe.

7. DISCLAIMER OF LIABILITY/NO ADMISSION

SETTLING PLAINTIFFS and each of them, hereby agree and acknowledge that this AGREEMENT represents the compromise and settlement of disputed claims. SETTLING PLAINTIFFS acknowledge this AGREEMENT and any payments made hereunder do not represent any admission of fact, liability, or coverage on the part of the DEFENDANTS and that these parties expressly deny any liability or responsibility.

8. GOOD FAITH

The PARTIES agree that the settlement embodied in this AGREEMENT is made in good faith, is the subject of arms-length negotiations, and the consideration supporting the AGREEMENT is fair and appropriate.

9. ATTORNEY FEES AND COSTS

The PARTIES, and each of them, shall assume and bear their own attorneys' fees, costs, expert fees and other expenses in connection with the matters referenced herein.

**10. NEED TO REQUIRE INDIVIDUAL PLAINTIFFS TO WAIVE ANY
CLAIM TO AMOUNTS PAID TO SETTLING PLAINTIFFS**

DEFENDANTS agree that this language or substantially similar language will be made part of any settlement with the INDIVIDUAL PLAINTIFFS.

“INDIVIDUAL PLAINTIFF hereby waives any claim, right or action against their property (or commercial) insurer for any amounts that insurer received in settlement from DEFENDANTS to resolve the Little Valley Fire Litigation, whether that claim, right or action is based on arguments of bad faith in the settlement of the litigation theory, the “made whole or limited fund” doctrine, based on legal arguments that the insurer did not have valid subrogation claims, or the right to recover for inverse condemnation in the shoes of the insured, or any other theory. Specifically excluded from this waiver is the right of any INDIVIDUAL PLAINTIFF to make claim under their policy of insurance for benefits due under the policy, or for any claims of bad faith that specifically arise out of the timing and/or adjustment of the claim itself, and not based on how the litigation against DEFENDANTS was pursued or settled. The insurers for the INDIVIDUAL PLAINTIFFS are specifically third-party beneficiaries of this contractual release and agreement and may depend on it when defending any claim made by an INDIVIDUAL PLAINTIFF. DEFENDANTS required mirror language when DEFENDANTS settled with SUBROGATION PLAINTIFFS, requiring SUBROGATION PLAINTIFFS to waive any claim against INDIVIDUAL PLAINTIFFS and what they collectively, and each of them, obtained by way of settlement from the DEFENDANTS.”

**11. SETTLING PLAINTIFFS WAIVE ANY CLAIM TO AMOUNTS PAID TO
INDIVIDUAL PLAINTIFFS**

SETTLING PLAINTIFFS, and each of them individually, hereby waive any claim, right or action against their respective insureds for any amounts that the insured receives in settlement

from DEFENDANTS to resolve the Little Valley Fire Litigation. Each insured of the SUBROGATION PLAINTIFFS is specifically a third-party beneficiary of this contractual AGREEMENT, and each insured of the SUBROGATION PLAINTIFFS may depend on it when defending any claim made by its insurer for money they received from DEFENDANTS.

12. STIPULATION FOR DISMISSAL

The PARTIES will prepare an appropriate stipulation for dismissal of the pending Subrogation actions and seek an Order of dismissal from the Court.

13. PREPARATION OF AGREEMENT

This AGREEMENT is the product of negotiation and preparation by and among the PARTIES and their respective attorneys. This AGREEMENT shall not be deemed prepared or drafted by one Party or another, or its attorneys, and will be construed accordingly.

14. AUTHORITY

Each signatory hereto warrants and represents that he or she is competent and authorized to enter into this AGREEMENT on behalf of the Party for whom he or she signs. This AGREEMENT is freely and voluntarily entered into and executed upon the advice of each Party's respective counsel.

15. FULL KNOWLEDGE/BINDING EFFECT

SETTLING PLAINTIFFS represent that they have reviewed the terms and conditions of this AGREEMENT with an attorney, or had the opportunity to do so, before signing it, and that they understand each, every and all of the terms and conditions within this AGREEMENT. SETTLING PLAINTIFFS further ACKNOWLEDGE they each know and appreciate this AGREEMENT is a legally binding contract, that they each fully understand and execute, on his/her own free will and accord, the AGREEMENT with full knowledge of its significance.

16. GOVERNING LAW

This AGREEMENT shall be governed by and construed in accordance with the laws of Nevada without reference to conflict of laws principles. Venue shall be in the Second Judicial District Court in and for Washoe County. Prior to the initiation of any litigation, any disputes between the DEFENDANTS and the SETTLING PLAINTIFFS under this AGREEMENT shall first be mediated before retired Judge Jennifer P. Togliatti, who presided over the settlement terms.

17. SEVERABILITY

If any provision of this AGREEMENT is held to be invalid or unenforceable, the remainder of this AGREEMENT shall continue in full force and effect and shall in no way be impaired or invalidated, and THE PARTIES agree to substitute for the invalid or unenforceable provision a valid and enforceable provision that most closely approximates the intent and economic effect of the invalid or unenforceable provision.

18. INDIVIDUAL AND CORPORATE AUTHORITY

Any individual signing this AGREEMENT on behalf of another individual, or a corporation, partnership, trust, or other entity represents or warrants that he or she has full authority to do so. Each Party to this AGREEMENT represents and warrants that it has not sold, assigned, transferred, or otherwise disposed of any claim described, set forth, or referred to in this AGREEMENT.

19. ENTIRE AGREEMENT BETWEEN PLAINTIFFS AND DEFENDANTS

This AGREEMENT represents and contains the entire understanding of the SETTLING PLAINTIFFS on the one hand and DEFENDANTS, on the other hand. There are no representations, covenants, or undertakings between SETTLING PLAINTIFFS on the one hand,

and DEFENDANTS on the other hand, other than those expressly set forth in this AGREEMENT.

20. SECTION HEADINGS

The paragraph headings in this AGREEMENT are provided for convenience and ease of reference only and shall not be considered when interpreting the terms of this AGREEMENT.

21. COUNTERPARTS

This AGREEMENT may be executed in counterparts and, when taken together, shall constitute one single AGREEMENT which shall be binding upon all parties hereto notwithstanding that the signatures of THE PARTIES do not appear on the same page. A faxed, scanned or electronic signature is as valid as an original.

22. AS BETWEEN SUBROGATING PLAINTIFFS

Each SUBROGATION PLAINTIFF agrees to accept the amount listed on the Excel spreadsheet distributed by Susan Muncey during the mediation. The SUBROGATION PLAINTIFFS recognize that, if any mathematical errors were made during the preparation of the charts, they cannot be corrected or changed after the agreement is signed. The amounts listed are final. Numbers can change, and errors can be made on spreadsheets. This is a final agreement, and each SUBROGATION PLAINTIFF waives any claim to assert that their amount of the settlement should be different.

23. ASSIGNMENT OF SUBROGATION RIGHTS

Each SUBROGATION PLAINTIFF hereby assigns to DEFENDANTS all of its subrogation rights (contractual, equitable or otherwise) to any and all amounts it paid to INDIVIDUAL PLAINTIFFS for any losses (whether relating to real property, personal property, living expenses, or otherwise) arising out of, relating to, or connected with the LITTLE

VALLEY FIRE. Upon execution of this AGREEMENT, SUBROGATION PLAINTIFFS agree they have no further right to pursue any such claims.

24. EFFECTIVE DATE

The Effective Date of this AGREEMENT shall be APRIL 5, 2019.

BY SIGNING BELOW, THE PARTIES ACKNOWLEDGE THAT THEY HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT AND EXPRESSLY CONSENT THERETO. THE PARTIES FURTHER ACKNOWLEDGE THAT THEY HAVE HAD THE OPPORTUNITY TO SEEK ADVICE OF COUNSEL AND ENTER INTO THIS AGREEMENT HAVING RECEIVED SUCH ADVICE. THE PARTIES AGREE THAT THEY HAVE WAIVED A JURY IN ANY LAWSUIT ARISING FROM A DISPUTE OF THIS AGREEMENT

SIGNATURES OF THE PARTIES

DATED: 4/15/2019

On behalf of NEVADA DIVISION OF FORESTRY

By: [Signature]

Print Name: Kacey KC

Title: State Forester Firewarden

DATED: 4-19-19

On behalf of BOARD OF REGENTS OF THE NEVADA
SYSTEM OF HIGHER EDUCATION, ON BEHALF OF
THE UNIVERSITY OF NEVADA, RENO

By: [Signature]

Print Name: Marc A. Johnson

Title: President

DATED: 4-23-19

On behalf of COUNTRY MUTUAL INSURANCE

COMPANY

By: Kendra Robison

Print Name: Kendra Robison

Title: Subrogation Specialist

DATED: 4-23-19

On behalf of AMERICAN STRATEGIC INSURANCE

CORP.

By: Lacey Horbach

Print Name: Lacey Horbach

Title: SR. SUBROGATION SPECIALIST

DATED: 4/15/19

On behalf of AMERICAN FAMILY INSURANCE

By: Anna Berry

Print Name: Anna Berry

Title: Senior Subrogation Adjuster

DATED: 4/15/19

On behalf of BANKERS STANDARD INSURANCE

COMPANY

By: Goldie Q Brown

Print Name: Goldie Q Brown

Title: CLAIM DIRECTOR

DATED:

4/12/2019

On behalf of SAFECO INSURANCE COMPANY OF
AMERICA, LIBERTY MUTUAL INSURANCE
COMPANY and PEERLESS INDEMNITY INSURANCE
COMPANY

By:

Print Name: Brendan Byrne

Title: Technical Recovery Specialist

DATED:

4-23-19

On behalf of CSAA GENERAL INSURANCE
COMPANY and CSAA FIRE & CASUALTY
INSURANCE COMPANY

By:

Print Name: David Goldberg

Title: Manager / Attorney Litigation

DATED:

04/12/19

On behalf of THE AUTOMOBILE INSURANCE
COMPANY OF HARTFORD, CONNECTICUT, THE
STANDARD FIRE INSURANCE COMPANY, THE
TRAVELERS HOME AND MARINE INSURANCE
COMPANY and THE TRAVELERS INDEMNITY
COMPANY OF AMERICA

By:

Print Name: Robert Tromp

Title: Subrogation Major Case

DATED: 4/15/2019

On behalf of NATIONWIDE PRIVATE CLIENT as
underwritten by CRESTBROOK INSURANCE
COMPANY

By: Brenda Green

Print Name: Brenda Green

Title: Claims Specialist II

DATED: 4-23-19

On behalf of ALLSTATE INSURANCE COMPANY,
ALLSTATE FIRE AND CASUALTY INSURANCE
COMPANY, and ALLSTATE PROPERTY AND
CASUALTY INSURANCE COMPANY

By: Robin Anderson

Print Name: Robin Anderson

Title: Claim Rep.

DATED: 4/12/19

On behalf of PROPERTY AND CASUALTY
INSURANCE COMPANY OF HARTFORD

By: James M. Williams

Print Name: James M. Williams

Title: Claim Consultant

DATED: APRIL 11, 2019

On behalf of PHILADELPHIA INDEMNITY
INSURANCE COMPANY

By: Robert P. Finizio

Print Name: ROBERT P. FINIZIO

Title: SENIOR CLAIMS EXAMINER

DATED:

4/22/19

On behalf of STATE FARM FIRE AND CASUALTY
COMPANY

By:

[Signature]

Print Name: BENJAMIN D. HAMM

Title: CLAIM SPECIALIST

DATED:

4/11/2019

On behalf of FIRE INSURANCE EXCHANGE and
FARMERS INSURANCE EXCHANGE

By:

[Signature]

Print Name: Kim C. Stafford

Title: Director, Subrogation Claims

DATED:

4/14/19

On behalf of UNITED SERVICES AUTOMOBILE
ASSOCIATION, USAA CASUALTY INSURANCE
COMPANY, USAA GENERAL INDEMNITY
COMPANY and GARRISON PROPERTY AND
CASUALTY INSURANCE COMPANY

By:

[Signature]

Print Name: Shawn Gine

Title: Authorized Attorney - USAA

APPROVED AS TO FORM AND CONTENT:

DATED: 04/24/19

By: K.D. Bhirud
Ketan D. Bhirud
Steven G. Shevorski
Theresa M. Haar
OFFICE OF THE ATTORNEY GENERAL
Attorneys for Defendant NEVADA DIVISION
OF FORESTRY

DATED: 4-17-19

By: Gary A. Cardinal
Gary A. Cardinal
Bryan L. Wright
Attorneys for Defendant BOARD OF REGENTS
OF THE NEVADA SYSTEM OF HIGHER
EDUCATION, ON BEHALF OF THE
UNIVERSITY OF NEVADA, RENO

DATED: 04-22-2019

By: Gilbert S. Hernandez, Thomas M. Regan
Gilbert S. Hernandez, Thomas M. Regan
COZEN O'CONNOR
Attorneys for Plaintiffs COUNTRY MUTUAL
INSURANCE COMPANY, AMERICAN
STRATEGIC INSURANCE CORP, AMERICAN
FAMILY INSURANCE, BANKERS
STANDARD INSURANCE COMPANY,
SAFECO INSURANCE COMPANY OF
AMERICA, LIBERTY MUTUAL INSURANCE
COMPANY, PEERLESS INDEMNITY
INSURANCE COMPANY, CSAA GENERAL
INSURANCE COMPANY and
CSAA FIRE & CASUALTY INSURANCE
COMPANY

DATED: 22 April 2019

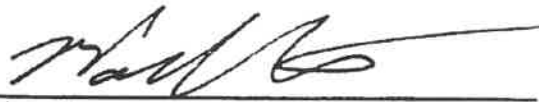
By:



Kenneth W. Maxwell
BAUMAN LOEWE WITT & MAXWELL, PLLC
Attorneys for Plaintiffs THE AUTOMOBILE
INSURANCE COMPANY OF HARTFORD,
CONNECTICUT, THE STANDARD FIRE
INSURANCE COMPANY, THE TRAVELERS
HOME AND MARINE INSURANCE
COMPANY, THE TRAVELERS INDEMNITY
COMPANY OF AMERICA, NATIONWIDE
PRIVATE CLIENT as underwritten by
CRESTBROOK INSURANCE COMPANY,
ALLSTATE INSURANCE COMPANY,
ALLSTATE FIRE AND CASUALTY
INSURANCE COMPANY, ALLSTATE
PROPERTY AND CASUALTY INSURANCE
COMPANY, PROPERTY AND CASUALTY
INSURANCE COMPANY OF HARTFORD, and
PHILADELPHIA INDEMNITY INSURANCE
COMPANY

DATED: 4/22/2019

By:



Waylon J. Pickett
GROTEFELD HOFFMANN
Attorneys for Plaintiff STATE FARM FIRE
AND CASUALTY COMPANY


DATED: April 11, 2019

By:



Craig S. Simon
BERGER KAHN, A LAW CORPORATION
Scott A. Glogovac
GLOGOVAC & PINTAR
Attorneys for Plaintiffs FIRE INSURANCE
EXCHANGE and FARMERS INSURANCE
EXCHANGE

DATED: 4/14/19

By: 

Shawn E. Caine
LAW OFFICES OF SHAWN E. CAINE
Scott A. Glogovac
GLOGOVAC & PINTAR
Attorneys for Plaintiffs UNITED SERVICES
AUTOMOBILE ASSOCIATION, USAA
CASUALTY INSURANCE COMPANY, USAA
GENERAL INDEMNITY COMPANY and
GARRISON PROPERTY AND CASUALTY
INSURANCE COMPANY

EXHIBIT A

Settling Subrogation Plaintiffs

Case No. CV17-00951

COUNTRY MUTUAL INSURANCE COMPANY
AMERICAN STRATEGIC INSURANCE CORP
AMERICAN FAMILY INSURANCE
BANKERS STANDARD INSURANCE COMPANY
SAFECO INSURANCE COMPANY OF AMERICA
LIBERTY MUTUAL INSURANCE COMPANY
PEERLESS INDEMNITY INSURANCE COMPANY
CSAA GENERAL INSURANCE COMPANY
CSAA FIRE & CASUALTY INSURANCE COMPANY

Case No. CV17-01010

THE AUTOMOBILE INSURANCE COMPANY OF HARTFORD CONNECTICUT
NATIONWIDE PRIVATE CLIENT as underwritten by CRESTBROOK INSURANCE COMPANY
PHILADELPHIA INDEMNITY INSURANCE COMPANY
THE STANDARD FIRE INSURANCE COMPANY
THE TRAVELERS HOME AND MARINE INSURANCE COMPANY
THE TRAVELERS INDEMNITY COMPANY OF AMERICA
ALLSTATE INSURANCE COMPANY
ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY

Case No. CV17-01141

STATE FARM FIRE AND CASUALTY COMPANY

Case No. CV17-01150

FIRE INSURANCE EXCHANGE
FARMERS INSURANCE EXCHANGE

Case No. CV17-02228

PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD

Case No. CV18-01601

UNITED SERVICES AUTOMOBILE ASSOCIATION
USAA CASUALTY INSURANCE COMPANY
USAA GENERAL INDEMNITY COMPANY
GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY

SETTLEMENT AGREEMENT AND RELEASE

This Settlement Agreement and Release (the "Agreement"), subject to all necessary approvals under Nevada law, including the approval of the State Board of Examiners of Nevada and the Nevada Board of Regents, is entered into on April 9, 2019 (the "Effective Date") by and among the State of Nevada ex rel. Nevada Division of Forestry ("NDF"); State of Nevada ex rel. Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Reno ("UNR") (collectively, the "State") and the parties listed on Exhibit A which is comprised of all individual plaintiffs in the In Re: Little Valley Fire Litigation defined below (the "Individual Plaintiffs"). The State and each Plaintiff are each referred to individually as a "Party" and collectively as the "Parties."

RECITALS

WHEREAS, in October 2016, NDF conducted the Little Valley Prescribed Burn (the "Little Valley Prescribed Burn") on land known as the Whittell Forest owned by UNR.

WHEREAS, on October 14, 2016, there was an escaped fire that originated from the Little Valley Prescribed Burn.

WHEREAS, Individual Plaintiffs filed various actions against the State alleging that they suffered damages as a result of the Little Valley Prescribed Burn which were consolidated in In Re: Little Valley Fire Litigation, including without limitation, Case Numbers CV17-00225, CV17-00238, CV17-00437, CV17-00769, CV17-01403, CV17-00241, CV17-00300, CV17-00301, CV17-01799, CV17-01141, CV17-01150, CV17-00951, CV17-01010, and CV17-02228, and any and all complaints, third party complaints, cross-claims, and/or counterclaims filed therein ("In Re: Little Valley Fire Litigation").

WHEREAS, the Parties participated in a jury trial held before the Honorable Scott Freeman, Second Judicial District Court Judge, In Re: Little Valley Fire Litigation resulting in a verdict as against NDF for responsibility for tort damages, while UNR was found not responsible in tort.

WHEREAS, the aforementioned trial was limited to liability for tort claims and did not decide the issues related to inverse condemnation.

WHEREAS, issues of inverse condemnation and damages are still being litigated in the trial court.

WHEREAS, the Parties recognize that any decision by the trial court regarding liability for inverse condemnation will inevitably be reviewed by the Supreme Court of the State of Nevada.

WHEREAS, it is the desire of all Parties that there not be subsequent litigation on any issue regarding the Little Valley Prescribed Burn, or the settlement of the litigation.

WHEREAS, the Honorable Jennifer P. Togliatti, retired Eighth Judicial District Court Chief Judge, has mediated the settlement between the Parties and has stated that this resolution is fair, and she encourages the resolution on the terms and conditions stated herein.

WHEREAS, the Parties desire to document their settlement of all claims relating to the Little Valley Prescribed Burn in order to avoid the expense and inconvenience of further litigation and without addressing their respective positions on the allegations and claims.

WHEREAS, Individual Plaintiffs have represented to the State that no Individual Plaintiff will bring or make additional claims against the State, or any of its agencies, officers, or employees, either named or unknown, relating to the Little Valley Prescribed Burn.

WHEREAS, counsel for Individual Plaintiffs have represented to the State that no law firm or attorney representing an Individual Plaintiff will bring or make additional claims on behalf of any claimant against the State, or any of its agencies, officers, or employees, either named or unknown, relating to the Little Valley Prescribed Burn.

NOW, THEREFORE, in consideration of the several and mutual promises, agreements, representations, warranties, and covenants in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties do hereby agree as follows:

1. Incorporation of Recitals. The preceding Recitals are incorporated by reference as though fully set forth herein in their entirety.
2. Consideration. The State will pay the total sum of \$18,000,000 following the execution of this Agreement and formal approval for said settlement pursuant to Nevada law and procedure in accordance with the timeframe set forth in paragraph 3. This Agreement is subject to and contingent on approval by the Nevada Board of Examiners, approval by the Nevada Board of Regents, as necessary and in accordance with Board of Regents policy, and all other approvals which may be required under Nevada law.
3. Payment Instructions. Provided this Agreement has been signed by all parties, including without limitation all Individual Plaintiffs listed in Exhibit A, payment will be made by the State on or before July 1 2019, if formal approval as provided in paragraph 2 of this Agreement occurs on June 11, 2019. If formal approval as provided in paragraph 2 does not occur on June 11, 2019, then payment will be made by the State within 30 days of formal approval. Payment will be made at the direction of the Individual Plaintiffs' lawyers to a Qualified Settlement Fund to be approved by and subject to the jurisdiction of Judge Scott Freeman as part of the In Re Little Valley Litigation. Counsel for the Individual Plaintiffs will provide payment details regarding the Qualified Settlement Fund, including payee information and a form W-9 with the Tax Identification Number, as soon as possible, but not later than June 1, 2019.

Once the money is delivered to the Qualified Settlement Fund, the State and/or its insurers have no responsibility to make certain that it is distributed properly to the Individual Plaintiffs, and such Individual Plaintiffs agree to defend and indemnify the State and/or its insurers, and each of them, should any Individual Plaintiffs bring claim or suit against the State and/or its insurers claiming that money deposited with Qualified Settlement Fund was not properly distributed to

them. The State and/or its insurers will have no responsibility for any legal, accounting, administrative, and/or any other expenses associated with or related to the Qualified Settlement Fund.

In order for the State to submit the settlement to the Nevada Board of Examiners for the June 11, 2019, meeting, Individual Plaintiffs will all need to execute and deliver signed copies of this Agreement to the State by May 1, 2019. Should Individual Plaintiffs not all execute and deliver signed copies of the Agreement to the State by May 1, 2019, then Individual Plaintiffs acknowledge and understand that they will need to submit fully executed copies of this Agreement to the State within seven calendar days of the Agency Deadline indicated on the Nevada Board of Examiner's website (http://budget.nv.gov/Meetings/Board_of_Examiners/2019/BOE_Meetings/) in order for the Agreement to be submitted to the Nevada Board of Examiners at its next scheduled meeting.

4. Full and Final Release. Upon deposit of the settlement payment referenced in paragraph 3 into the Qualified Settlement Fund, the Individual Plaintiffs and each of them, on behalf of themselves and their respective devisees, executors, relatives, parents, spouse, siblings, issue, heirs, dependents, representatives, principals, officers, directors, attorneys, affiliates, shareholders, successors, assignees, employees, and agents agree not to pursue any claim or suit against and, shall and do hereby release and forever discharge the State, and each of their past, present and future officers, regents, directors, board members, insurers, including but not limited to, The Insurance Company of the State of Pennsylvania, attorneys, affiliates, successors, heirs, assignees, employees, agents, independent contractors, parents, sisters, and/or subsidiary entities of and from any and all claims, counterclaims, duties, warranties, demands, causes of action, obligations, liabilities, rights to subrogation, damages, debts, losses, sums of money, settlement payments, indemnity payments, defense payments, costs of litigation, expert fees, consultant fees, and attorney's fees and expenses, of all and every kind and nature whatsoever, whether known or unknown, liquidated or unliquidated, asserted or not asserted, whether at law or in equity, based on contract, tort, equity, statute, constitutional rights of inverse condemnation or any other claim or theory of recovery that may exist and whether for compensatory damages, consequential damages, attorneys' fees or costs, interest, punitive damages, or exemplary damages, that in any manner relate to or arise out of or are connected with the Little Valley Prescribed Burn and/or that were asserted or could have been asserted in the In Re: Little Valley Fire Litigation.

5. Complete Release. It is the intention of the Parties that, upon deposit of the settlement payment into the Qualified Settlement Fund, this Agreement shall constitute a full and final accord and satisfaction as to the matters encompassed in the release set forth in paragraph 4, and a bar to entry of judgment on the Individual Plaintiffs' claims in the consolidated action, as well as a bar to any and all other actions, causes of action, obligations, costs, expenses, attorneys' fees, damages, losses, claims, liabilities and demands of whatever nature, character or kind, known or unknown, suspected or unsuspected, between the Individual Plaintiffs and the State, arising out of, directly or indirectly, or connected with the Little Valley Prescribed Burn and/or the consolidated action. The Parties, and each of them, acknowledge that they are fully familiar with the facts and assumptions giving rise to this Agreement, but agree that this Agreement shall remain

fully effective and binding as to each of them even if the facts or assumptions turn out to be different from what they now believe them to be.

6. Compromise. Individual Plaintiffs, and each of them, acknowledge that they execute and agree to and accept the terms set forth in this Agreement as a complete compromise of matters involving disputed issues of law and fact, and fully assume the risk that the facts and law may be other than they believe. The Parties have each entered into this Agreement solely for the purpose of settling and compromising the disputes between the Parties regarding the Litigation and nothing contained in this Agreement or its performance shall be deemed to be an admission or acknowledgment of: liability; the existence of damages; or the amount of any damages relating to the Litigation. This Agreement shall in no way be construed as an admission by the State or any of its legal representatives, heirs, successors, assigns, agencies, divisions, departments, and employees, of any kind or nature whatsoever, of any liability in the Litigation, but constitutes the good faith, fair, and equitable compromise of causes of action and claims for relief between them, which are disputed, to resolve the Litigation and to avoid the burden, expense, delay, and uncertainties of pursuing the Litigation

7. Dismissal of Pending Litigation. Within 30 days of the payments identified in paragraph 3 being received by the Qualified Settlement Fund, all Individual Plaintiffs agree to dismiss with prejudice or effect dismissal with prejudice of all claims existing or pending in any jurisdiction relating to the Little Valley Prescribed Burn, including without limitation the claims filed in Case Nos. CV17-00225, CV17-00238, CV17-00437, CV17-00769, CV17-01403, CV17-00241, CV17-00300, CV17-00301, CV17-01799, CV17-01141, CV17-01150, CV17-00951, CV17-01010, and CV17-02228.

8. Good Faith. The Parties agree that the settlement embodied in this Agreement is made in good faith, is the subject of arms-length negotiations, and the consideration supporting the Agreement is fair and appropriate.

9. Authority. Each of the Parties represents and warrants that they have full power and authority to enter into this Agreement and to make the releases described herein on behalf of themselves and on behalf of all entities or persons described herein. Any individual signing this Agreement on behalf of another individual, or a corporation, partnership, trust, or other entity represents or warrants that he or she has full authority to do so. Each Party to this Agreement represents and warrants that it has not sold, assigned, transferred, or otherwise disposed of any claim described, set forth, or referred to in this Agreement.

10. Sufficiency of Consideration. The Parties acknowledge that the covenants contained in this Agreement provide good and sufficient consideration for every promise, duty, release, obligation, agreement, and right contained in this Agreement.

11. Governing Law. This Agreement shall be deemed made under and shall be governed by the substantive laws of the State of Nevada, excluding its conflict of law rules. Venue shall be in the Second Judicial District Court in and for Washoe County.

12. Dispute Resolution. Prior to the initiation of any litigation, any disputes between the Parties under this Agreement shall first be mediated before retired Judge Jennifer P. Togliatti, who presided over the settlement terms.

13. Individual Plaintiffs Waive Any Claim to Amounts Paid to Insurers. Each Individual Plaintiff hereby waives any claim, right or action against their property or commercial insurer for any amounts that insurer received in settlement from the State to resolve the Little Valley Fire Litigation, whether that claim, right or action is based on arguments of bad faith in the settlement of the litigation theory, the "made whole or limited fund" doctrine, based on legal arguments that the insurer did not have valid subrogation claims, or the right to recover for inverse condemnation in the shoes of the insured, or any other theory. Specifically excluded from this waiver is the right of any Individual Plaintiff to make claim under their policy of insurance for benefits due under the policy, or for any claims of bad faith that specifically arise out of the timing and/or adjustment of the claim itself, and not based on how the litigation against the State was pursued or settled. The insurers for the Individual Plaintiff are specifically third-party beneficiaries of this contractual release and agreement and may depend on it when defending any claim made by an Individual Plaintiff. The State required mirror language when the State settled with Subrogation Plaintiffs, requiring Subrogation Plaintiffs to waive any claim against Individual Plaintiffs and what they collectively, and each of them, obtained by way of settlement from the State.

14. Construction. The terms, provisions and conditions of this Agreement are the result of negotiations between the Parties, each of which has been represented by legal counsel of its own choosing. Accordingly, the terms, provisions and conditions of this Agreement shall be interpreted and construed in accordance with their usual and customary meanings, without application of any rule of interpretation or construction providing that ambiguous or conflicting terms, conditions or provisions shall be interpreted or construed against the Party whose legal counsel prepared the executed version or any prior drafts of the Agreement.

15. Severability. If any part of this Agreement shall be determined to be illegal, invalid or unenforceable, that part shall be severed from the Agreement and the remaining parts shall be valid and enforceable.

16. Modification. This Agreement shall not be altered, amended, modified or rescinded except by an instrument in writing signed by each of the Parties, and specifically referencing this Agreement.

17. Survival of Provisions. The rights, duties and obligations set forth in this Agreement shall be binding upon and shall inure to the benefit of any and all predecessors, successors and assignees of the Parties hereto.

18. Fees and Costs. Each Party shall bear its own attorneys' fees and costs incurred in connection with the negotiation, preparation, execution, and performance of this Agreement.

19. Entire Agreement. This Agreement represents and contains the entire understanding of the Individual Plaintiffs on the one hand and the State, on the other hand. There

are no representations, covenants, or undertakings between Individual Plaintiffs on the one hand, and the State on the other hand, other than those expressly set forth in this Agreement.

20. Counterparts and Electronic Signatures. This Agreement may be executed in counterparts, each of which shall constitute a duplicate original. Facsimile and scanned or electronic signatures shall have the same force and effect as original signatures, and delivery of an electronic signed copy by email, acknowledged by the recipient by email or otherwise in writing, shall constitute effective delivery.

21. Effective Date. This Agreement shall become effective immediately upon execution by all of the Parties.

IN WITNESS WHEREOF, each of the Parties hereto has executed this Agreement by a duly authorized representative of such Parties.

[Signatures on the following pages]

DATED: May 2, 2019

On behalf of NEVADA DIVISION OF FORESTRY

By: [Signature]

Name: Kacey KC

Title: State Forester Firewarden

DATED: _____

On behalf of BOARD OF REGENTS OF THE NEVADA
SYSTEM OF HIGHER EDUCATION, ON BEHALF OF
THE UNIVERSITY OF NEVADA, RENO

By: _____

Name: _____

Title: _____

are no representations, covenants, or undertakings between Individual Plaintiffs on the one hand, and the State on the other hand, other than those expressly set forth in this Agreement.

20. Counterparts and Electronic Signatures. This Agreement may be executed in counterparts, each of which shall constitute a duplicate original. Facsimile and scanned or electronic signatures shall have the same force and effect as original signatures, and delivery of an electronic signed copy by email, acknowledged by the recipient by email or otherwise in writing, shall constitute effective delivery.

21. Effective Date. This Agreement shall become effective immediately upon execution by all of the Parties.

IN WITNESS WHEREOF, each of the Parties hereto has executed this Agreement by a duly authorized representative of such Parties.

[Signatures on the following pages]

DATED: _____ On behalf of NEVADA DIVISION OF FORESTRY

By: _____

Name: _____

Title: _____

DATED: 5-2-19 On behalf of BOARD OF REGENTS OF THE NEVADA
SYSTEM OF HIGHER EDUCATION, ON BEHALF OF
THE UNIVERSITY OF NEVADA, RENO

By: Marc A. Johnson

Name: Marc A. Johnson

Title: President

Dated: _____

By: 
Angel Face, Ltd.

Dated: _____

By: _____
Apsara Farms, LLC

Dated: _____

By: _____
Richard D. Ash

Dated: _____

By: _____
Catheline M. Ash

Dated: _____

By: _____
Robert A. Bittman

Dated: _____

By: _____
Gerrol L. Bittman

Dated: _____

By: _____
Mary Blueberg

Dated: _____

By: _____
James R. Blueberg

Dated: _____

By: _____
Lori A. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: _____

By: _____
Jeffrey R. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: _____

By: _____
Angel Face, Ltd.

Dated: 4/29/2019

By: Patricia E. Fox *Apsara Farms LLC*
Apsara Farms, LLC

Dated: _____

By: _____
Richard D. Ash

Dated: _____

By: _____
Catheline M. Ash

Dated: _____

By: _____
Robert A. Bittman

Dated: _____

By: _____
Gerrol L. Bittman

Dated: _____

By: _____
Mary Blueberg

Dated: _____

By: _____
James R. Blueberg

Dated: _____

By: _____
Lori A. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: _____

By: _____
Jeffrey R. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: _____

By: _____
Angel Face, Ltd.

Dated: _____

By: _____
Apsara Farms, LLC

Dated: 4/26/19

By: Richard D. Ash
Richard D. Ash

Dated: 4/26/19

By: Catheline M. Ash
Catheline M. Ash

Dated: _____

By: _____
Robert A. Bittman

Dated: _____

By: _____
Gerrol L. Bittman

Dated: _____

By: _____
Mary Blueberg

Dated: _____

By: _____
James R. Blueberg

Dated: _____

By: _____
Lori A. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: _____

By: _____
Jeffrey R. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: _____

By: _____
Angel Face, Ltd.

Dated: _____

By: _____
Apsara Farms, LLC

Dated: _____

By: _____
Richard D. Ash

Dated: _____

By: _____
Catheline M. Ash

Dated: _____

By: Robert A. Bittman
Robert A. Bittman *Individually and as*
TRUSTEE OF THE BITTMAN FAMILY
TRUST DATED 10/8/92

Dated: _____

By: Gerrol L. Bittman
Gerrol L. Bittman *Individually and as*
TRUSTEE OF THE BITTMAN FAMILY TRUST
DATED 10/8/92

Dated: _____

By: _____
Mary Blueberg

Dated: _____

By: _____
James R. Blueberg

Dated: _____

By: _____
Lori A. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: _____

By: _____
Jeffrey R. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: _____

By: _____
Angel Face, Ltd.

Dated: _____

By: _____
Apsara Farms, LLC

Dated: _____

By: _____
Richard D. Ash

Dated: _____

By: _____
Catheline M. Ash

Dated: _____

By: _____
Robert A. Bittman

Dated: _____

By: _____
Gerrol L. Bittman

Dated: 4/29/2019

By: 
Mary Blueberg

Dated: 4/29/2019

By: 
James R. Blueberg

Dated: _____

By: _____
Lori A. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: _____

By: _____
Jeffrey R. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: _____

By: _____
Angel Face, Ltd.

Dated: _____

By: _____
Apsara Farms, LLC

Dated: _____

By: _____
Richard D. Ash

Dated: _____

By: _____
Catheline M. Ash

Dated: _____

By: _____
Robert A. Bittman

Dated: _____

By: _____
Gerrol L. Bittman


Dated: _____

By: _____
Mary Blueberg

Dated: _____

By: _____
James R. Blueberg

Dated: 4/28/19

By:  _____
Lori A. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: 4/28/19

By:  _____
Jeffrey R. Bowen
Trustee of the Bowen Family Trust
Agreement

Dated: 4/29/19

By: Diana M. Ciszek
Diana M. Ciszek

Dated: 4-29-19

By: Kenneth C. Ciszek
Kenneth C. Ciszek

Dated: _____

By: _____
Cliff Brothers Ranch, LLC

Dated: _____

By: _____
Edenir Copeland

Dated: _____

By: _____
Allen R. Copeland

Dated: _____

By: _____
Gary E. Eisenhart

Dated: _____

By: _____
Shannon D. Evans

Dated: _____

By: _____
Barbara A. Evans

Dated: _____

By: _____
Edward L. Evans

Dated: _____

By: _____
Jacqueline Falkenroth

Dated: _____

By: _____
Charles Falkenroth

Dated: _____

By: _____
Diana M. Ciszek

Dated: _____

By: _____
Kenneth C. Ciszek

Dated: April 29/2019

J. Sherry J. McDermott on behalf of
By: Cliff Brothers Ranch, LLC
Cliff Brothers Ranch, LLC

Dated: _____

By: _____
Edenir Copeland

Dated: _____

By: _____
Allen R. Copeland

Dated: _____

By: _____
Gary E. Eisenhart

Dated: _____

By: _____
Shannon D. Evans

Dated: _____

By: _____
Barbara A. Evans

Dated: _____

By: _____
Edward L. Evans

Dated: _____

By: _____
Jacqueline Falkenroth

Dated: _____

By: _____
Charles Falkenroth

Dated: _____

By: _____
Diana M. Ciszek

Dated: _____

By: _____
Kenneth C. Ciszek

Dated: _____

By: _____
Cliff Brothers Ranch, LLC

Dated: _____

By: Edenir Copeland
Edenir Copeland

Dated: _____

By: Allen R. Copeland
Allen R. Copeland

Dated: 4-29-2019

By: Gary E. Eisenhart
Gary E. Eisenhart

Dated: _____

By: _____
Shannon D. Evans

Dated: _____

By: _____
Barbara A. Evans

Dated: _____

By: _____
Edward L. Evans

Dated: _____

By: _____
Jacqueline Falkenroth

Dated: _____

By: _____
Charles Falkenroth

Dated: _____

By: _____
Diana M. Ciszek

Dated: _____

By: _____
Kenneth C. Ciszek

Dated: _____

By: _____
Cliff Brothers Ranch, LLC

Dated: _____

By: _____
Edenir Copeland


Dated: _____

By: _____
Allen R. Copeland

Dated: _____

By: _____
Gary E. Eisenhart

Dated: 4/27/19

By: 
Shannon D. Evans

Dated: _____

By: _____
Barbara A. Evans

Dated: 4/27/2019

By: 
Edward L. Evans

Dated: _____

By: _____
Jacqueline Falkenroth

Dated: _____

By: _____
Charles Falkenroth

Dated: _____

By: _____
Diana M. Ciszek

Dated: _____

By: _____
Kenneth C. Ciszek

Dated: _____

By: _____
Cliff Brothers Ranch, LLC

Dated: _____

By: _____
Edenir Copeland

Dated: _____

By: _____
Allen R. Copeland

Dated: _____

By: _____
Gary E. Eisenhart

Dated: _____

By: _____
Shannon D. Evans

Dated: 4-26-19

By: Barbara A. Evans
Barbara A. Evans

Dated: _____

By: _____
Edward L. Evans

Dated: _____

By: _____
Jacqueline Falkenroth

Dated: _____

By: _____
Charles Falkenroth

Dated: _____

By: _____
Diana M. Ciszek

Dated: _____

By: _____
Kenneth C. Ciszek

Dated: _____

By: _____
Cliff Brothers Ranch, LLC

Dated: _____

By: _____
Edenir Copeland

Dated: _____

By: _____
Allen R. Copeland

Dated: _____

By: _____
Gary E. Eisenhart

Dated: _____

By: _____
Shannon D. Evans

Dated: _____

By: _____
Barbara A. Evans

Dated: _____

By: _____
Edward L. Evans

Dated: 4/26/19

By: Jacqueline Falkenroth
Jacqueline Falkenroth

Dated: 4/26/19

By: Charles Falkenroth
Charles Falkenroth

Dated: 4/29/2019

By: Patricia E. Fox
Patricia E. Fox

Dated: 4/29/2019

By: Tai Fox
Tai Fox

Dated: _____

By: _____
Joseph G. Ganz

Dated: _____

By: _____
Carol Ganz

Dated: _____

By: _____
Jan Goldress

Dated: _____

By: _____
Peggy L. Hall

Dated: _____

By: _____
Peggy L. Hall
Trustee of the Hall Family 2009 Trust

Dated: _____

By: _____
Thomas J. Hall

Dated: _____

By: _____
Thomas J. Hall
Trustee of the Hall Family 2009 Trust

Dated: _____

By: _____
John H. Healy

Dated: _____

By: _____
Mary Healy

Dated: _____

By: _____
Patricia E. Fox

Dated: _____

By: _____
Tai Fox

Dated: 4-29-19

By: Joseph Ganz
Joseph G. Ganz

Dated: 4-29-19

By: Carol Ganz
Carol Ganz

Dated: _____

By: _____
Jan Goldress

Dated: _____

By: _____
Peggy L. Hall

Dated: _____

By: _____
Peggy L. Hall
Trustee of the Hall Family 2009 Trust

Dated: _____

By: _____
Thomas J. Hall

Dated: _____

By: _____
Thomas J. Hall
Trustee of the Hall Family 2009 Trust

Dated: _____

By: _____
John H. Healy

Dated: _____

By: _____
Mary Healy

Dated: _____

By: _____
Patricia E. Fox

Dated: _____

By: _____
Tai Fox

Dated: _____

By: _____
Joseph G. Ganz

Dated: _____

By: _____
Carol Ganz

April 27, 2019

Dated: _____

By: _____
Jan Goldress

Dated: _____

By: _____
Peggy L. Hall

Dated: _____

By: _____
Peggy L. Hall
Trustee of the Hall Family 2009 Trust

Dated: _____

By: _____
Thomas J. Hall

Dated: _____

By: _____
Thomas J. Hall
Trustee of the Hall Family 2009 Trust

Dated: _____

By: _____
John H. Healy

Dated: _____

By: _____
Mary Healy

Dated: _____

By: _____
Patricia E. Fox

Dated: _____

By: _____
Tai Fox

Dated: _____

By: _____
Joseph G. Ganz

Dated: _____

By: _____
Carol Ganz

Dated: _____

By: _____
Jan Goldress

Dated: _____

By: _____
Peggy L. Hall

Dated: **APR 29 2019**

By: Peggy L. Hall
Peggy L. Hall
Trustee of the Hall Family 2009 Trust
for 4000 Old Barrett Road

Dated: **APR 29 2019**

By: Thomas J. Hall
Thomas J. Hall
for 6000 Old Barrett Road

Dated: **APR 29 2019**

By: Thomas J. Hall
Thomas J. Hall
Trustee of the Hall Family 2009 Trust
for 4000 Old Barrett Road.

Dated: _____

By: _____
John H. Healy

Dated: _____

By: _____
Mary Healy

Dated: _____

By: _____

Patricia B. Fox

Dated: _____

By: _____

Tha Fox

Dated: _____

By: _____

Joseph G. Charr

Dated: _____

By: _____

Carol Charr

Dated: _____

By: _____

Jan Goldstein

Dated: _____

By: _____

Peggy L. Hall

4000 Old Ranch Rd

Dated: _____

APR 29 2010

By: _____

Peggy L. Hall

Trustee of the Hall Family 2009 Trust

4000 Old Ranch Rd

Dated: _____

APR 29 2010

By: _____

Thomas J. Hall

4000 Old Ranch Rd

Dated: _____

APR 29 2010

By: _____

Thomas J. Hall

Trustee of the Hall Family 2009 Trust

4000 Old Ranch Rd

Dated: _____

By: _____

John H. Healy

Dated: _____

By: _____

Mary Healy

Dated: _____

By: _____
Patricia E. Fox

Dated: _____

By: _____
Tai Fox

Dated: _____

By: _____
Joseph G. Ganz

Dated: _____

By: _____
Carol Ganz

Dated: _____

By: _____
Jan Goldress

Dated: _____

By: _____
Peggy L. Hall

Dated: _____

By: _____
Peggy L. Hall
Trustee of the Hall Family 2009 Trust

Dated: _____

By: _____
Thomas J. Hall

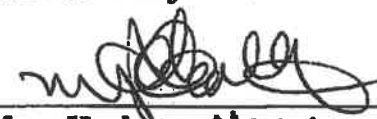
Dated: _____

By: _____
Thomas J. Hall
Trustee of the Hall Family 2009 Trust

Dated: 4/25/2019

By: 
John H. Healy

Dated: 4-25-2019

By: 
Mary Healy - Mary Anne Healy

Dated: 4/30/19

By: George H. Hean
George H. Hean

Dated: _____

By: _____
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse - 2000 Trust aka 2000
Trust for the Estate of Dennis Hof

Dated: _____

By: _____
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse - 2000 Trust aka 2000
Trust

Dated: _____

By: _____
Susan Hoffman

Dated: _____

By: _____
Susan Hoffman
Trustee of the Hoffman Living Trust

Dated: _____

By: _____
Melvin Holland

Dated: _____

By: _____
Caroline Hooten

Dated: _____

By: _____
Anne M. Hubbell

Dated: _____

By: _____
Elizabeth H. King
Trustee of Maclellan and Elizabeth
King 1992 Family Trust

Dated: _____

By: _____
George H. Heun

Dated: Apr. 29, 2019

By: Mark Wray
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse - 2000 Trust aka 2000
Trust for the Estate of Dennis Hof

Dated: Apr. 29, 2019

By: Mark Wray
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse - 2000 Trust aka 2000
Trust

Dated: _____

By: _____
Susan Hoffman

Dated: _____

By: _____
Susan Hoffman
Trustee of the Hoffman Living Trust

Dated: _____

By: _____
Melvin Holland

Dated: _____

By: _____
Caroline Hooten

Dated: _____

By: _____
Anne M. Hubbell

Dated: _____

By: _____
Elizabeth H. King
Trustee of Maclellan and Elizabeth
King 1992 Family Trust

Dated: _____

By: _____
George H. Heun

Dated: _____

By: _____
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse - 2000 Trust aka 2000
Trust for the Estate of Dennis Hof

Dated: _____

By: _____
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse - 2000 Trust aka 2000
Trust

Dated: 4/29/19

By: Susan Hoffman
Susan Hoffman

Dated: 4/29/19

By: Susan Hoffman
Susan Hoffman
Trustee of the Hoffman Living Trust

Dated: _____

By: _____
Melvin Holland

Dated: _____

By: _____
Caroline Hooten

Dated: 4/29/2019

By: Anne M. Hubbell
Anne M. Hubbell

Dated: _____

By: _____
Elizabeth H. King
Trustee of Maclellan and Elizabeth
King 1992 Family Trust

Dated: _____

By: _____
George H. Heun

Dated: _____

By: _____
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse – 2000 Trust aka 2000
Trust for the Estate of Dennis Hof

Dated: _____

By: _____
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse – 2000 Trust aka 2000
Trust

Dated: _____

By: _____
Susan Hoffman

Dated: _____

By: _____
Susan Hoffman
Trustee of the Hoffman Living Trust

Dated: 4/27/19

By: 
Melvin Holland

Dated: _____

By: _____
Caroline Hooten

Dated: _____

By: _____
Anne M. Hubbell

Dated: _____

By: _____
Elizabeth H. King
Trustee of Maclellan and Elizabeth
King 1992 Family Trust

Apr. 29. 2019 4:56PM

UPS STORE
No. 2010 P. 10

Dated: _____

By: _____
George H. Heun

Dated: _____

By: _____
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse - 2000 Trust aka 2000
Trust for the Estate of Dennis Hof

Dated: _____

By: _____
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse - 2000 Trust aka 2000
Trust

Dated: _____

By: _____
Susan Hoffman

Dated: _____

By: _____
Susan Hoffman
Trustee of the Hoffman Living Trust

Dated: _____

By: _____
Melvin Holland

Dated: APRIL 30th 2019

By: Caroline J. Hooton
Caroline Hooton

Dated: _____

By: _____
Anne M. Hubbell

Dated: _____

By: _____
Elizabeth H. King
Trustee of Macellan and Elizabeth
King 1992 Family Trust



Dated: _____

By: _____
George H. Heun

Dated: _____

By: _____
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse – 2000 Trust aka 2000
Trust for the Estate of Dennis Hof

Dated: _____

By: _____
Suzette Cole, Tom Potter or
Mark Wray as Co-Trustees of the
Moundhouse – 2000 Trust aka 2000
Trust

Dated: _____

By: _____
Susan Hoffman

Dated: _____

By: _____
Susan Hoffman
Trustee of the Hoffman Living Trust

Dated: _____

By: _____
Melvin Holland

Dated: _____

By: _____
Caroline Hooten

Dated: _____

By: _____
Anne M. Hubbell

Dated: 4/27/19

By: Elizabeth H. King
Elizabeth H. King
Trustee of Maclellan and Elizabeth
King 1992 Family Trust

Dated: 4/27/19

By: [Signature]
MacLellan E. King
Trustee of MacLellan and Elizabeth
King 1992 Family Trust

Dated: _____

By: _____
Michael E. Langton

Dated: _____

By: _____
Robin Lawrence

Dated: _____

By: _____
Carolyn Louman
Trustee of Louman/Sego Family Trust
Dated April 29, 1992

Dated: _____

By: _____
Sharlene F. Mason

Dated: _____

By: _____
Shirley J. McDermott

Dated: _____

By: _____
Merl F. Stewart Trust

Dated: _____

By: _____
Michael Moss

Dated: _____

By: _____
Lauren D. Nelson

Dated: _____

By: _____
Jeffrey J. Nelson

Dated: _____

By: _____
Maclellan E. King
Trustee of Maclellan and Elizabeth
King 1992 Family Trust

Dated: April 29, 2019

By: Michael E. Langton
Michael E. Langton

Dated: _____

By: _____
Robin Lawrence

Dated: _____

By: _____
Carolyn Louman
Trustee of Louman/Sego Family Trust
Dated April 29, 1992

Dated: _____

By: _____
Sharlene F. Mason

Dated: _____

By: _____
Shirley J. McDermott

Dated: _____

By: _____
Merl F. Stewart Trust

Dated: _____

By: _____
Michael Moss

Dated: _____

By: _____
Lauren D. Nelson

Dated: _____

By: _____
Jeffrey J. Nelson

Dated: _____

By: _____
MacLellan E. King
Trustee of MacLellan and Elizabeth
King 1992 Family Trust

Dated: _____

By: _____
Michael E. Langton

Dated: 4/27/2019

By: Robin Ann Lawrence
Robin Lawrence

Dated: 4

By: _____
Carolyn Louman
Trustee of Louman/Sego Family Trust
Dated April 29, 1992

Dated: _____

By: _____
Sharlene F. Mason

Dated: _____

By: _____
Shirley J. McDermott

Dated: _____

By: _____
Merl F. Stewart Trust

Dated: _____

By: _____
Michael Moss

Dated: _____

By: _____
Lauren D. Nelson

Dated: _____

By: _____
Jeffrey J. Nelson

Dated: _____

By: _____
MacLellan E. King
Trustee of MacLellan and Elizabeth
King 1992 Family Trust

Dated: _____

By: _____
Michael E. Langton

Dated: _____

By: _____
Robin Lawrence

Dated: 4/29/19

By: Carolyn Louman Sego, Trustee
Carolyn Louman
Trustee of Louman/Sego Family Trust
Dated April 29, 1992

Dated: _____

By: _____
Sharlene F. Mason

Dated: _____

By: _____
Shirley J. McDermott

Dated: _____

By: _____
Merl F. Stewart Trust

Dated: _____

By: _____
Michael Moss

Dated: _____

By: _____
Lauren D. Nelson

Dated: _____

By: _____
Jeffrey J. Nelson

Dated: _____

By: _____

**Maclellan E. King
Trustee of Maclellan and Elizabeth
King 1992 Family Trust**

Dated: _____

By: _____

Michael E. Langton

Dated: _____

By: _____

Robin Lawrence

Dated: _____

By: _____

**Carolyn Louman
Trustee of Louman/Sego Family Trust
Dated April 29, 1992**

Dated: April 29-19

By: Sharlene Mason

Sharlene F. Mason

Dated: _____

By: _____

Shirley J. McDermott

Dated: _____

By: _____

Merl F. Stewart Trust

Dated: _____

By: _____

Michael Moss

Dated: _____

By: _____

Lauren D. Nelson

Dated: _____

By: _____

Jeffrey J. Nelson

Dated: _____

By: _____
Maclellan E. King
Trustee of Maclellan and Elizabeth
King 1992 Family Trust

Dated: _____

By: _____
Michael E. Langton

Dated: _____

By: _____
Robin Lawrence

Dated: _____

By: _____
Carolyn Louman
Trustee of Louman/Sago Family Trust
Dated April 29, 1992

Dated: _____

By: _____
Sharlene F. Mason

Dated: April 29/2019

By: Shirley J. McDermott
Shirley J. McDermott

Dated: _____

By: _____
Merl F. Stewart Trust

Dated: _____

By: _____
Michael Moss

Dated: _____

By: _____
Lauren D. Nelson

Dated: _____

By: _____
Jeffrey J. Nelson

Dated: _____

By: _____
Maciellan E. King
Trustee of Maciellan and Elizabeth
King 1992 Family Trust

Dated: _____

By: _____
Michael E. Langton

Dated: _____

By: _____
Robin Lawrence

Dated: _____

By: _____
Carolyn Louman
Trustee of Louman/Sego Family Trust
Dated April 29, 1992

Dated: _____

By: _____
Sharlene F. Mason

Dated: _____

By: _____
Shirley J. McDermott

Dated: 4-29-19

Deborah J. Shetter as power of attorney for the Merl F. Stewart Trust
By: _____
Merl F. Stewart Trust

Dated: 4-30-19


By: _____
Michael Moss

Dated: _____

By: _____
Lauren D. Nelson

Dated: _____

By: _____
Jeffrey J. Nelson

Dated: _____

By: _____
Macellan E. King
Trustee of Macellan and Elizabeth
King 1992 Family Trust

Dated: _____

By: _____
Michael E. Langton

Dated: _____

By: _____
Robin Lawrence

Dated: _____

By: _____
Carolyn Louman
Trustee of Louman/Sego Family Trust
Dated April 29, 1992

Dated: _____

By: _____
Sharlene F. Mason

Dated: _____

By: _____
Shirley J. McDermott

Dated: _____

By: _____
Merl F. Stewart Trust

Dated: _____

By: _____
Michael Moss

Dated: 4-29-2019

By: 
Lauren D. Nelson

Dated: 4-29-2019

By: 
Jeffrey J. Nelson

Dated: 4-26-19

By: Barbara A. Evans
Norman and Barbara Evans Family
Trust

Dated: _____

By: _____
Roger B. Primm

Dated: _____

By: _____
Gary Quarisa

Dated: _____

By: _____
Claudia Quarisa

Dated: _____

By: _____
Roger B. Primm Family Trust

Dated: _____

By: _____
Marilyn L. Rusk
Trustee of the Rusk Family Trust
(U/D/T: April 30, 1996)

Dated: _____

By: _____
Robert F. Rusk
Trustee of the Rusk Family Trust
(U/D/T: April 30, 1996)

Dated: _____

By: _____
Edward H. Scott

Dated: _____

By: _____
Bart H. Scott

Dated: _____

By: _____
Norman and Barbara Evans Family
Trust

Dated: 4-29-19

By:  _____
Roger B. Primm

Dated: _____

By: _____
Gary Quarisa

Dated: _____

By: _____
Claudia Quarisa

Dated: 4-29-19

By:  _____
Roger B. Primm Family Trust

Dated: _____

By: _____
Marilyn L. Rusk
Trustee of the Rusk Family Trust
(U/D/T: April 30, 1996)

Dated: _____

By: _____
Robert F. Rusk
Trustee of the Rusk Family Trust
(U/D/T: April 30, 1996)

Dated: _____

By: _____
Edward H. Scott

Dated: _____

By: _____
Bart H. Scott

Dated: _____

By: _____
Norman and Barbara Evans Family
Trust

Dated: _____

By: _____
Roger B. Primm

Dated: _____

By: Gary Quarisa
Gary Quarisa

Dated: _____

By: Claudia Quarisa
Claudia Quarisa

Dated: _____

By: _____
Roger B. Primm Family Trust

Dated: _____

By: _____
Marilyn L. Rusk
Trustee of the Rusk Family Trust
(U/D/T: April 30, 1996)

Dated: _____

By: _____
Robert F. Rusk
Trustee of the Rusk Family Trust
(U/D/T: April 30, 1996)

Dated: _____

By: _____
Edward H. Scott

Dated: _____

By: _____
Bart H. Scott

Dated: _____

By: _____
Norman and Barbara Evans Family
Trust

Dated: _____

By: _____
Roger B. Primm

Dated: _____

By: _____
Gary Quarisa

Dated: _____

By: _____
Claudia Quarisa

Dated: _____

By: _____
Roger B. Primm Family Trust

Dated: _____

By: Marilyn J. Rusk
Marilyn J. Rusk
Trustee of the Rusk Family Trust
(U/D/T: April 30, 1996)

Dated: _____

By: Robert F. Rusk
Robert F. Rusk
Trustee of the Rusk Family Trust
(U/D/T: April 30, 1996)

Dated: _____

By: _____
Edward H. Scott

Dated: _____

By: _____
Bart H. Scott

Dated: _____

By: _____
Norman and Barbara Evans Family
Trust

Dated: _____

By: _____
Roger B. Primm

Dated: _____

By: _____
Gary Quarisa

Dated: _____

By: _____
Claudia Quarisa

Dated: _____

By: _____
Roger B. Primm Family Trust

Dated: _____

By: _____
Marilyn L. Rusk
Trustee of the Rusk Family Trust
(U/D/T: April 30, 1996)

Dated: _____

By: _____
Robert F. Rusk
Trustee of the Rusk Family Trust
(U/D/T: April 30, 1996)

Dated: April 30, 2019

By: Edward H. Scott
Edward H. Scott

Dated: April 30, 2019

By: Bart H. Scott
Bart H. Scott

Dated: 4/29/19

By: Alan Joseph Sego, Trustee
Alan Joseph Sego
Trustee of Louman/Sego Family Trust
Dated April 29, 1992

Dated: _____

By: _____
Debra L. Sheltra

Dated: _____

By: _____
Debra L. Sheltra
Trustee of the Sheltra Trust

Dated: _____

By: _____
Dennis S. Shinn
Trustee of the Shinn Living Trust

Dated: _____

By: _____
Dennis S. Shinn

Dated: _____

By: _____
Holly Kristen Song
Trustee of the Song Family Trust

Dated: _____

By: _____
Michael Song
Trustee of the Song Family Trust

Dated: _____

By: _____
Merl F. Stewart

Dated: _____

By: _____
Merl F. Stewart
Trustee of Merl F. Stewart Trust

Dated: _____

By: _____
Alan Joseph Sego
Trustee of Louman/Sego Family Trust
Dated April 29, 1992

Dated: 4-29-19

By: Debra L. Sheltra
Debra L. Sheltra

Dated: 4-29-19

By: Debra L. Sheltra individually and
Debra L. Sheltra
as Trustee of the Sheltra Trust

Dated: 4/29/19

By: Dennis S. Shinn
Dennis S. Shinn
Trustee of the Shinn Living Trust

Dated: 4/29/19

By: Dennis S. Shinn
Dennis S. Shinn

Dated: _____

By: _____
Holly Kristen Song
Trustee of the Song Family Trust

Dated: _____

By: _____
Michael Song
Trustee of the Song Family Trust

Dated: _____

By: _____
Merl F. Stewart

Dated: _____

By: _____
Merl F. Stewart
Trustee of Merl F. Stewart Trust

Dated: _____

By: _____
Alan Joseph Sego
Trustee of Louman/Sego Family Trust
Dated April 29, 1992

Dated: _____

By: _____
Debra L. Sheltra

Dated: _____

By: _____
Debra L. Sheltra
Trustee of the Sheltra Trust

Dated: _____

By: _____
Dennis S. Shinn
Trustee of the Shinn Living Trust

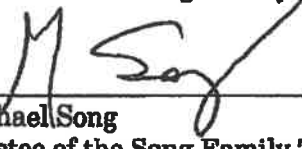
Dated: _____

By: _____
Dennis S. Shinn

Dated: 4/29/19 _____

By:  _____
Holly Kristen Song
Trustee of the Song Family Trust

Dated: 4/29/19 _____

By:  _____
Michael Song
Trustee of the Song Family Trust

Dated: _____

By: _____
Merl F. Stewart

Dated: _____

By: _____
Merl F. Stewart
Trustee of Merl F. Stewart Trust

Dated: _____

By: _____

Alan Joseph Sego
Trustee of Louman/Sego Family Trust
Dated April 28, 1992

Dated: _____

By: _____

Debra L. Sheltra

Dated: _____

By: _____

Debra L. Sheltra
Trustee of the Sheltra Trust

Dated: _____

By: _____

Dennis S. Shinn
Trustee of the Shinn Living Trust

Dated: _____

By: _____

Dennis S. Shinn

Dated: _____

By: _____

Holly Kristen Song
Trustee of the Song Family Trust

Dated: _____

By: _____

Michael Song
Trustee of the Song Family Trust

Dated: 4-29-19

By: _____

Deborah L. Sheltra as power of attorney for Merl F. Stewart

Dated: 4-29-19

By: _____

Merl F. Stewart
Deborah L. Sheltra as power of attorney for Merl F. Stewart
By: *as trustee of the Merl F. Stewart Trust*
Merl F. Stewart
Trustee of Merl F. Stewart Trust

Dated: 4-29-19

By: Tessa Zemke
Tessa Zemke, as Personal
Representative of the Estate of
Hubert Zemke, Jr.

Dated: 4-29-19

By: Tessa Zemke
Tessa Zemke

Dated: _____

By: _____
Tessa Zemke, as Personal
Representative of the Estate of
Hubert Zemke, Jr.

Dated: _____

By: _____
Tessa Zemke

Dated: April 27 2019



David C Berkovec

Dated: April 30 2019



Kenneth Berkovec

Dated: _____

By: _____

**Tessa Zemke, as Personal
Representative of the Estate of
Hubert Zemke, Jr.**

Dated: _____

By: _____

Tessa Zemke

Dated: 4/30/2019

By:  _____

Laird Davis

Dated: 4/30/2019

By:  _____

Laird Davis Trust

Dated: _____

By: _____

Tessa Zemke, as Personal
Representative of the Estate of
Hubert Zemke, Jr.

Dated: _____

By: _____

Tessa Zemke

4/29/19

RICHARD R MASON
Richard Mason

Dated: _____

By: _____
Tessa Zemke, as Personal
Representative of the Estate of
Hubert Zemke, Jr.


Dated: _____

By: _____
Tessa Zemke

DATED: 4/26/19

By: 
Loco Newman

DATED: 4/26/19

By: 
Merrill Newman



**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: May 17, 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 blue 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.

**APPROVAL OF SETTLEMENT AGREEMENT WITH THE INSURANCE COMPANY
OF THE STATE OF PENNSYLVANIA**

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

The Office of the Nevada Attorney General

Agenda Item Write-up:

The Office of the Attorney General requests the Board of Examiners approve a settlement agreement between the estate of Julio Cesar Montes and the State of Nevada, Health and Human Services, Desert Regional Center for acceptance and approval of the agreement where the State of Nevada will pay \$600,000 to the estate of Julio Cesar Montes.

Additional Information:

The plaintiffs, the family of Julio Cesar Montes, filed an action for wrongful death and negligence in the services provided to Mr. Montes by Desert Regional Center. To avoid the costs of litigation and possible adverse outcome, the parties have reached a settlement in the amount of

\$600,000. Additionally, the State agreed to create a physical remembrance for Julio Cesar Montes at the Desert Regional Center. The Attorney General has determined that the settlement is in the best interest of the State.

Settlement Agreement is attached.

Statutory Authority:

Article 5, Section 21 of the Nevada Constitution

REVIEWED: _____

ACTION ITEM: _____

AARON D. FORD
Attorney General

CAROLINE BATEMAN
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

JESSICA L. ADAIR
Chief of Staff

RACHEL J. ANDERSON
General Counsel

HEIDI PARRY STERN
Solicitor General

MEMORANDUM

To: Jim Rodriguez, Executive Branch Officer 2
From: Nancy Katafias, Tort Claims Manager *NK*
Subject: BOE Agenda Submittal: TC 18949 Jones, Adriana
Date: May 3, 2019

Please place the following item on the June 11, 2019 Board of Examiner's agenda for approval. Upon approval, this item will be paid from Budget 1348, Category 15.

Claimants/Plaintiffs: Estate of Julio Cesar Montes, Adriana Jones, Hector O. Montes, Rosa M. Rivera De Montes, Hector Montes Rivera

State Claim No.: TC 18949

Settlement Amount: \$600,000.00

Settlement Funds Payable to Gentile Cristalli Miller Armeni Savarese

TORT CLAIM RECOMMENDATION

DATE: May 1, 2019
CLAIMANT: Adriana Jones
CLAIM NUMBER: TC18949
DATE OF LOSS: November 22, 2015
AGENCY: Health and Human Services/Aging and Disability
Services/Desert Regional Center

DISCUSSION

In a lawsuit filed against the Desert Regional Center, the estate of Julio Cesar Montes (Montes), his mother (Rosa Rivera De Montes), father (Hector O. Montes), sister (Adriana Jones) and brother (Hector Montes Rivera), (collectively, the Plaintiffs), allege that while Montes was an inpatient resident of the Desert Regional Center, the facility failed to provide a degree of care and treatment required pursuant to the applicable standard of care.

Plaintiffs pled causes of actions for wrongful death; negligent hiring/training and supervision; gross negligence; breach of contract; and breach of fiduciary duty. Plaintiffs allege that as a direct and proximate cause of Desert Regional Center's actions, Julio Cesar Montes came to his untimely death.

Through the course of discovery and mediation, settlement demands ranged from \$3.0 million to \$1.1 million. The case reached a final settlement in the amount of \$600,000. The settlement includes all attorneys' fees and costs of litigation and resolves this matter in total.

If the case proceeded to trial, and Plaintiffs received a favorable verdict by a jury, the maximum liability would be uncapped given the 42 USC § 1983 failure to protect claim. However, even without the 42 USC § 1983 claim, the State faced liability, solely on the tort claims, in an amount that exceeds \$1.3 million.

To avoid the costs of litigation and a possible adverse outcome, the parties have reached a settlement in the amount of \$600,000. Additionally, the State agreed to create a physical remembrance for Julio Cesar Montes at the Desert Regional Center.

RECOMMENDATION

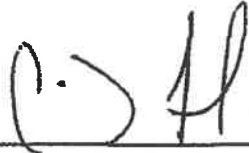
Based on my investigation of the claims, the settlement is in the best interest of the State. As such, I recommend payment in the amount of \$600,000.00.

RECOMMENDATION: PAY

G/L 7357

Gentile Cristalli Miller Armeni Savarese
410 S Rampart Ste 42
Las Vegas NV 89145

Approved:



AARON D. FORD, ATTORNEY GENERAL

5/1/19

DATE

SETTLEMENT AGREEMENT AND RELEASE OF ALL CLAIMS

This Settlement Agreement and Release of All Claims ("Agreement") is made and entered into by and between the following individuals and entities:

- ESTATE of JULIO CESAR MONTES; ADRIANA JONES; HECTOR O. MONTES; ROSA M. RIVERA DE MONTES; and HECTOR MONTES RIVERA (collectively, "Plaintiffs"); and
- THE STATE OF NEVADA ex rel. DESERT REGIONAL CENTER, a/k/a/ DESERT DEVELOPMENTAL CENTER, a division of the NEVADA DEPARTMENT HEALTH AND HUMAN SERVICES (the "State").

The individuals and entities named above are referred to collectively throughout this Agreement as the "Parties."

WHEREAS, Plaintiffs filed a Complaint in the United States District Court for the District of Nevada, Case No. 2-16-cv-02778 ("Federal Lawsuit"), which was voluntarily dismissed on March 27, 2019. WHEREAS, Plaintiffs filed a Complaint in the Eighth Judicial District Court in and for Clark County, Case No. A-17-765112-C ("State Lawsuit"), in to which the claims from the voluntarily dismissed Federal Lawsuit were added on February 14, 2019. The Federal Lawsuit and the State Lawsuit shall be collectively referred to in this Agreement as the "Litigation."

WHEREAS, the Litigation arose out of Julio Cesar Montes' death on December 4, 2015, while a client of the Desert Regional Center, which is operated by the State of Nevada.

WHEREAS, Plaintiffs alleged various claims, including one for wrongful death.

WHEREAS, the Parties to this Agreement desire to fully and finally settle, and to dismiss with prejudice, all of the actions, suits, causes of action, claims, claims for relief, and proceedings between them which now exist or may arise out of or have relationship to this Litigation.

IN CONSIDERATION of the mutual promises set forth herein, the sufficiency of which is hereby acknowledged, the Parties hereby agree to the following terms and conditions:

SECTION 1 Payment

The State will pay \$600,000 to Plaintiffs collectively. Plaintiffs have informed the State that the \$600,000 settlement will be allocated by Plaintiffs' counsel in a

manner agreed to by and between Plaintiffs. The \$600,000 payment shall be made by one check payable to the Gentile Cristalli Miller Armeni Savarese Trust Account and shall be addressed to Gentile Cristalli Miller Armeni Savarese Trust Account, c/o Paola Armeni, Tivoli Village, 410 S. Rampart, Suite 420 Las Vegas, NV 89145. This payment is full satisfaction of this Litigation, and includes fulfillment of all attorney's fees and costs associated with this Litigation.

Payment is contingent upon approval by the State Board of Examiners.

The State will also create a physical remembrance, as more fully described in Exhibit 1, for Julio Cesar Montes at the Desert Regional Center.

Plaintiffs agree to indemnify and hold harmless the State and its respective legal representatives, heirs, successors, assigns, insurers, agencies, divisions, departments, and employees, of any kind or nature whatsoever, from any and all damages, injunctive relief, equitable relief, interest, attorneys' fees, and costs arising from litigation relating to liens that Plaintiffs fail to satisfy.

SECTION 2

Dismissal of the Litigation

Within 30 days of the payments identified in Section 1 being received by the Gentile Cristalli Miller Armeni Savarese Trust Account, the Parties shall stipulate to the dismissal of the Litigation with prejudice. A stipulation for dismissal with prejudice shall be executed by counsel for the Parties and shall be immediately delivered to Ketan D. Bhurud (counsel for the State), who will promptly cause it to be filed in the State Litigation.

SECTION 3

Release

3.1. Plaintiffs, on behalf of themselves and their respective devisees, executors, relatives, parents, spouses, siblings, issue, heirs, dependents, representatives, principals, officers, directors, attorneys, affiliates, shareholders, successors, assignees, employees, and agents agree not to pursue any claim or suit against and shall and do hereby release and forever discharge the State, and each of their past, present and future officers, directors, board members, insurers, attorneys, affiliates, successors, heirs, assignees, employees, agents, independent contractors, parents, sisters, and/or subsidiary entities, including but not limited to the all named defendants in the Litigation, of and from any and all claims, counterclaims, duties, warranties, demands, causes of action, obligations, liabilities, rights to subrogation, damages, debts, losses, sums of money, settlement payments, indemnity payments, defense payments, costs of litigation, expert fees, consultant fees, and attorney's fees

and expenses, of all and every kind and nature whatsoever, whether known or unknown, liquidated or unliquidated, asserted or not asserted, matured or not yet matured, anticipated or unanticipated, whether at law or in equity, based on contract, tort, equity, statute, constitutional rights or any other claim or theory of recovery that may exist and whether for compensatory damages, consequential damages, attorneys' fees or costs, interest, punitive damages, exemplary damages, or any other kind of damages, that in any manner relate to, arise out of, or are connected with the Litigation and/or that were asserted or could have been asserted in the Litigation.

3.2. It is the intention of the Parties that this Agreement shall constitute a full and final accord and satisfaction as to the matters encompassed in the release set forth in paragraph 3.1, and a bar to entry of judgment on the Plaintiffs' claims in the Litigation, as well as a bar to any and all other actions, causes of action, obligations, costs, expenses, attorneys' fees, damages, losses, claims, liabilities and demands of whatever nature, character or kind, known or unknown, suspected or unsuspected, between the Plaintiffs and the State, arising out of, directly or indirectly, or connected with the Litigation. The Parties, and each of them, acknowledge that they are fully familiar with the facts and assumptions giving rise to this Agreement, but agree that this Agreement shall remain fully effective and binding as to each of them even if the facts or assumptions turn out to be different from what they now believe them to be. The Parties jointly and severally acknowledge that they may later discover material facts in addition to, or different from, those which they now know or believe to be true with respect to the claims and/or counterclaims asserted in the Litigation or the negotiation, execution or performance of this Agreement. The Parties further acknowledge that there may be future events, circumstances, or occurrences materially different from those they know or believe likely to occur. It is the intention of the Parties to fully, finally, and forever settle and release all claims, disputes and differences stated above. The releases provided in this Agreement shall remain in full effect notwithstanding the discovery or existence of any such additional or different facts or occurrence of any such future events, circumstances or conditions.

3.3. Individual Plaintiffs, and each of them, acknowledge that they execute and agree to and accept the terms set forth in this Agreement as a complete compromise of matters involving disputed issues of law and fact, and fully assume the risk that the facts and law may be other than they believe.

3.4. Excluded from the Release provided in Section 3.1 shall be (1) this Agreement, and (2) the obligations and rights arising under this Agreement. Nothing in this Agreement shall affect, limit, or waive those rights or obligations.

SECTION 4
Representation on Authority of Parties/Signatories

Each person signing this Agreement represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement. Each Party represents and warrants to the other that the execution and delivery of the Agreement and the performance of such Party's obligations hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on such Party and enforceable in accordance with its terms. Each Party further represents and warrants that it has not transferred its rights related to the Litigation to any third party. Each Party further represents there is no present agreement that would be breached by entering into this Agreement.

SECTION 5
Purpose of Compromise and Settlement

The Parties have each entered into this Agreement solely for the purpose of settling and compromising the disputes between the Parties regarding the Litigation and nothing contained in this Agreement or its performance shall be deemed to be an admission or acknowledgment of: liability; the existence of damages; or the amount of any damages relating to the Litigation. This Agreement shall in no way be construed as an admission by the State or any of its legal representatives, heirs, successors, assigns, agencies, divisions, departments, and employees, of any kind or nature whatsoever, of any liability in the Litigation, but constitutes the good faith, fair, and equitable compromise of causes of action and claims for relief between them, which are disputed, to resolve the Litigation and to avoid the burden, expense, delay, and uncertainties of pursuing the Litigation.

SECTION 6
Substituted Contract

This Agreement is a substituted contract and not an executory accord. Except as specified herein, this Agreement replaces and supersedes all prior agreements or contracts relating to the subject matter of this Agreement including, but not limited to, the claims and counterclaims asserted in the Litigation. In the event of the breach of this Agreement by any Party, the remedies of the non-breaching Party shall be limited to enforcement of this Agreement and compensatory damages for breach of this Agreement.

SECTION 7
Binding Effect

This Agreement shall inure to the benefit of, and be binding upon, the Parties and their respective heirs, successors and assigns. Except as stated in Sections 3 and 4, this Agreement is not intended to create, and shall not create, any rights in any person who is not a party to this Agreement.

SECTION 8
Time Is of the Essence

Time is of the essence of this Agreement and all of its terms, provisions, conditions and covenants.

SECTION 9
Entire Agreement

This Agreement, including Exhibit 1, contains the entire agreement between the Parties and may not be changed or terminated orally but only by a written instrument executed by the Parties after the date of this Agreement.

SECTION 10
Construction

The terms and conditions of this Agreement shall be construed as a whole according to their fair meaning and not strictly for or against any Party. The Parties acknowledge that each of them has reviewed this Agreement and has had the opportunity to have it reviewed by its attorneys and that any rule or construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement, including its exhibits or any amendments.

SECTION 11
Partial Invalidity

If any term of this Agreement, or the application of any term of this Agreement, should be held by a court of competent jurisdiction to be invalid, void or unenforceable, all provisions, covenants and conditions of this Agreement, and all of its applications, not held invalid, void or unenforceable, shall continue in full force and effect and shall not be affected, impaired or invalidated in any way.

SECTION 12
Governing Law and Forum

The laws of the State of Nevada applicable to contracts made, or to be wholly performed there (without giving effect to choice of law or conflict of law principles), shall govern the validity, construction, performance and effect of this Agreement. Any lawsuit to interpret or enforce the terms of this Agreement shall be brought in a court of competent jurisdiction in the State of Nevada. To the extent permitted by law, the judge and court for the State Litigation will retain jurisdiction over any dispute between the parties arising from this Agreement or the Litigation.

SECTION 13
Necessary Action

Each of the Parties shall do any act or thing and execute any or all documents or instruments necessary or proper to effectuate the provisions and intent of this Agreement.

SECTION 14
Counterparts

This Agreement may be executed in any number of counterparts, each of which when duly executed and delivered shall be an original, but all such counterparts shall constitute one and the same agreement. Any signature page of this Agreement may be detached from any counterpart without impairing the legal effect of any signatures, and may be attached to another counterpart, identical in form, but having attached to it one or more additional signature pages. This Agreement may be executed by signatures provided by electronic facsimile transmission (also known as "Fax" copies) or electronic scans of original signatures, which signatures shall be as binding and effective as original signatures.

SECTION 15
Notices

Any and all notices and demands by or from any Party required or desired to be given under this Agreement shall be in writing and shall be validly given or made if served either personally or if deposited in the United States Certified Mail Return Receipt Requested. If such notice or demand is served by certified mail in the manner provided, service shall be conclusively deemed given upon receipt or attempted delivery, whichever is sooner.

Any notice or demand to Plaintiffs shall be addressed to: Gentile Cristalli Miller Armeni Savarese, c/o Paola Armeni, Tivoli Village, 410 S. Rampart, Suite 420 Las Vegas, NV 89145.

Any notice or demand to the State shall be addressed to the party to receive notice c/o Nevada Attorney General's Office, 555 E. Washington Ave., Suite 3900, Las Vegas, NV 89101.

SECTION 16
Miscellaneous


The captions appearing at the commencement of the sections of this Agreement are descriptive only and for convenience in reference to this Agreement and shall not define, limit or describe the scope or intent of this Agreement, nor in any way affect this Agreement.

Masculine or feminine pronouns shall be substituted for the neuter form and vice versa, and the plural shall be substituted for the singular form and vice versa, in any place or places in this agreement in which the context requires such substitution or substitutions.

WHEREFORE, the Parties enter into this Agreement by affixing their signatures, and the undersigned hereby acknowledge that they have the authority to enter into this Agreement.

DATED: 4/29/19

DATED: 4/29/19

By: 
ADRIANA JONES

By: 
HECTOR O. MONTES

Settlement Agreement and Release of All Claims

Adriana Jones, et al. v. State of Nevada, et al.

Case No. A-17-765112-C

Page 8 of 10

DATED: _____

4/29/19

DATED: _____

4/29/19

By: _____


ROSA M. RIVERA DE MONTES

By: _____



HECTOR MONTES RIVERA

DATED: _____

4/29/19

ESTATE OF JULIO CESAR MONTES

By: _____


ADRIANA JONES, on Behalf of the
Estate of Julio Cesar Montes

Settlement Agreement and Release of All Claims
Adriana Jones, et al. v. State of Nevada, et al.
Case No. A-17-765112-C
Page 9 of 10

DATED: 5/1/19

STATE OF NEVADA ex rel. DESERT REGIONAL CENTER

By: Marina Valerio

Marina Valerio, Agency Manager

On Behalf of the State of Nevada ex rel. Desert Regional Center

Settlement Agreement and Release of All Claims
Adriana Jones, et al. v. State of Nevada, et al.
Case No. A-17-765112-C
Page 10 of 10

EXHIBIT 1

Remembrance Marker on, near, or in the cottage where Julio Cesar Montes resided during his time at Desert Regional Center. Approximately 8 ½ inch height and an 11-inch diameter, engraved stone, or similar material, cleaned or polished periodically. Language to include:

In loving memory of:
JULIO CESAR MONTES
11/03/1982 – 12/4/2015

Honored and cherished by his beloved family:
Rosa, Adriana, Hector R., and Hector M.

CR

REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State’s respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor’s Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
2691	AGRI – Nutrition Education Programs	\$8,990	
	Total	\$8,990	

STEVE SISOLAK
Governor

STATE OF NEVADA

JENNIFER OTT
Director



Las Vegas Office:
2300 East St. Louis Ave.
Las Vegas NV 89104-4211
(702) 668-4590
Fax (702) 668-4567

Elko Office:
4780 East Idaho Street
Elko NV 89801-4672
(775) 738-8076
Fax (775) 738-2639

DEPARTMENT OF AGRICULTURE

405 South 21st Street
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
Website: <http://www.agri.nv.gov>

May 07, 2019

MEMORANDUM

TO: Board of Examiners
FROM: Jennifer Ott, Director Department of Agriculture
CC: Homa Anooshehpour, Administrator Food and Nutrition Division
RE: Request for State Fiscal Year 2019 Salary Adjustment Funds – Budget Account 2691

This memorandum will serve to request State Fiscal Year 2019 Salary Adjustment Funds for Budget Account 2691 – Agri-Nutrition Education Programs – in accordance with an authorized 6% salary increase in State Fiscal Year 2019 by Assembly Bill 517, Section 3 and Senate Bill 368 Section 1. We are requesting the amount of \$8,990. These funds are specific to the personnel costs of the Department of Agriculture Food and Nutrition Division Administrator.

Attached to this request are salary projections which support the amount being requested and a position fund map. These projections do not include amounts for position reclassifications, overtime, callback, shift differential or accelerated hiring which qualifies Budget Account 2691 for this request.

Thank you for your consideration.

A handwritten signature in blue ink, appearing to read "J. Ott", written over a horizontal line.

Jennifer Ott, Director

**B/A 2691 Department of Agriculture
FY 19 SALARY PROJECTIONS
Food and Nutrition Administrator**

TOTAL ACTUALS & PROJECTED	Legislatively Approved	Work Program
136,408.70	127,419.00	(8,989.70)

**B/A 2691 Department of Agriculture
FY 19 SALARY PROJECTIONS
Food and Nutrition Administrator**

Holidays

[illegible]

BUDGET ACCOUNT 2691

Budget	PCN	Position	Location	Grade	Step	Pay Policy	MSI	Date	Leg Approved	Salary and Fringe		GF	SAE		3541	3542	3811	4365	Total
										Based on hire date									
2691	0001	School/Community Nutrition Specialist II	Las Vegas	39	01	01	10/22/19		82,452.00	\$55,222.47			\$35,222.47						\$55,222.47
2691	0002	School/Community Nutrition Supervisor	Sparks	40	08	01	11/13/19		118,813.00	\$70,465.29			\$70,465.29						\$70,465.29
2691	0005	School/Community Nutrition Spec	Las Vegas	39	09	01	12/01/19		106,996.00	\$28,806.61			\$28,806.61						\$28,806.61
2691	0006	Div Administrator FND	Sparks	US011	N/A	XPP10	Unclassified		127,419.00	\$136,408.70	\$136,408.70								\$136,408.70
2691	0007	Acct Tech 1	Sparks	30	03/04	01	02/01/19		60,086.00	\$57,321.64			\$57,321.64						\$57,321.64
2691	0009	School/Community Nutrition Sup	Las Vegas	40	10	02	Topped		106,996.00	\$117,645.26			\$102,294.26		\$3,866.00	\$11,485.00			\$117,645.26
2691	0010	AA 2	Las Vegas						49,992.00	\$0.00			\$56,866.11						\$56,866.11
2691	0012	AA 2	Las Vegas	25	05/06	01	12/05/18		54,489.00	\$112,538.58			\$112,538.58						\$112,538.58
2691	0015	School/Community Nutrition Spec	Sparks	39	10	02	Topped		106,996.00	\$74,979.48			\$53,494.48		\$10,000.00	\$11,485.00			\$74,979.48
2691	0016	Prog Officer 1	Las Vegas	31	10	02	Topped		77,708.00	\$51,106.54			\$51,106.54						\$51,106.54
2691	0017	IT Professional 4	Sparks	31	01/02	01	03/05/19		64,617.00	\$119,907.03			\$119,907.03						\$119,907.03
2691	0018	IT Professional 4	Sparks	42	08/09	02	12/05/18		92,832.00	\$65,056.04			\$55,056.04		\$10,000.00				\$65,056.04
2691	0019	Auditor 2	Las Vegas	34	01/02	01	06/04/19		68,301.00	\$75,116.31			\$75,116.31						\$75,116.31
2691	0020	Acct Assist 4	Sparks	29	10	02	Topped		72,020.00	\$88,151.13			\$88,151.13						\$88,151.13
2691	0021	MA 3	Sparks	37	06	01	07/09/19		98,542.00	\$38,424.56			\$42,145.78		\$10,000.00	\$10,000.00			\$62,145.78
2691	0026	AA 4	Sparks	29	01	01	08/10/19		58,965.00	\$29,341.41			\$41,651.17						\$41,651.17
2691	0027	School/Community Nutrition Coordinator	Sparks	33	04/05	01	07/20/19		70,637.00	\$82,927.90			\$82,927.90						\$82,927.90
2691	0028	School/Community Nutrition Coordinator	Las Vegas	33	03/04	02	12/07/18		68,301.00	\$52,145.78			\$52,145.78						\$52,145.78
2691	0029	IT Professional 2	Sparks	38	03/04	02	12/07/18		81,135.00	\$82,927.90			\$82,927.90						\$82,927.90
2691	0030	School/Community Nutrition Coordinator	Sparks	33	03	01	12/03/19		70,213.00	\$19,080.64			\$19,080.64						\$19,080.64

*Note: Funding source Professional Standards Grant in the amount of \$9,811 has been closed for this fiscal year.

Legislatively Approved Category 01 - Personnel FUND MAP:																			
Difference +/-	\$1,637,460.00	\$1,335,511.48	\$136,408.70	\$1,130,576.54	\$43,866.00	\$42,970.00	\$0.00	\$0.00	\$0.00	\$1,637,460.00	\$1,637,460.00	\$127,419.00	\$1,382,861.00	\$84,211.00	\$42,970.00	\$0.00	\$0.00	\$0.00	\$292,628.46
Vacant AA2	\$0.00	\$301,948.52	-\$8,989.70	\$252,263.46	\$40,345.00	\$0.00				\$0.00	\$301,948.52								

71% 13% 15%

General Fund Salary Adjustment
Fiscal Years 2018 and 2019

Div	Division Description	Budget	Budget Account Name	FY 2018	FY 2019
480	TAHOE REGIONAL PLANNING AGENCY	4204	TAHOE REGIONAL PLANNING AGENCY	\$ 22,770	\$ 45,994
550	DEPARTMENT OF AGRICULTURE	2691	AGRI - NUTRITION EDUCATION PROGRAMS	\$ 3,298	\$ 6,848
550	DEPARTMENT OF AGRICULTURE	4540	AGRI - PLANT HEALTH & QUARANTINE SERVICES	\$ 9,401	\$ 20,295
550	DEPARTMENT OF AGRICULTURE	4550	AGRI - VETERINARY MEDICAL SERVICES	\$ 19,350	\$ 40,313
550	DEPARTMENT OF AGRICULTURE	4557	AGRI - LIVESTOCK ENFORCEMENT	\$ 5,022	\$ 10,376
550	DEPARTMENT OF AGRICULTURE	4600	AGRI - PREDATORY ANIMAL & RODENT CONTROL	\$ 9,720	\$ 20,136
611	GCB - GAMING CONTROL BOARD	4061	GCB - GAMING CONTROL BOARD	\$ 685,239	\$ 1,384,982
611	GCB - GAMING CONTROL BOARD	4067	GCB - GAMING COMMISSION	\$ 3,356	\$ 6,780
650	DPS-DIRECTOR'S OFFICE	3775	DPS - TRAINING DIVISION	\$ 14,024	\$ 28,361
650	DPS-DIRECTOR'S OFFICE	4704	DPS - NEVADA OFFICE OF CYBER DEFENSE COORDINATION	\$ 7,919	\$ 21,270
650	DPS-DIRECTOR'S OFFICE	4738	DPS - DIGINTARY PROTECTION	\$ 12,591	\$ 26,520
652	DPS-PAROLE & PROBATION	3740	DPS - DIVISION OF PAROLE AND PROBATION	\$ 995,469	\$ 2,113,168
653	DPS-INVESTIGATION DIVISION	3743	DPS - INVESTIGATION DIVISION	\$ 98,115	\$ 201,714
654	DPS-EMERGENCY MANAGEMENT	3673	DPS - DIVISION OF EMERGENCY MANAGEMENT	\$ 6,231	\$ 12,907
654	DPS-EMERGENCY MANAGEMENT	3675	DPS - HOMELAND SECURITY	\$ 4,163	\$ 8,515
656	DPS-FIRE MARSHAL	3816	DPS - FIRE MARSHAL	\$ 7,903	\$ 16,079
659	DPS-CRIMINAL JUST ASSIST	4736	DPS - JUSTICE GRANT	\$ 1,256	\$ 2,611
660	DPS-PAROLE BOARD	3800	DPS - PAROLE BOARD	\$ 57,632	\$ 117,669
700	DCNR - CONSERVATION & NATURAL RESOURCES	4150	DCNR - ADMINISTRATION	\$ 13,526	\$ 27,761
701	DCNR - CONSERVATION DISTRICTS	4151	DCNR - CONSERVATION DISTRICTS PROGRAM	\$ 8,177	\$ 17,204
702	DEPARTMENT OF WILDLIFE	4462	WILDLIFE - CONSERVATION EDUCATION	\$ 1,665	\$ 3,416
702	DEPARTMENT OF WILDLIFE	4464	WILDLIFE - GAME MANAGEMENT	\$ 1,166	\$ 2,452
702	DEPARTMENT OF WILDLIFE	4465	WILDLIFE - FISHERIES MANAGEMENT	\$ 2,252	\$ 4,670
702	DEPARTMENT OF WILDLIFE	4466	WILDLIFE - DIVERSITY DIVISION	\$ 9,293	\$ 19,016
704	DCNR - PARKS DIVISION	4162	DCNR - STATE PARKS	\$ 112,628	\$ 249,273
705	DCNR - DIVISION OF WATER RESOURCES	4171	DCNR - WATER RESOURCES	\$ 140,568	\$ 295,164
706	DCNR - FORESTRY DIVISION	4195	DCNR - FORESTRY	\$ 128,554	\$ 265,387
706	DCNR - FORESTRY DIVISION	4198	DCNR - FORESTRY CONSERVATION CAMPS	\$ 132,070	\$ 272,008
707	DCNR - STATE LANDS	4173	DCNR - STATE LANDS	\$ 30,495	\$ 63,324
740	B&I - BUSINESS AND INDUSTRY	4677	B&I - OFFICE OF BUSINESS AND PLANNING	\$ 6,078	\$ 12,560
740	B&I - BUSINESS AND INDUSTRY	4681	B&I - BUSINESS AND INDUSTRY ADMINISTRATION	\$ 2,482	\$ 5,119
748	B&I - REAL ESTATE DIVISION	3823	B&I - REAL ESTATE ADMINISTRATION	\$ 3,528	\$ 7,258
752	B&I - LABOR COMMISSION	3900	B&I - LABOR COMMISSIONER	\$ 34,890	\$ 72,149
901	DETR - REHABILITATION DIVISION	3254	DETR - SERVICES TO BLIND OR VISUALLY IMPAIRED	\$ 4,299	\$ 8,786
901	DETR - REHABILITATION DIVISION	3265	DETR - VOCATIONAL REHABILITATION	\$ 29,822	\$ 62,127
903	DETR - NV EQUAL RIGHTS COMMISSION	2580	DETR - EQUAL RIGHTS COMMISSION	\$ 22,550	\$ 46,674

*There was an error in this calculation. Per Susan Brown on April 29, 2019, NDA was approved to request the entire GF salary shortfall

State of Nevada Work Program

WP Number: 19SA2691

FY 2019

<div> <div></div> <div>Add Original Work Program</div> </div> <div> <div>XXX</div> <div>Modify Work Program</div> </div>					BUDGET DIVISION USE ONLY DATE _____ APPROVED ON BEHALF OF _____ THE GOVERNOR BY _____	
DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME		
05/13/19	101	550	2691	AGRI - NUTRITION EDUCATION PROGRAMS		

Funds Available							
Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4601	GENERAL FUND SALARY ADJUSTMENT	8,990	0	8,990
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		8,990		8,990
Total Budgetary & Revenue GLs					8,990		

Expenditures

[illegible]

Remarks
The purpose of this work program is to request State Fiscal Year 2019 Salary Adjustment Funds to meet the federal State Administrative Expense Fund match requirement.

Total Budgetary General Ledgers and Category Expenditures (AP)

8,990

ewatson
Authorized Signature

05/13/19
Date

Controller's Office Approval

Does not require Interim Finance approval since Salary Adjustment Request

REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
4150	Department of Conservation and Natural Resources - Administration	\$27,761	
	Total	\$27,761	

BRADLEY CROWELL
Director



JAMES R. LAWRENCE
DOMINIQUE ETCHEGOYHEN
Deputy Directors

Division of Environmental Protection
Division of Water Resources
Division of Forestry
Division of State Parks
Division of State Lands

State Historic Preservation Office
Nevada Natural Heritage Program
Conservation Districts Program
Sagebrush Ecosystem Program
Off-Highway Vehicles Program

Office of the Director
901 S. Stewart Street, Suite 1003/Carson City, Nevada 89701
Phone: 775.684.2700/Fax: 775.684.2715
www.dcnr.nv.gov


Nevada Department of Conservation and Natural Resources

MEMORANDUM

Date: May 2, 2019

To: Susan Brown, Director
Governor's Finance Office

Through: Curtis Palmer, Executive Branch Budget Officer
Governor's Finance Office

From: Bradley Crowell, Director 
Department of Conservation and Natural Resources

Subject: Request for Fiscal Year 2019 Salary Adjustment Funds, Budget Account 4150

During the 2017 Legislature, Assembly Bill 517, Section 3 authorized a 2% salary increase, and Senate Bill 368, Section 1 authorized an additional 1% salary increase for both Fiscal Year 2018 and Fiscal Year 2019. Combined, the two bills provide a 3% cost of living adjustment to state employees in both fiscal years. Both bills also appropriated General Funds to the Board of Examiners (BOE) to meet deficiencies created between the appropriated money of each department and the money required to pay the salaries of the employees. This memo requests the BOE amount available in Fiscal Year 2019 for the Department of Conservation and Natural Resources Administration (Director's Office) budget account 4150.

Based on current salary projections through June 30, 2019, budget account 4150 will have a Category 01 Personnel Services General Fund shortfall in the amount of \$41,553.84, however, the agency is only eligible for \$27,761 from the Salary Adjustment fund. The remaining General Fund shortfall relates to a discrepancy between the budgeted amount of positions at lower steps and actual higher steps of current incumbents as well as positions paid under different retirement options. Approval of this request for Salary Adjustment funds would partially cover the General Fund shortfall for Fiscal Year 2019. We do not anticipate excess General Fund authority in other categories within the budget account to cover any portion of the salary shortfall. The remaining Category 01 General Fund shortfall will likely require an IFC Contingency fund request.

State of Nevada Work Program

WP Number: 19SA4150

FY 2019

Add Original Work Program

XXX

Modify Work Program

BUDGET DIVISION USE ONLY

DATE

APPROVED ON BEHALF OF THE GOVERNOR BY

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
04/16/19	101	700	4150	DCNR - ADMINISTRATION

COPY

Funds Available							
Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4601	GENERAL FUND SALARY ADJUSTMENT	27,761	0	27,761
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		27,761		27,761
Total Budgetary & Revenue GLs					27,761		

Expenditures			
CAT	Amount	CAT	Amount
01	27,761		
Sub Total Category Expenditures			27,761

Remarks

This work program requests the addition of FY19 salary adjustment funds to cover a projected shortfall in Category 01 (Personnel Services).

Total Budgetary General Ledgers and Category Expenditures (AP)

27,761

pmisch

Authorized Signature

05/02/19

Date

Controller's Office Approval

Does not require Interim Finance approval since implements general fund salary adjustments approved by the BOE.

General Fund Salary Adjustment
Fiscal Years 2018 and 2019

Div	Division Description	Budget	Budget Account Name	FY 2018	FY 2019
480	TAHOE REGIONAL PLANNING AGENCY	4204	TAHOE REGIONAL PLANNING AGENCY	\$ 22,770	\$ 45,994 ✓
550	DEPARTMENT OF AGRICULTURE	2691	AGRI - NUTRITION EDUCATION PROGRAMS	\$ 3,298	\$ 6,848
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652	DPS-PAROLE & PROBATION	4738	DPS - DIGNITARY PROTECTION	\$ 12,591	\$ 26,520
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654	DPS-EMERGENCY MANAGEMENT	3743	DPS - INVESTIGATION DIVISION	\$ 98,115	\$ 201,714
654	DPS-EMERGENCY MANAGEMENT	3673	DPS - DIVISION OF EMERGENCY MANAGEMENT	\$ 6,231	\$ 12,907
656	DPS-FIRE MARSHAL	3675	DPS - HOMELAND SECURITY	\$ 4,163	\$ 8,515
659	DPS-CRIMINAL JUST ASSIST	3816	DPS - FIRE MARSHAL	\$ 7,903	\$ 16,079
660	DPS-PAROLE BOARD	4736	DPS - JUSTICE GRANT	\$ 1,256	\$ 2,611
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701	DCNR - CONSERVATION DISTRICTS	4150	DCNR - ADMINISTRATION	\$ 15,526	\$ 27,761 ✓
702	DEPARTMENT OF WILDLIFE	4151	DCNR - CONSERVATION DISTRICTS PROGRAM	\$ 8,177	\$ 17,204 ✓
702	DEPARTMENT OF WILDLIFE	4462	WILDLIFE - CONSERVATION EDUCATION	\$ 1,665	\$ 3,416 ✓
702	DEPARTMENT OF WILDLIFE	4464	WILDLIFE - GAME MANAGEMENT	\$ 1,196	\$ 2,452 ✓
702	DEPARTMENT OF WILDLIFE	4465	WILDLIFE - FISHERIES MANAGEMENT	\$ 2,252	\$ 4,670 ✓
704	DCNR - PARKS DIVISION	4466	WILDLIFE - DIVERSITY DIVISION	\$ 9,293	\$ 19,016 ✓
705	DCNR - DIVISION OF WATER RESOURCES	4162	DCNR - STATE PARKS	\$ 112,628	\$ 249,273 ✓
706	DCNR - FORESTRY DIVISION	4171	DCNR - WATER RESOURCES	\$ 140,568	\$ 295,164 ✓
706	DCNR - FORESTRY DIVISION	4195	DCNR - FORESTRY	\$ 128,554	\$ 265,387 ✓
706	DCNR - FORESTRY DIVISION	4198	DCNR - FORESTRY CONSERVATION CAMPS	\$ 132,070	\$ 272,008 ✓
707	DCNR - STATE LANDS	4173	DCNR - STATE LANDS	\$ 30,493	\$ 63,324 ✓
740	B&I - BUSINESS AND INDUSTRY	4677	B&I - OFFICE OF BUSINESS AND PLANNING	\$ 6,078	\$ 12,560
748	B&I - REAL ESTATE AND INDUSTRY	4681	B&I - BUSINESS AND INDUSTRY ADMINISTRATION	\$ 2,482	\$ 5,119
752	B&I - LABOR COMMISSION	3823	B&I - REAL ESTATE ADMINISTRATION	\$ 3,528	\$ 7,258
901	DETR - REHABILITATION DIVISION	3900	B&I - LABOR COMMISSIONER	\$ 34,890	\$ 72,149
901	DETR - REHABILITATION DIVISION	3254	DETR - SERVICES TO BLIND OR VISUALLY IMPAIRED	\$ 4,299	\$ 8,786
903	DETR - NV EQUAL RIGHTS COMMISSION	3265	DETR - VOCATIONAL REHABILITATION	\$ 29,822	\$ 62,127
		2580	DETR - EQUAL RIGHTS COMMISSION	\$ 22,550	\$ 46,674

Payroll Reconciliation - B/A 4150 DCNR - DIRECTOR'S OFFICE

SFY 2019

Position Number	Funding Source	SFY 2019		Actual	Actual	Projected	Projected	Projected	Projected	Projected	Projected	TOTAL	Difference	
		Work	PP# 21 03/25/19 - 04/07/19	PP# 22 04/08/19 - 04/21/19	PP# 23 04/22/19 - 05/05/19	PP# 24 05/06/19 - 05/19/19	PP# 25 05/20/19 - 06/02/19	PP# 26 06/03/19 - 06/16/19	PP# 01 06/17/19 - 06/30/19	s Both Actuals & Estimates to End				
GF 33% DOCA 67%														
0006	GF/DOCA	80,257.00	2,919.58	3,659.93	2,919.58	2,919.58	3,659.93	2,919.58	2,919.58	83,882.11	(3,625.11)			
0001	GF/DOCA	162,600.00	6,331.70	7,074.10	6,331.70	6,331.70	7,074.10	6,331.70	6,331.70	174,719.01	(12,119.01)			
0002	GF/DOCA	138,416.00	5,436.00	6,069.81	5,436.00	5,436.00	6,069.81	5,436.00	5,436.00	149,059.28	(10,645.28)			
0031	GF/DOCA	138,416.00	5,300.37	6,040.81	5,300.37	5,300.37	6,040.81	5,300.37	5,300.37	145,903.27	(7,487.27)			
7771	GF	89,624.00	4,002.47	4,742.93	4,002.47	4,002.47	4,742.93	4,002.47	4,002.47	112,431.89	(22,607.89)			
0325	GF/DOCA	71,941.00	2,623.77	2,623.77	2,623.77	2,623.77	2,623.77	2,623.77	2,623.77	66,407.61	5,533.39			
0003	GF/DOCA	106,996.00	4,003.20	4,743.66	4,003.20	4,003.20	4,743.66	4,003.20	4,003.20	112,450.13	(5,449.13)			
0005	GF/DOCA	78,593.00	2,287.51	3,555.84	2,846.05	2,846.05	3,584.91	2,846.05	2,846.05	75,904.14	3,388.86			
0015	GF/DOCA	72,020.00	2,558.13	3,299.68	2,558.13	2,558.13	3,299.68	2,558.13	2,558.13	75,635.34	(3,453.34)			
0014	GF/DOCA	78,816.00	3,272.71	4,012.09	3,272.71	3,272.71	4,012.09	3,272.71	3,272.71	91,703.67	(12,887.67)			
0050	Q1/GF/DOCA	131,698.00	5,041.79	5,782.97	5,041.79	5,041.79	5,782.97	5,041.79	5,041.79	136,681.22	(6,983.22)			
		1,149,577.00	43,777.23	51,685.59	44,335.77	44,335.77	51,634.66	44,335.77	44,335.77					

J104	GF	440.00	5.93	0.00	87.09	0.00	81.16	5.93	0.00	476.96	(36.96)		
J106	GF	440.00	5.93	0.00	87.09	0.00	81.16	5.93	0.00	639.28	(199.28)		
J107	GF	440.00	5.93	0.00	5.93	0.00	81.16	5.93	0.00	152.32	287.68		
J103	GF	440.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.13	(7.13)		
J102	GF	440.00	5.93	0.00	5.93	0.00	81.16	5.93	0.00	152.32	287.68		
J100	GF	440.00	5.93	0.00	87.09	0.00	81.16	5.93	0.00	558.12	(118.12)		
J105	GF	440.00	5.93	0.00	87.09	0.00	81.16	5.93	0.00	639.28	(199.28)		
J101	GF	440.00	5.93	0.00	87.09	0.00	81.16	5.93	0.00	720.44	(280.44)		
J108	GF	3,520.00	5.93	0.00	5.93	0.00	81.16	5.93	0.00	152.32	287.68		
Total Board Pay:		3,520.00	47.44	0.00	453.24	0.00	649.28	47.44	0.00				
Total CAT 01 Authority		1,153,097.00								1,153,097.00			

Pay Period Grand Totals:

Year to Date Balance:	944,064.48	995,670.07	1,040,459.08	1,084,794.85	1,137,078.79	1,181,462.00	1,225,797.75	(Shortfall):	(576,278.84)
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Year to Date Balance:

944,064.48	995,670.07	1,040,459.08	1,084,794.83	1,137,078.79	1,181,462.00	1,225,797.77	8 / (Shortfall):	(\$76,278.84)		
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Actual + Projected			
0000/2110/2111	0000	0740	TOTAL

GF	27,878.39	56,003.72	83,882.11
DOCA	58,068.23	116,650.78	174,719.01
Q1	49,540.16	99,519.12	149,089.28
	47,280.50	94,979.77	145,903.27
	112,431.89		112,431.89
	22,070.71	44,336.90	66,407.61
	37,373.04	75,077.09	112,450.13
	24,994.25	50,209.89	75,204.14
	25,071.09	50,364.25	75,435.34
	30,477.91	61,225.76	91,703.67
	23,045.50	46,295.11	138,681.22

BSR YTD Total	461,729.84	694,662.39	72,983.61	1,229,375.84
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33.21% 66.76%

Funding Available	420,176.00	663,630.00	69,291.00	1,153,097.00
Estimated (Shortfall)	(41,553.84)	(31,032.39)	(3,692.61)	(76,278.84)

Proposed adjustments to cover CAT 01 shortfall	DOCA Q1 14,207.00	IFC 3,766.00	GFSA 27,761.00	31,570.00 3,766.00 14,207.00 27,761.00
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Total Surplus (Shortfall)	414.16	337.61	73.39	825.16
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Payroll Reconciliation - B/A 4150 DCNR - DIRECTOR'S OFFICE
SFY2019

Position Number	Funding Source	SFY2019	Actual	Actual	Projected	Projected	Projected	Projected	Projected	Both Actuals & Estimates to End of FY	
		Work	PP# 21	PP# 22	PP# 23	PP# 24	PP# 25	PP# 26	PP# 01	TOTAL	Difference
		Program(s)	03/25/19 - 04/07/19	04/08/19 - 04/21/19	04/22/19 - 05/05/19	05/06/19 - 05/19/19	05/20/19 - 06/02/19	06/03/19 - 06/16/19	06/17/19 - 06/30/19		By Position
	GF 33% DOCA 67%			Insurance			Insurance				
0006	GF/DOCA	80,257.00	2,919.58	3,659.93	2,919.58	2,919.58	3,659.93	2,919.58	2,919.58	83,882.11	(3,625.11)
0001	GF/DOCA	162,600.00	6,331.70	7,074.10	6,331.70	6,331.70	7,074.10	6,331.70	6,331.70	174,719.01	(12,119.01)
0002	GF/DOCA	138,416.00	5,436.00	6,069.81	5,436.00	5,436.00	6,069.81	5,436.00	5,436.00	149,059.28	(10,643.28)
0031	GF/DOCA	138,416.00	5,300.37	6,040.81	5,300.37	5,300.37	6,040.81	5,300.37	5,300.37	145,903.27	(7,487.27)
7771	GF	89,824.00	4,002.47	4,742.93	4,002.47	4,002.47	4,742.93	4,002.47	4,002.47	112,431.89	(22,607.89)
0325	GF/DOCA	71,941.00	2,623.77	2,623.77	2,623.77	2,623.77	2,623.77	2,623.77	2,623.77	66,407.61	5,533.39
0003	GF/DOCA	106,996.00	4,003.20	4,743.66	4,003.20	4,003.20	4,743.66	4,003.20	4,003.20	112,450.13	(5,454.13)
0005	GF/DOCA	78,593.00	2,287.51	3,555.84	2,846.05	2,846.05	3,584.91	2,846.05	2,846.05	75,204.14	3,388.86
0015	GF/DOCA	72,020.00	2,558.13	3,299.68	2,558.13	2,558.13	3,299.68	2,558.13	2,558.13	75,435.34	(3,415.34)
0014	GF/DOCA	78,816.00	3,272.71	4,012.09	3,272.71	3,272.71	4,012.09	3,272.71	3,272.71	91,703.67	(12,887.67)
0050	Q1/GF/DOCA	131,698.00	5,041.79	5,782.97	5,041.79	5,041.79	5,782.97	5,041.79	5,041.79	138,681.22	(6,983.22)
		1,149,577.00	43,777.23	51,605.59	44,335.77	44,335.77	51,634.66	44,335.77	44,335.77		
		1,149,577.00									
J104	GF	440.00	5.93	0.00	87.09	0.00	81.16	5.93	0.00	476.96	(36.96)
J106	GF	440.00	5.93	0.00	87.09	0.00	81.16	5.93	0.00	639.28	(199.28)
J107	GF	440.00	5.93	0.00	5.93	0.00	81.16	5.93	0.00	152.32	287.68
J103	GF		0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.13	(7.13)
J102	GF	440.00	5.93	0.00	5.93	0.00	81.16	5.93	0.00	152.32	287.68
J100	GF	440.00	5.93	0.00	87.09	0.00	81.16	5.93	0.00	558.12	(118.12)
J105	GF	440.00	5.93	0.00	87.09	0.00	81.16	5.93	0.00	639.28	(199.28)
J101	GF	440.00	5.93	0.00	87.09	0.00	81.16	5.93	0.00	720.44	(280.44)
J108	GF	440.00	5.93	0.00	5.93	0.00	81.16	5.93	0.00	152.32	287.68
		3,520.00	47.44	0.00	453.24	0.00	649.28	47.44	0.00		
Total Board Pay:		3,520.00									
Total CAT 01 Authority		1,153,097.00									1,153,097.00
Pay Period Grand Totals:		43,824.67	51,605.59	44,789.01	44,335.77	52,283.94	44,383.21	44,335.77		1,229,375.84	(76,278.84)
Year to Date Balance:		944,064.48	995,670.07	1,040,459.08	1,084,794.85	1,137,078.79	1,181,462.00	1,225,797.77	s / (Shortfall):		(\$76,278.84)

**GF Shortfall
Difference ***
33.24%

Actual + Projected			
0000/2110/2111	0000	0740	TOTAL
GF	DOCA	Q1	
27,878.39	56,003.72		83,882.11
58,068.23	116,650.78		174,719.01
49,540.16	99,519.12		149,059.28
47,280.50	94,979.77	3,643.00	145,903.27
112,431.89			112,431.89
22,070.71	44,336.90		66,407.61
37,373.04	75,077.09		112,450.13
24,994.25	50,209.89		75,204.14
25,071.09	50,364.25		75,435.34
30,477.91	61,225.76		91,703.67
23,045.50	46,295.11	69,340.61	138,681.22
476.96			476.96
639.28			639.28
152.32			152.32
7.13			7.13
152.32			152.32
558.12			558.12
639.28			639.28
720.44			720.44
152.32			152.32
461,729.84	694,662.39	72,983.61	1,229,375.84

BSR YTD Total

Funding Available

**Estimated
(Shortfall)**

Proposed adjustments to cover CAT 01 shortfall.	<i>DOCA</i>	31,370.00	31,370.00
	<i>Q1</i>	3,766.00	3,766.00
	<i>IFC</i>	14,207.00	14,207.00
	<i>GFSA</i>	27,761.00	27,761.00

**Total Surplus
(Shortfall)**

414.16 337.61 73.39 825.16

REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
2941	Museums and History Division	\$7,786	
	Total	\$7,786	



April 23, 2019

Memorandum

To: Laura Freed, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

From: Carrie Edlefsen, Administrative Services Officer
Division of Museums and History

Through: Peter Barton, Administrator
Division of Museums and History

Cc: Brenda Nebesky, Deputy Director
Department of Tourism and Cultural Affairs

Subject: Fiscal Year 2019 General Fund Salary Adjustment (GFSA) Request for the
Division of Museums and History for the June Board of Examiners meeting

RECEIVED
APR 25 2019
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Per Assembly Bill 517, Section 3 and Senate Bill 368 Section 1 the Division of Museums and History is requesting the use of the FY2019 GFSA available amount for the Division of Museums and History Administration budget account (BA 2941) to assist in offsetting a Category 01 shortfall of \$17,797.

Remaining funds needed are being requested from the Commission on Tourism as a transfer in order to fulfill the 45%/55% General Fund/Tourism Transfer funding split.

GFSA	Transfer from Tourism	Transfer from Other Categories within B/A 2941	Total
\$8,009	\$9,788	\$0	\$17,797

Please find the General Fund Salary Adjustment Form Showing the available amount, salary projections, budget projections, and position fund map attached to this memo.

Attachments: 3

General Fund Salary Adjustment
Fiscal Years 2018 and 2019

Div	Division Description	Budget	Budget Account Name	FY 2018	FY 2019
300	NDE - DEPARTMENT OF EDUCATION	2697	NDE - ASSESSMENTS AND ACCOUNTABILITY	\$ 25,077	\$ 50,880
300	NDE - DEPARTMENT OF EDUCATION	2706	NDE - PARENTAL INVOLVEMENT AND FAMILY ENGAGEMENT	\$ 2,501	\$ 5,288
300	NDE - DEPARTMENT OF EDUCATION	2709	NDE - OFFICE OF EARLY LEARNING AND DEVELOPMENT	\$ 6,325	\$ 13,023
300	NDE - DEPARTMENT OF EDUCATION	2712	NDE - STUDENT AND SCHOOL SUPPORT	\$ 15,931	\$ 32,719
300	NDE - DEPARTMENT OF EDUCATION	2713	NDE - LITERACY PROGRAMS	\$ 5,411	\$ 11,144
300	NDE - DEPARTMENT OF EDUCATION	2716	NDE - DATA SYSTEMS MANAGEMENT	\$ 20,187	\$ 41,369
300	NDE - DEPARTMENT OF EDUCATION	2719	NDE - DISTRICT SUPPORT SERVICES	\$ 18,034	\$ 37,414
300	NDE - DEPARTMENT OF EDUCATION	2721	NDE - SAFE AND RESPECTFUL LEARNING	\$ 9,627	\$ 19,544
331	DTCA - MUSEUMS AND HISTORY DIVISION	1350	TOURISM - MUSEUMS & HIST - LOST CITY MUSEUM	\$ 4,828	\$ 10,089
331	DTCA - MUSEUMS AND HISTORY DIVISION	2870	TOURISM - MUSEUMS & HIST - NEVADA HISTORICAL SOCIETY	\$ 6,010	\$ 12,320
331	DTCA - MUSEUMS AND HISTORY DIVISION	2940	TOURISM - MUSEUMS & HIST - NEVADA STATE MUSEUM, CC	\$ 18,048	\$ 36,898
331	DTCA - MUSEUMS AND HISTORY DIVISION	2941	TOURISM - MUSEUMS & HISTORY	\$ 4,794	\$ 9,777
331	DTCA - MUSEUMS AND HISTORY DIVISION	2943	TOURISM - MUSEUMS & HIST - NEVADA STATE MUSEUM, LV	\$ 15,544	\$ 32,138
331	DTCA - MUSEUMS AND HISTORY DIVISION	4216	TOURISM - MUSEUMS & HIST- NV STATE RAILROAD MUSEUMS	\$ 12,803	\$ 26,391
332	ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	1052	ADMINISTRATION - NSLA - ARCHIVES & PUBLIC RECORDS	\$ 25,130	\$ 51,629
332	ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	2891	ADMINISTRATION - NSLA - STATE LIBRARY	\$ 29,498	\$ 60,571
333	DTCA - NEVADA ARTS COUNCIL	2979	TOURISM - NEVADA ARTS COUNCIL	\$ 10,447	\$ 21,326
334	DCNR - HISTORIC PRESERVATION	4205	DCNR - OFFICE OF STATE HISTORIC PRESERVATION	\$ 9,113	\$ 18,958
334	DCNR - HISTORIC PRESERVATION	5030	DCNR - HISTORIC PRES - CONSTOCK HISTORIC DISTRICT	\$ 3,611	\$ 7,370
360	COMMISSION ON POSTSECONDARY EDUCATION	2666	DETR - COMMISSION ON POSTSECONDARY EDUCATION	\$ 6,877	\$ 14,250
400	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	1499	HHS-DO - PUBLIC DEFENDER	\$ 9,517	\$ 19,328
400	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	3150	HHS-DO - ADMINISTRATION	\$ 31,575	\$ 64,698
400	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	3154	HHS-DO - DEVELOPMENTAL DISABILITIES	\$ 1,974	\$ 3,984
400	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	3195	HHS-DO - GRANTS MANAGEMENT UNIT	\$ 1,075	\$ 2,214
400	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	3204	HHS-DO - CONSUMER HEALTH ASSISTANCE	\$ 4,721	\$ 9,553
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3151	HHS-ADSD - FEDERAL PROGRAMS AND ADMINISTRATION	\$ 56,611	\$ 117,917
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3167	HHS-ADSD - RURAL REGIONAL CENTER	\$ 64,508	\$ 140,377
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3208	HHS-ADSD - EARLY INTERVENTION SERVICES	\$ 271,350	\$ 604,282
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3266	HHS-ADSD - HOME AND COMMUNITY-BASED SERVICES	\$ 214,857	\$ 476,029
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3279	HHS-ADSD - DESERT REGIONAL CENTER	\$ 365,320	\$ 796,761
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3280	HHS-ADSD - SIERRA REGIONAL CENTER	\$ 113,370	\$ 245,573
403	DHHS - HEALTH CARE FINANCING & POLICY	3158	HHS-HCF&P - HCF&P ADMINISTRATION	\$ 293,589	\$ 613,135
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3161	HHS-DPBH - SO NV ADULT MENTAL HEALTH SERVICES	\$ 1,418,123	\$ 2,866,243
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3162	HHS-DPBH - NO NV ADULT MENTAL HEALTH SVCS	\$ 368,260	\$ 710,828
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3168	HHS-DPBH - BEHAVIORAL HEALTH ADMINISTRATION	\$ 31,841	\$ 65,509
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3170	HHS-DPBH - BEHAVIORAL HEALTH PREV & TREATMENT	\$ 34,862	\$ 72,041
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3219	HHS-DPBH - BIOSTATISTICS AND EPIDEMIOLOGY	\$ 9,350	\$ 19,371
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3222	HHS-DPBH - MATERNAL CHILD & ADOLESCENT HEALTH SVCS	\$ 11,135	\$ 23,012
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3223	HHS-DPBH - OFFICE OF HEALTH ADMINISTRATION	\$ 82,499	\$ 170,265

Department of Tourism and Cultural Affairs
Museums and History Administration
Budget Account 2941
Financial Status Report
Prepared by: Carrie Edlesten
3/31/2019

GFSA Request Attachment #2

	Budget				Projections				M		N			
	A	B	C	D	E	F	G	H	I	J	K	L		
			Current W/P as BSR (A+B)	Pending W/P	Total W/P (B + D)	Total W/P as % of L01 (E / A)	Projected Budget (A + B)	Projected Budget as % of Total Revenues	YTD Actual	Projection	Projected FY Actual (I + J)	Projected FY Actual as % of Total Revenues	Projected Budget Balance Under (Over) (G-K)	Projected FY Actual As % of Projected Budget (K / G)
Revenue:	L01	Approved W/P												
Appropriations:			452,694.00		288.00	0.00	452,694.00	41.50%	452,694.00	0.00	452,694.00	42%	0.00	100%
2311 Balance Fwd Prev Year	0.00	167,056.00	167,056.00		167,056.00	0.00	167,056.00	15.32%	167,056.00	0.00	167,056.00	15%	0.00	100%
3893 License Plate Charge	200,510.00		200,510.00		0.00	0.00	200,510.00	18.38%	83,176.46	117,333.54	200,510.00	18%	0.00	100%
4601 GR Salary Adjustment	0.00		0.00	8,009.00	8,009.00	0.00	8,009.00	0.73%	0.00	8,009.00	8,009.00	1%	0.00	100%
4603 Trans From Commission on Tour	247,387.00	352.00	247,739.00	9,788.00	10,140.00	0.04	257,527.00	23.61%	0.00	257,527.00	257,527.00	24%	0.00	100%
4709 Trans FMA Historic Preservation	0.00	5,000.00	5,000.00		5,000.00	0.00	5,000.00	0.46%	0.00	5,000.00	5,000.00	0%	0.00	100%
Total Revenues	900,303.00	172,696.00	1,072,999.00	17,797.00	190,493.00	0.21	1,090,796.00	100.00%	702,926.46	387,869.54	1,090,796.00	100%	0.00	100%
Expenditures:														
01-Personnel Services	376,350.00	640.00	376,990.00	17,797.00	18,437.00	0.05	394,787.00	36.19%	271,556.15	123,230.75	394,786.90	36%	0.10	100%
03-In-State Travel	6,798.00	(114.00)	6,684.00		(114.00)	(0.02)	6,684.00	0.61%	2,067.64	4,616.36	6,684.00	1%	0.00	100%
04-Operating	38,019.00		38,019.00		0.00	0.00	38,019.00	3.49%	33,821.82	4,197.18	38,019.00	3%	0.00	100%
11-SHPO Grant	0.00	5,000.00	5,000.00		5,000.00	0.00	5,000.00	0.46%	928.98	4,071.02	5,000.00	0%	0.00	100%
13-School Bus Program	250,000.00		250,000.00		0.00	0.00	250,000.00	22.92%	0.00	250,000.00	250,000.00	23%	0.00	100%
20-Commemorative License Plates	200,510.00	167,056.00	367,566.00		167,056.00	0.83	367,566.00	33.70%	0.00	367,566.00	367,566.00	34%	0.00	100%
26-Information Services	7,717.00		7,717.00		0.00	0.00	7,717.00	0.71%	6,298.15	1,418.85	7,717.00	1%	0.00	100%
59-Utilities	378.00	114.00	492.00		0.00	0.30	492.00	0.05%	368.64	122.88	491.52	0%	0.48	100%
82-Direct cost Allocation	1,709.00		1,709.00		0.00	0.00	1,709.00	0.16%	0.00	1,709.00	1,709.00	0%	0.00	100%
87-Purchasing Assessment	1,484.00		1,484.00		0.00	0.00	1,484.00	0.14%	0.00	1,484.00	1,484.00	0%	0.00	100%
89-AG Cost Allocation	17,338.00		17,338.00		0.00	0.00	17,338.00	1.59%	0.00	17,338.00	17,338.00	2%	0.00	100%
93-Reserve for Reversion	0.00		0.00		0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0%	0.00	0%
Total Expenditures	900,303.00	172,696.00	1,072,999.00	17,797.00	190,493.00	0.21	1,090,796.00	100.00%	315,041.38	775,754.64	1,090,795.42	100%	0.58	100%
Operating Income (Loss)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	387,885.08	(387,884.50)	0.58	0%	(0.58)	0%
Cash Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	387,885.08	(387,884.50)	0.58	0%	(0.58)	0%

Payroll Report- SFY 2019 BA #2941 Administrator, Division of Museums & History

[illegible]

Payroll Report- SFY 2019 BA #2941 A.

Comprehensive Financial Performance Report - Q3 2024														
Department A					Department B					Department C				
Revenue		Expenses			Revenue		Expenses			Revenue		Expenses		
Actual	Budget	Actual	Budget	Variance	Actual	Budget	Actual	Budget	Variance	Actual	Budget	Actual	Budget	Variance
Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024	Q3 2024
Section 1: Sales & Marketing														
Sub-Section 1.1: Product Sales														
Sub-Section 1.2: Marketing Spend														
Sub-Section 1.3: Customer Acquisition														
Sub-Section 1.4: Retention & Churn														
Sub-Section 1.5: Sales Team Performance														
Sub-Section 1.6: Regional Sales Data														
Sub-Section 1.7: Product Line Analysis														
Sub-Section 1.8: Competitive Pricing														
Sub-Section 1.9: Sales Channel Effectiveness														
Sub-Section 1.10: Marketing Campaign ROI														
Sub-Section 1.11: Customer Lifetime Value														
Sub-Section 1.12: Sales Funnel Conversion														
Sub-Section 1.13: Marketing Attribution														
Sub-Section 1.14: Sales Team Incentives														
Sub-Section 1.15: Marketing Lead Generation														
Sub-Section 1.16: Sales Pipeline Management														
Sub-Section 1.17: Marketing Budget Allocation														
Sub-Section 1.18: Sales Team Training														
Sub-Section 1.19: Marketing Campaign Planning														
Sub-Section 1.20: Sales Team Recruitment														
Sub-Section 1.21: Marketing Campaign Execution														
Sub-Section 1.22: Sales Team Performance Review														
Sub-Section 1.23: Marketing Campaign Analysis														
Sub-Section 1.24: Sales Team Incentive Review														
Sub-Section 1.25: Marketing Campaign Optimization														
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Sub-Section 1.101: Marketing Campaign Execution Review														
Sub-Section 1.102: Sales Team Performance Review														
Sub-Section 1.103: Marketing Campaign Analysis Review														
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Sub-Section 1.137: Marketing Campaign Optimization Review														
Sub-Section 1.138: Sales Team Training Review														
Sub-Section 1.139: Marketing Campaign Planning Review														
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Payroll Report - SFY 2019 BA #2941 A

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Museums & History Admin
Category 03 Instate travel
FY 2019

3/31/2019						
GL	Description	Actual	Projected	Total Actual/Proj	L01	Difference
6200	Per Diem In-State	167.00	1,976.00	2,143.00	1,096.00	(1,047.00)
6210	MP Daily Rental	112.31	185.00	297.31	327.00	29.69
6215	Non MP Vehicle Rental	40.81	684.00	724.81	142.00	(582.81)
6240	Personal Vehicle I/S	178.26	187.70	365.96	794.00	428.04
6250	Comm Air Trans I/S	1,569.26	1,583.66	3,152.92	4,439.00	1,286.08
		2,067.64	4,616.36	6,684.00	6,798.00	114.00

Notes:

Pending In-state Travel							
Dates	Traveler's Name	Destination	6200	6210	6215	6240	6250
17-Apr	Barton	Overton	64	55	60	46.7	415.96
25-Apr	Barton	Ely	321	0	312	0	0
25-Apr	Edlefsen	Ely	321	0	0	0	0
6-May	Barton	Boulder City	282	75	0	47	369.7
6-May	Edlefsen	Boulder City	282	0	0	47	399
17-May	Barton	Henderson	64	55	0	47	565
22-May	Barton	Ely	321	0	312	0	0
22-May	Edlefsen	Ely	321	0	0	0	321
							0
							0
Total			1976	185	684	187.7	1583.66
			0.00				

Museums & History Admin
Category 04 Operating
FY 2019

3/31/2019						
GL	Description	Actual	Projected	Total Actual/Proj	L01	Difference
7020	Operating Supplies	636.48	547.69	1,184.17	3,379.00	2,194.83
7030	Freight Charges	13.99	0.00	13.99	16.00	2.01
7040	Non State Printing	0.00	569.00	569.00	569.00	0.00
7044	Excess Printing Charge	312.40	237.60	550.00	283.00	(267.00)
7045	State Printing Charge	0.00	0.00	0.00	0.00	0.00
7050	Employee Bond Ins	6.00	6.00	12.00	6.00	(6.00)
7051	Agency Owned-P&C	17.00	17.00	34.00	17.00	(17.00)
7054	AG Tort Claim Assess	388.28	389.00	777.28	389.00	(388.28)
705A	Non B&G Prop & Cont Ins	0.00	0.00	0.00	0.00	0.00
7060	Contracts	26.00	0.00	26.00	0.00	(26.00)
7090	Equipment Repair	0.00	62.23	62.23	80.00	17.77
7110	Non-State Office Rent	25,499.28	-0.28	25,499.00	25,499.00	0.00
7140	Maintenance of B&G	0.00	0.00	0.00	0.00	0.00
7145	B&G Maint Supplies	0.00	0.00	0.00	0.00	0.00
7250	B&G Extra Service	0.00	0.00	0.00	912.00	912.00
7255	B&G Lease Assessment	267.00	89.00	356.00	356.00	0.00
7270	Late Fees	0.00	0.00	0.00	0.00	0.00
7280	Postage	0.00	0.00	0.00	0.00	0.00
7285	State mail -Postage	74.31	85.00	159.31	120.00	(39.31)
7286	State Mail -Admin	2,009.28	0.00	2,009.28	2,183.00	173.72
7290	Phone	849.95	1,116.00	1,965.95	602.00	(1,363.95)
7291	Cell Phone	688.59	167.00	855.59	167.00	(688.59)
7294	Conference Call Charge	42.96	75.00	117.96	166.00	48.04
7296	EITS Long Distance	124.81	35.19	160.00	202.00	42.00
7299	Phone & Data Wiring	0.00	0.00	0.00	0.00	0.00
7302	Registration	595.00	0.00	595.00	0.00	(595.00)
7390	Credit Card Fees	222.33	-222.33	0.00	0.00	0.00
7980	Xerox Lease	2,048.16	1,024.08	3,072.24	3,073.00	0.76
9006	Trans to Attorney General	0.00	0.00	0.00	0.00	0.00
		33,821.82	4,197.18	38,019.00	38,019.00	0.00

Notes:

Museums & History Admin
Category 26 Information Technology
FY 2019

3/31/2019							Notes:
GL	Description	Actual	Projected	Total Actual/Proj	L01	Difference	
7020	Operating Supplies	0.00	115.90	115.90	1,168.00	1,052.10	
7220	Non EITS DSL	502.65	362.35	865.00	865.00	0.00	
7299	Phone and Data Wiring	0.00	0.00	0.00	0.00	0.00	
7533	EITS Email Service	582.40	291.60	874.00	874.00	0.00	
7545	EITS VPN	0.00	0.00	0.00	0.00	0.00	
7554	EITS Infrastructure	639.00	208.00	847.00	847.00	0.00	
7556	EITS Security Assessment	387.00	127.00	514.00	514.00	0.00	
7771	Computer Software	0.00	0.00	0.00	337.00	337.00	
8271	Special Equipment	1,389.10	0.00	1,389.10	0.00	(1,389.10)	
8371	Computer Hardware	2,798.00	314.00	3,112.00	3,112.00	0.00	
		6,298.15	1,418.85	7,717.00	7,717.00	0.00	

Museums & History Admin
Category 59 Utilities
FY 2019

3/31/2019							Notes:
GL	Description	Actual	Projected	Total Actual/Proj	L01	Difference	
7132	Electric Utilities	0.00	0.00	0.00	0.00	0.00	Service shut off December 2014/Storm Drainage Program still required
7134	Natural Gas	0.00	0.00	0.00	0.00	0.00	
7137	Water & Sewer Utilities	368.64	122.88	491.52	378.00	(113.52)	
		368.64	122.88	491.52	378.00	-113.52	

DEPARTMENT OF TOURISM CULTURAL AFFAIRS
DIVISION OF MUSEUMS AND HISTORY
POSITION ROSTER BY FUNDING SOURCE
B/A 2941

GFSA Request Attachment #3

BEFORE WP# 19SA2941

FY 2019

PC #	Position Description	Expenditures			Revenues		
		Salary	Benefits	Total Request	Gen. Fund Appropriation # 2501	Tourism Transfer #4663	Total Request
01	Admirr Museums & History	100,858	28,789	129,647	58,341	71,306	129,647
12	Admin Assistant 3	43,024	23,896	66,920	30,114	36,806	66,920
13	Admin Services Officer 2	64,989	30,967	95,956	43,180	52,776	95,956
14	Admin Assistant 4	46,870	25,130	72,000	32,400	39,600	72,000
5320	Hold Harmless	0	0	0	0	0	0
5860	Board & Commission Pay	7,680	0	7,680	3,456	4,224	7,680
5960	Terminal Sick Leave	0	0	0	0	0	0
5970	Terminal Annual Leave	0	0	0	0	0	0
	Total	263,421	108,782	372,203	167,491	204,712	372,203
				372,203			372,203

DEPARTMENT OF TOURISM CULTURAL AFFAIRS
DIVISION OF MUSEUMS AND HISTORY
POSITION ROSTER BY FUNDING SOURCE
B/A 2941

GFSA Request Attachment #3

AFTER WP# 19SA2941

FY 2019

PC #	Position Description	Expenditures			Revenues					
		Salary	Benefits	Total Request	Gen. Fund Appropriation # 2501	Tourism Transfer #4663	Gen. Fund Appropriation # 2501	GF Salary Adjustment #4601	Tourism Transfer #4663	Total Request
01	Adminr Museums & History	100,858	28,888	129,746	58,386	71,360	0	2,842	3,473	136,061
12	Admin Assistant 3	43,024	23,914	66,938	30,122	36,816	0	1,466	1,792	70,196
13	Admin Services Officer 2	64,989	31,972	96,961	43,632	53,329	0	2,124	2,595	101,680
14	Admin Assistant 4	46,870	25,150	72,020	32,409	39,611	0	1,577	1,928	75,525
										0
5320	Hold Harmless	0	0	0	0	0				0
5860	Board & Commission Pay	8,320	0	8,320	3,744	4,576	0		0	8,320
5960	Terminal Sick Leave	0	0	0	0	0				0
5970	Terminal Annual Leave	0	0	0	0	0				0
	Total	264,061	109,924	373,985	168,293	205,692	0	8,009	9,788	391,782
				373,985						391,782

REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
4729	Department of Public Safety – State Emergency Response Commission		\$7,704
	Total		\$7,704

Steve Sisolak
Governor



George Togliatti
Director

Bart J. Chambers
State Fire Marshal

Nevada State Emergency Response Commission

Stewart Facility
107 Jacobsen Way
Carson City, NV 89711
Telephone (775) 684-7511 • Fax (775) 684-7519

Memorandum

DATE: March 15, 2019

TO: Jim Rodriguez, Executive Branch Budget Officer, Governor's Finance Office

FROM: Kristen Defer, Administrative Services Officer

SUBJECT: Board of Examiners approval for Highway Salary Adjustment funds for the State Emergency Response Commission

The State Emergency Response Commission (SERC) is requesting the Board of Examiners (BOE) approval for salary adjustment funds in the amount of \$7,704 in accordance with Assembly bill 517, Section 3. This amount of this request is the cap amount allocated for FY19.

Work Program 19SA4729 has been prepared for processing once this request is approved.


Kristen Defer
Administrative Services Officer I

Exhibits:

- A. Salary Projections Worksheet
- B. Budget Projections Worksheet
- C. Fund Map
- D. Highway Fund Salary Adjustment Cap Document

4729-SEKC
Fund 101 Agency 656

149,390.00

03/25/19	04/08/19	04/22/19	05/06/19	05/20/19	06/03/19	06/17/19
04/07/19	04/21/19	05/05/19	05/19/19	06/02/19	06/16/19	06/30/19
04/19/19	05/03/19	05/17/19	05/31/19	06/14/19	06/28/19	07/12/19

Exhibit 'A'

PCN	Emp ID	Emp Name	11th Insurance		12th Insurance		*Ins to bta FY20		Total Projected Salary	
			Estimate	Estimate	Estimate	Estimate	Estimate	Estimate		
3	12490	WYATT, WENDI	PP21	PP22	PP23	PP24	PP25	PP26	PP01	\$ 103,177.82
			\$ 3,658.41	\$ 4,399.33	\$ 3,658.41	\$ 3,658.41	\$ 4,399.33	\$ 3,658.41	\$ 3,658.41	
			\$ 1,974.72	\$ 2,715.64	\$ 1,974.72	\$ 1,974.72	\$ 2,715.64	\$ 1,974.72	\$ 1,974.72	
Total Positions 21			\$ 5,633.13	\$ 7,114.97	\$ 5,633.13	\$ 5,633.13	\$ 7,114.97	\$ 5,633.13	\$ 5,807.38	\$ 348.50
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 55,177.16
			\$ (5,633.13)	\$ (7,114.97)	\$ (5,633.13)	\$ (5,633.13)	\$ (7,114.97)	\$ (5,633.13)	\$ (5,807.38)	\$ 104,288.33

Total Payroll Projection \$ 55,237.16
YTD Actual Expenditures \$ 104,288.33
Payroll/Personnel Assessment \$ 348.50
Total Payroll Cost \$ 159,873.99

Leg Approved Authority \$ 149,390.00
W/P \$ -
Revised Approved Authority \$ 149,390.00

Over/Shortage \$ (10,483.99)

3/14/2019 BSR \$ 104,288.33

Variance \$ -

Exhibit 'B'

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417
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Department of Public Safety
State Emergency Response Commission
SFY 19 - FUNDING MAP
BA 4729

Revenue G/L	Budgeted Amounts	SFM			Section 311, 312 & 313 Haz Mat Fees	Treasurer's Interest	Total FY 19	REVISED Total FY 19	Pending Work Program 19SA4729	Total FY 19
		Highway Funds	HMEP Grant FFY 16	Certification Fees						
2507 Highway Funds	\$ 270,516.00	\$ 270,516.00					\$ 270,516.00	\$ 270,516.00	\$ 7,704.00	\$ 278,220.00
2511 Balance Forward Previous Year	\$ 1,292,559.00			\$ 401,760.00	\$ 873,581.00	\$ 17,218.00	\$ 1,292,559.00	\$ 1,899,711.00		\$ 1,899,711.00
3577 FED-FEMA Authorization	-						-	\$ 10,000.00		\$ 10,000.00
3580 Fed HMEP Grant	\$ 238,638.00		\$ 238,638.00				\$ 238,638.00	\$ 238,638.00		\$ 238,638.00
3610 Certification Fees	\$ 335,700.00			\$ 335,700.00			\$ 335,700.00	\$ 335,700.00		\$ 335,700.00
3722 Miscellaneous Licenses & Fees	\$ 539,580.00				\$ 539,580.00		\$ 539,580.00	\$ 539,580.00		\$ 539,580.00
4203 Prior Year Refunds	-						-	-		-
4326 Treasurer's Interest	\$ 5,939.00					\$ 5,939.00	\$ 5,939.00	\$ 5,939.00		\$ 5,939.00
4602 Highway Fund Salary Adj.	-						-	-		-
Total	\$ 2,682,932.00	\$ 270,516.00	\$ 238,638.00	\$ 737,460.00	\$ 1,413,161.00	\$ 23,157.00	\$ 2,682,932.00	\$ 3,300,084.00		\$ 3,307,788.00

Exhibit C

Exp Category	Budgeted Amounts	SFM			Section 311, 312 & 313 Haz Mat Fees	Treasurer's Interest	Total FY 19	REVISED Total FY 19	Pending Work Program 19SA4729	Total FY 19
		Highway Funds	HMEP Grant FFY 16	Certification Fees						
01 Personnel	\$ 149,390.00	\$ 149,390.00					\$ 149,390.00	\$ 149,390.00	\$ 7,704.00	\$ 157,094.00
02 Out-of-State Travel	\$ 1,562.00	\$ 1,562.00					\$ 1,562.00	\$ 1,562.00		\$ 1,562.00
03 In-State Travel	\$ 1,715.00	\$ 1,715.00					\$ 1,715.00	\$ 1,715.00		\$ 1,715.00
04 Operations	\$ 26,686.00	\$ 26,686.00					\$ 26,686.00	\$ 26,686.00		\$ 26,686.00
05 Equipment	-	-					-	-		-
10 Commissioners' Travel	\$ 5,000.00	\$ 5,000.00					\$ 5,000.00	\$ 5,000.00		\$ 5,000.00
15 USEPA-CEPP Grant	-						-	-		-
16 SERC Grants	\$ 537,416.00						\$ 537,416.00	\$ 537,416.00		\$ 537,416.00
17 USDOT-HMEP Grant	\$ 298,296.00				\$ 238,638.00		\$ 298,296.00	\$ 298,296.00		\$ 298,296.00
19 FEMA Training Support	-						-	\$ 10,000.00		\$ 10,000.00
18 Transfer to State Fire Marshal	\$ 387,547.00				\$ 387,547.00		\$ 387,547.00	\$ 410,698.00		\$ 410,698.00
26 Information Technology	\$ 31,808.00	\$ 31,808.00					\$ 31,808.00	\$ 31,808.00		\$ 31,808.00
30 Training	-						-	-		-
81 DPS Gen Services Cost Alloc.	\$ 1,940.00	\$ 1,940.00					\$ 1,940.00	\$ 1,940.00		\$ 1,940.00
82 Intra-Agency Cost Allocation	\$ 23,252.00	\$ 23,252.00					\$ 23,252.00	\$ 23,252.00		\$ 23,252.00
85 Reversion to Highway Fund	-						-	-		-
86 Reserve	\$ 1,189,156.00	\$ (1.00)		\$ 349,913.00		\$ 816,087.00	\$ 1,189,156.00	\$ 1,773,157.00		\$ 1,773,157.00
87 Purchasing Assessment	\$ 198.00	\$ 198.00					\$ 198.00	\$ 198.00		\$ 198.00
88 Statewide Allocation	\$ 10,062.00	\$ 10,062.00					\$ 10,062.00	\$ 10,062.00		\$ 10,062.00
89 AG Cost Allocation Plan	\$ 18,904.00	\$ 18,904.00					\$ 18,904.00	\$ 18,904.00		\$ 18,904.00
Total	\$ 2,682,932.00	\$ 270,516.00	\$ 238,638.00	\$ 737,460.00	\$ 1,413,161.00	\$ 23,157.00	\$ 2,682,932.00	\$ 3,300,084.00		\$ 3,307,788.00

Exhibit D

Highway Fund Salary Adjustment
Fiscal Years 2018 and 2019

Div	Division Description	Budget	Budget Account Name	FY 2018	FY 2019
650	DPS-DIRECTOR'S OFFICE	3775	DPS - TRAINING DIVISION	\$ 23,571	\$ 47,704
651	DPS-HIGHWAY PATROL	4713	DPS - NEVADA HIGHWAY PATROL DIVISION	\$ 1,422,590	\$ 2,942,499
651	DPS-HIGHWAY PATROL	4721	DPS - HIGHWAY SAFETY GRANTS	\$ 1,728	\$ 3,501
653	DPS-INVESTIGATION DIVISION	3743	DPS - INVESTIGATION DIVISION	\$ 8,644	\$ 17,786
656	DPS-FIRE MARSHAL	4729	DPS - STATE EMERGENCY RESPONSE COMMISSION	\$ 3,738	\$ 7,704
658	DPS-TRAFFIC SAFETY	4688	DPS - HIGHWAY SAFETY PLAN & ADMIN	\$ 22,529	\$ 47,783
751	B&I - TRANSPORTATION AUTHORITY	3922	B&I - NEVADA TRANSPORTATION AUTHORITY	\$ 70,370	\$ 156,186
810	DEPARTMENT OF MOTOR VEHICLES	4715	DMV - AUTOMATION	\$ 42,717	\$ 87,781
810	DEPARTMENT OF MOTOR VEHICLES	4716	DMV - SYSTEM MODERNIZATION	\$ 46,356	\$ 106,676
810	DEPARTMENT OF MOTOR VEHICLES	4717	DMV - MOTOR CARRIER DIVISION	\$ 22,905	\$ 47,233
810	DEPARTMENT OF MOTOR VEHICLES	4732	DMV - HEARINGS	\$ 30,342	\$ 61,599
810	DEPARTMENT OF MOTOR VEHICLES	4735	DMV - FIELD SERVICES	\$ 511,197	\$ 1,059,151
810	DEPARTMENT OF MOTOR VEHICLES	4740	DMV - COMPLIANCE ENFORCEMENT	\$ 112,516	\$ 231,186
810	DEPARTMENT OF MOTOR VEHICLES	4741	DMV - CENTRAL SERVICES	\$ 78,292	\$ 161,785
810	DEPARTMENT OF MOTOR VEHICLES	4742	DMV - DIVISION OF MANAGEMENT SERVICES & PROGRAMS	\$ 36,906	\$ 76,047
810	DEPARTMENT OF MOTOR VEHICLES	4744	DMV - DIRECTOR'S OFFICE	\$ 44,487	\$ 91,166
810	DEPARTMENT OF MOTOR VEHICLES	4745	DMV - ADMINISTRATIVE SERVICES DIVISION	\$ 72,544	\$ 149,986

REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

BA#	BUDGET ACCOUNT NAME	GENERAL FUND ADJUSTMENT	HWY FUND ADJUSTMENT
4204	TAHOE REGIONAL PLANNING AGENCY	\$36,795	
	Total	\$36,795	



Mail
PO Box 5310
Stateline, NV 89449-5310

Location
128 Market Street
Stateline, NV 89449

Contact
Phone: 775-588-4547
Fax: 775-588-4527
www.trpa.org

May 7, 2019

Nevada Board of Examiners
C/O Nevada Budget Office
209 East Musser Street, Room 200
Carson City, Nevada 89701-4298

Ms. Susan Brown

The Tahoe Regional Planning Agency (TRPA) requests the release of \$24,530 from AB 517 and \$12,265 from SB 368, for a total of \$36,795. The funds will be used for permanent salary increases for staff in the current fiscal year (2018/2019). This money, combined with \$74,000 in matching funds from California, will provide TRPA staff with the same annual increases State of Nevada employees received under these bills.

TRPA staff positions and salaries are not in the NEBS budgeting system. The NV Budget Division worked with TRPA to adjust TRPA's funding when the State approves general salary increases for state employees. The process for this is laid out in AB517 and SB 368 (relevant extracts attached). The intent is to provide annual salary adjustments for TRPA employees on the same basis that Nevada State employees receive them.

AB 517/SB 368 conditions the availability of these funds on obtaining matching funds from California. The California Fiscal Year 2018/19 budget included \$74,000 to match the Nevada funds in the 1/3 Nevada and 2/3 California ratio specified in NRS 277.200.

Text of AB 517/SB 368 Relating to TRPA

AB 517

Sec. 13. 1. To effect the State of Nevada's share of the increases of salary of approximately 2 percent effective July 1, 2017, and 2 percent effective on July 1, 2018, for employees of the Tahoe Regional Planning Agency, there is hereby appropriated from the State General Fund to the State Board of Examiners the sum of not more than \$12,144 for the fiscal year beginning on July 1, 2017, and ending on June 30, 2018, and the sum of not more than \$24,530 for the fiscal year beginning on July 1, 2018, and ending on June 30, 2019. The amounts transferred must not be used to increase an employee's base salary unless the State of California provides the required 2 for 1 matching funds. If such matching funds are not provided by the State of California, any amounts provided to the Tahoe Regional Planning Agency by the State of Nevada must be used as a one-time salary bonus.

2. The State Board of Examiners, upon the recommendation of the Director of the Office of Finance in the Office of the Governor, may allocate and disburse to the Tahoe Regional Planning Agency out of the money appropriated by this section such sums of money as may from time to time be required, which when added to the money otherwise appropriated or available equal the amount of money required to meet and pay the State of Nevada's share of the salaries of the employees of the Tahoe Regional Planning Agency under the adjusted pay plan. The sums appropriated by this section may not be allocated and disbursed to address a deficiency between the appropriated money as fixed by the 79th Session of the Nevada Legislature and the requirements for salaries resulting from any circumstance other than an increase in salaries described in this section.

SB 368

Sec. 9. 1. To effect the State of Nevada's share of the increases of salary of approximately an additional 1 percent effective July 1, 2017, and an additional 1 percent effective on July 1, 2018, for employees of the Tahoe Regional Planning Agency, there is hereby appropriated from the State General Fund to the State Board of Examiners the sum of not more than \$6,072 for the fiscal year beginning on July 1, 2017, and ending on June 30, 2018, and the sum of not more than \$12,265 for the fiscal year beginning on July 1, 2018, and ending on June 30, 2019. The amounts transferred must not be used to increase an employee's base salary unless the State of California provides the required 2 for 1 matching funds. If such matching funds are not provided by the State of California, any amounts provided to the Tahoe Regional Planning Agency by the State of Nevada must be used as a one-time salary bonus.

2. The State Board of Examiners, upon the recommendation of the Director of the Office of Finance in the Office of the Governor, may allocate and disburse to the Tahoe Regional Planning Agency out of the money appropriated by this section such sums of money as may from time to time be required, which when added to the money otherwise appropriated or available equal the amount of money required to meet and pay the State of Nevada's share of the salaries of the employees of the Tahoe Regional Planning Agency under the adjusted pay plan. The sums appropriated by this section may not be allocated and disbursed to address a deficiency between the appropriated money as fixed by the 79th Session of the Nevada Legislature and the requirements for salaries resulting from any circumstance other than an increase in salaries described in this section.

**General Fund Salary Adjustment
Fiscal Years 2018 and 2019**

Div	Division Description	Budget	Budget Account Name	FY 2018	FY 2019
480	TAHOE REGIONAL PLANNING AGENCY	4204	TAHOE REGIONAL PLANNING AGENCY	\$ 22,770	\$ 45,994 ✓
550	DEPARTMENT OF AGRICULTURE	2691	AGRI - NUTRITION EDUCATION PROGRAMS	\$ 3,298	\$ 6,848 ✓
550	DEPARTMENT OF AGRICULTURE	4540	AGRI - PLANT HEALTH & QUARANTINE SERVICES	\$ 9,401	\$ 20,295
550	DEPARTMENT OF AGRICULTURE	4550	AGRI - VETERINARY MEDICAL SERVICES	\$ 19,350	\$ 40,313
550	DEPARTMENT OF AGRICULTURE	4557	AGRI - LIVESTOCK ENFORCEMENT	\$ 5,022	\$ 10,376
550	DEPARTMENT OF AGRICULTURE	4600	AGRI - PREDATORY ANIMAL & RODENT CONTROL	\$ 9,720	\$ 20,136
611	GCB - GAMING CONTROL BOARD	4061	GCB - GAMING CONTROL BOARD	\$ 685,239	\$ 1,384,982
611	GCB - GAMING CONTROL BOARD	4067	GCB - GAMING COMMISSION	\$ 3,356	\$ 6,780
650	DPS-DIRECTOR'S OFFICE	3775	DPS - TRAINING DIVISION	\$ 14,024	\$ 28,361
650	DPS-DIRECTOR'S OFFICE	4704	DPS - NEVADA OFFICE OF CYBER DEFENSE COORDINATION	\$ 7,919	\$ 21,270
650	DPS-DIRECTOR'S OFFICE	4738	DPS - DIGITARY PROTECTION	\$ 12,591	\$ 26,520
652	DPS-PAROLE & PROBATION	3740	DPS - DIVISION OF PAROLE AND PROBATION	\$ 995,469	\$ 2,113,168
653	DPS-INVESTIGATION DIVISION	3743	DPS - INVESTIGATION DIVISION	\$ 98,115	\$ 201,714
654	DPS-EMERGENCY MANAGEMENT	3673	DPS - DIVISION OF EMERGENCY MANAGEMENT	\$ 6,231	\$ 12,907
654	DPS-EMERGENCY MANAGEMENT	3675	DPS - HOMELAND SECURITY	\$ 4,163	\$ 8,515
656	DPS-FIRE MARSHAL	3816	DPS - FIRE MARSHAL	\$ 7,903	\$ 16,079
659	DPS-CRIMINAL JUST ASSIST	4736	DPS - JUSTICE GRANT	\$ 1,256	\$ 2,611
660	DPS-PAROLE BOARD	3800	DPS - PAROLE BOARD	\$ 57,632	\$ 117,669
700	DCNR - CONSERVATION & NATURAL RESOURCES	4150	DCNR - ADMINISTRATION	\$ 13,526	\$ 27,761 ✓
701	DCNR - CONSERVATION DISTRICTS	4151	DCNR - CONSERVATION DISTRICTS PROGRAM	\$ 8,177	\$ 17,204 ✓
702	DEPARTMENT OF WILDLIFE	4462	WILDLIFE - CONSERVATION EDUCATION	\$ 1,665	\$ 3,416 ✓
702	DEPARTMENT OF WILDLIFE	4464	WILDLIFE - GAME MANAGEMENT	\$ 1,196	\$ 2,452 ✓
702	DEPARTMENT OF WILDLIFE	4465	WILDLIFE - FISHERIES MANAGEMENT	\$ 2,252	\$ 4,670 ✓
702	DEPARTMENT OF WILDLIFE	4466	WILDLIFE - DIVERSITY DIVISION	\$ 9,293	\$ 19,016 ✓
704	DCNR - PARKS DIVISION	4162	DCNR - STATE PARKS	\$ 112,628	\$ 249,273 ✓
705	DCNR - DIVISION OF WATER RESOURCES	4171	DCNR - WATER RESOURCES	\$ 140,568	\$ 295,164 ✓
706	DCNR - FORESTRY DIVISION	4195	DCNR - FORESTRY	\$ 128,554	\$ 265,387 ✓
706	DCNR - FORESTRY DIVISION	4198	DCNR - FORESTRY CONSERVATION CAMPS	\$ 132,070	\$ 272,008 ✓
707	DCNR - STATE LANDS	4173	DCNR - STATE LANDS	\$ 30,495	\$ 63,374 ✓
740	B&I - BUSINESS AND INDUSTRY	4677	B&I - OFFICE OF BUSINESS AND PLANNING	\$ 6,078	\$ 12,560
740	B&I - BUSINESS AND INDUSTRY	4681	B&I - BUSINESS AND INDUSTRY ADMINISTRATION	\$ 2,482	\$ 5,119
748	B&I - REAL ESTATE DIVISION	3823	B&I - REAL ESTATE ADMINISTRATION	\$ 3,528	\$ 7,258
752	B&I - LABOR COMMISSION	3900	B&I - LABOR COMMISSIONER	\$ 34,890	\$ 72,149
901	DETR - REHABILITATION DIVISION	3254	DETR - SERVICES TO BLIND OR VISUALLY IMPAIRED	\$ 4,299	\$ 8,786
901	DETR - REHABILITATION DIVISION	3265	DETR - VOCATIONAL REHABILITATION	\$ 29,822	\$ 62,127
903	DETR - NV EQUAL RIGHTS COMMISSION	2580	DETR - EQUAL RIGHTS COMMISSION	\$ 22,550	\$ 46,674

State of Nevada Work Program

WP Number: 19SA4204

FY 2019☐ **Add Original Work Program**

XXX **Modify Work Program**

BUDGET DIVISION USE ONLY

DATE _____

APPROVED ON BEHALF OF
THE GOVERNOR BY

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
05/08/19	101	480	4204	TAHOE REGIONAL PLANNING AGENCY

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4601	GENERAL FUND SALARY ADJUSTMENT	36,795	0	36,795
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		36,795		36,795
Total Budgetary & Revenue GLs					36,795		

Expenditures

[illegible]

Sub Total Category Expenditures

36,795

Remarks

The purpose of this work program is to request FY19 Salary Adjustment Funds to augment Category 15 - TRPA Nevada Funding

cpalme2

Authorized Signature

05/08/19

Date _____

Controller's Office Approval

Does not require Interim Finance approval since WP implements general/highway fund salary adjustments approved by the BOE

LEASES SUMMARY

BOE #	LESSEE		LESSOR		AMOUNT
1.	OFFICE OF THE ATTORNEY GENERAL		THE JERRY J. KAUFMAN FAMILY TRUST		\$685,486
		This lease is to relocate staff from temporary space to a permanent location with improvements.			
		Term of Lease:	07/01/2019 – 06/30/2024	Located in Las Vegas	
2.	WASHOE COUNTY		DEPARTMENT OF HEALTH AND HUMAN SERVICES		\$0
		This is an extension to an existing no cost lease allowing Washoe County to occupy space at 605 South 21 st Street, Buildings 325, 335, 345, 600/601, 602, 603, 604, 605, and 606 and 480 Galletti Way, Buildings 2A, 8B, 8C, 8 Central, 8 South, 14 and 15 and includes renovation and furnishings in Building 8 funded by Washoe County.			
		Term of Lease:	06/13/2018 – 07/31/2033	Located in Reno	

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>SL</i>	5-19-19
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Office of the Attorney General Bureau of Criminal Justice 555 East Washington Avenue, Suite 3900 Las Vegas, Nevada 89101 Andrew Schulke 702.486.3218 Fax: 702.486.3871 aschulke@ag.nv.gov				
Remarks:	Leasing Services negotiated this lease to relocate staff from temporary space into a permanent location. Space will be provided with new carpet tiles, new ceramic tile in entries, refresh paint, replace broken toilet.				
Exceptions/Special notes:	HVAC, plumbing, mechanical, electrical, lighting, all doors to be in good working condition and maintained.				
2. Name of Lessor:	The Jerry J. Kaufman Family Trust				
3. Address of Lessor:	76 Innisbrook Avenue Las Vegas, Nevada 89113				
4. Property contact:	O48 Realty 5265 South Durango Drive Las Vegas, Nevada 89113 Lindsay Cao 702.266.6164 liyun_cao@hotmail.com <div style="text-align: right; color: blue; font-weight: bold;"> RECEIVED MAY - 6 2019 </div>				
5. Address of Lease property:	5175 South Durango Drive Las Vegas, Nevada 89113 <div style="text-align: right; color: blue; font-weight: bold;"> GOVERNOR'S FINANCE OFFICE BUDGET DIVISION </div>				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 6,077				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 11,242.45	12	\$134,909.40	July 1, 2019 - June 30, 2020	\$1.85
0%	\$ 11,242.45	12	\$134,909.40	July 1, 2020 - June 30, 2021	\$1.85
2%	\$ 11,485.53	12	\$137,826.36	July 1, 2021 - June 30, 2022	\$1.89
0%	\$ 11,485.53	12	\$137,826.36	July 1, 2022 - June 30, 2023	\$1.89
2%	\$ 11,667.84	12	\$140,014.08	July 1, 2023 - June 30, 2024	\$1.92
c. Total Lease Consideration:	60		\$685,485.60		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	Two (2) pre-negotiated terms
e. Holdover notice:	# of Days required		30	Holdover terms:	5%/90
f. Term:	Five (5) Years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.74 - \$2.34 - 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:	1037				
6. Purpose of the lease:	To house the Medicaid Fraud Control Unit				
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input checked="" type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$TBD		Furnishings: \$TBD		Data/Phones: \$TBD

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 X No _____ Dec Unit _____

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

Ami K. Kule
Authorized Agency Signature

5-6-19
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	Pending	Exp:		16
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 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:	T32008098			
h. Is this an Arms Length Transaction		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

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
Authorized Signature
Public Works Division

5/6/19
Date

//
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. Tenant:	Washoe County 1001 East Ninth Street Reno, Nevada 89514															
Remarks:	This is an extension to an existing no cost lease allowing Washoe County to occupy space at 605 South 21st Street, Buildings 325, 335, 345, 600/601, 602, 603, 604, 605, and 606 and 480 Galletti Way, Buildings 2A, 8B, 8C, 8 Central, 8 South, 14 and 15 and includes renovation and furnishings in Building 8 funded by Washoe County.															
Exceptions/Special notes:																
2. Name of Lessor:	Department of Health and Human Services															
3. Address of Lessor:	4150 Technology Way Carson City, Nevada 89706															
4. Address of Lease property:	480 Galletti Way, Buildings 2A, 8B, 8C, 8 Central, 8 South, 14 and 15 605 South 21st Street, Buildings 325, 335, 345, 600/601, 602, 603, 604, 605 and 606 Sparks, Nevada															
b. Cost:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">cost per month</th><th style="width: 15%;"># of months in time frame</th><th style="width: 15%;">cost per year</th><th style="width: 35%;">time frame</th><th style="width: 20%;">Actual cost per square foot</th></tr> </thead> <tbody> <tr> <td>\$ -</td><td>180</td><td>\$0.00</td><td>June 13, 2019 - July 31, 2033</td><td>\$0.00</td></tr> <tr> <td colspan="2">Increase %</td><td></td><td></td><td></td></tr> </tbody> </table>	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot	\$ -	180	\$0.00	June 13, 2019 - July 31, 2033	\$0.00	Increase %				
cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot												
\$ -	180	\$0.00	June 13, 2019 - July 31, 2033	\$0.00												
Increase %																
c. Total Lease Consideration:	180 \$0.00															
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Renewal terms:															
e. Holdover notice:	# of Days required Holdover terms:															
f. Term:	Fifteen (15) Years															
k. Comparable Market Rate:	\$1.74 - \$2.04 - Reno Area ▼															
l. Specific termination clause in lease:	Breach/Default lack of funding															
m. Lease will be paid for by Agency Budget Account Number:	n/a															
5. This lease constitutes:	<input type="checkbox"/> An extension of an existing agreement <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input checked="" type="checkbox"/> Other															
a. Estimated Expenses:	Moving: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00															

STATEWIDE LEASE INFORMATION

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

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

Authorized Agency Signature _____

Date _____

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>EXEMPT</u>	Exp:	
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: *If yes, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input 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 type="checkbox"/> YES		<input checked="" type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>N/A</u>		
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO

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

For Board of Examiners

☒ YES

☐ NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	012	GOVERNOR'S OFFICE – NUCLEAR PROJECTS OFFICE	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF EMERGENCY MANAGEMENT	FEDERAL	\$200,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing planning and operations activities associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21909		
2.	012	GOVERNOR'S OFFICE - NUCLEAR PROJECTS OFFICE	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL	FEDERAL	\$60,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing planning and operations activities associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21910		
3.	017	WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION - LOANS AND STIPENDS	DEPARTMENT OF HEALTH & HUMAN SERVICES – DIVISION OF PUBLIC BEHAVIORAL HEALTH	GENERAL	\$225,000	
	Contract Description:	This is a new interlocal agreement to provide collaboration and funding for psychology internship training program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21931		
4.	030	ATTORNEY GENERAL'S OFFICE - SPECIAL LITIGATION FUND	PISANELLI BICE, PLLC	OTHER: SETTLEMENT FUNDS	\$450,000	
	Contract Description:	This is a new contract to provide outside counsel services to assist the state in litigations involving the Department of Energy or actions before the U.S. Nuclear Regulatory Commission, including, but not limited to, issues related to Yucca Mountain as well as the proposed storage of weapons-grade plutonium at Nevada National Security Site.				
		Term of Contract:	02/01/2019 - 06/30/2020	Contract # 21544		
5.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	TECHNICAL ASSOCIATES, INC.	OTHER: REGULATORY ASSESSMENTS	\$199,400	Professional Service
	Contract Description:	This is a new contract that provides expert witness and litigation support to the Bureau of Consumer Protection on issues relating to class cost allocations, distribution of revenues across classes and rate design matters relating to utility rate making and cost recovery proposals.				
		Term of Contract:	Upon Approval - 06/14/2023	Contract # 21759		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	HIRSCHLER FLEISCHER A PC	OTHER: ENDOWMENT TRUST FUND	\$81,800	Professional Service
	Contract Description:	This is the first amendment to the original contract which continues to provide legal services to the Treasurer, staff and the College Savings Plans of Nevada within Internal Revenue Code 529 for regulatory and compliance issues.				
		Term of Contract:	09/08/2015 - 12/31/2019	Contract # 16921		
7.	070	DEPARTMENT OF ADMINISTRATION - HUMAN RESOURCE MANAGEMENT	KEPRO ACQUISITIONS, INC.	OTHER: ASSESSMENTS	\$401,778	
	Contract Description:	This is a new contract to provide Employee Assistance Program services including professional assessment, counseling and resources.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21921		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - CCSN - NON-EXEC	MCCARTHY BUILDING COMPANIES, INC.	GENERAL 1% BONDS 50% OTHER: UNIVERSITY SYSTEM RECEIPTS 49%	(\$671,915)	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides Owner Construction Manager at Risk services for the University of Nevada Las Vegas - Hotel College Academic Building CIP project: CIP Project No. 13-P05 and 15-C78; SPWD Contract No. 109884. This amendment decreases the maximum amount from \$45,457,153 to \$44,785,238 due to the removal of the remaining owner's contingency from the final Guarantee Maximum Price amount.				
		Term of Contract:	01/12/2016 - 06/30/2019	Contract # 17319		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - CCSN - NON-EXEC	SH ARCHITECTURE	BONDS 77% OTHER: AGENCY FUNDS 23%	\$93,383	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the College of Southern Nevada Health and Sciences Building Advance Planning CIP project: CIP Project: 17-P07; SPWD Contract No. 111546. This amendment increases the maximum amount from \$2,732,091 to \$2,825,474.40 due to additional bidding services, winter fire flow tests and review fees required to complete the project.				
		Term of Contract:	12/12/2017 - 06/30/2021	Contract # 19434		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	ROGER HYYTINEN, DBA HYYTINEN ENGINEERING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 112548				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21830		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112521				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21844		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	APPLIED ENGINEERING CONSULTANT SERVICES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Project: SPWD Contract No. 112534				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21818		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	AZTECH INSPECTIONS & TESTING, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112535				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21815		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	AZTECH INSPECTIONS & TESTING, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112502				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21880		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BCC MANAGEMENT, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional third-party commissioning services, as needed, for CIP Projects: SPWD Contract No. 112565				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21801		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BLACK EAGLE CONSULTING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SWPD Contract No. 112536				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21838		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BLACK EAGLE CONSULTING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112503				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21886		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BLAKELY JOHNSON & GHUSN, INC. DBABJG ARCHITECTURE & ENGINEERING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 112546				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21826		
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BROADBENT	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional miscellaneous environmental services, as needed, for CIP Projects: SPWD Contract No. 112486				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21805		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BUREAU VERITAS NORTH AMERICA, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112494				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21863		
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BUREAU VERITAS NORTH AMERICA, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: CIP Contract No. 112473				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21904		
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CFBR STRUCTURAL GROUP, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 112547				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21827		
23.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CONSTRUCTION MATERIALS ENGINEERS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112537				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21836		
24.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CONVERSE PROFESSIONAL GROUP, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional miscellaneous environmental services, as needed, for CIP Projects: SPWD Contract No. 112554				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21804		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CSG CONSULTANTS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112571				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21862		
26.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CSG CONSULTANTS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: CIP Contract No. 112473				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21905		
27.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	DG KOCH ASSOCIATES, LLC	OTHER: VARIED DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112526				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21858		
28.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	DINTER ENGINEERING CO.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112485				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21808		
29.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	ENGINEERING PARTNERS, LLC	OTHER: VARIED DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112527				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21856		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	ETCHEMENDY ENGINEERING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112523				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21846		
31.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112538				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21840		
32.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112505				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21890		
33.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	GEOTEK, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Project: SPWD Contract No. 112539				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21817		
34.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	GEOTEK, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112507				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21877		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	GORDON CAMMERON DOWELL, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112622				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21928		
36.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	GORDON CAMMERON DOWELL, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 112621				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21930		
37.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	HARRIS CONSULTING ENGINEERS	OTHER: VARIED DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112529				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21851		
38.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	OTHER: AGENCY FUNDED CIP	\$81,200	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stewart Indian School Building 90 Rehabilitation Agency CIP Project to produce a feasibility study for the rehabilitation of the School's auditorium: CIP Project No. 19-A021; SPWD Contract No. 112587				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 21792		
39.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	INTERWEST CONSULTING GROUP, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112495				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21866		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	INTERWEST CONSULTING GROUP, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: CIP Contract No. 112473				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21906		
41.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	IQC SOUTHWEST	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SWPD Contract No. 112634				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21919		
42.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JBA CONSULTING ENGINEERS, INC.	OTHER: VARIED DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112530				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21854		
43.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JBA CONSULTING ENGINEERS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112496				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21865		
44.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JBA CONSULTING ENGINEERS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Project: CIP Contract No. 112475				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21903		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
45.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JENSEN ENGINEERING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112482				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21807		
46.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JOHN A MARTIN & ASSOCIATES OF NEVADA, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 112549				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21825		
47.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JP ENGINEERING, LLC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112483				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21811		
48.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	LOCHSA, LLC DBA LOCHSA ENGINEERING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 112489				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21897		
49.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	LUMOS & ASSOCIATES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112540				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21835		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
50.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	LUMOS & ASSOCIATES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112520				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21884		
51.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	MCGETTIGAN CONSULTING, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112560				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21883		
52.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	MELROY ENGINEERING, INC. DBA MSA ENGINEERING CONSULTANTS	OTHER: VARIED DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112552				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21860		
53.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	NEVADA BY DESIGN, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 112557				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21898		
54.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	NINYO & MOORE	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112541				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21816		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
55.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	NINYO & MOORE	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112508				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21881		
56.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	NOVA GEOTECHNICAL & INSPECTION SERVICES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional miscellaneous environmental services, as needed, for CIP Projects: SPWD Contract No. 112487				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21803		
57.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	NOVA GEOTECHNICAL & INSPECTION SERVICES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112542				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21842		
58.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	NOVA GEOTECHNICAL & INSPECTION SERVICES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112509				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21887		
59.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PAUL CAVIN ARCHITECT, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 112476				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21899		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
60.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PCNA CONSULTING GROUP, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112497				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21861		
61.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PCNA CONSULTING GROUP, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 112477				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21900		
62.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PETTY & ASSOCIATES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112524				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21847		
63.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PLAN CHECK PROFESSIONALS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112498				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21869		
64.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	POGGEMEYER DESIGN GROUP, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: CIP Contract No. 112490				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21892		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
65.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PURCELL ELECTRICAL PROFESSIONAL CORPORATION, DBA PK ELECTRICAL,	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112484				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21809		
66.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	RAGLEN SYSTEM BALANCE, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional third-party commissioning services, as needed, for CIP Projects: SPWD Contract No. 112566				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21799		
67.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	RESOURCE CONCEPTS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112543				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21841		
68.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	RESOURCE CONCEPTS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112510				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21882		
69.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	RESOURCE CONCEPTS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: CIP Contract No. 112491				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21891		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
70.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	RO ANDERSON ENGINEERING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 112492				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21893		
71.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	ROUNDS ENGINEERING, LTD, DBA CR ENGINEERING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112522				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21843		
72.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	SAAREM CONSULTING ENGINEERS, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112525				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21845		
73.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	SGF ENGINEERING, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112618				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21849		
74.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	SHUMS CODA ASSOCIATES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112499				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21864		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
75.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	SHUMS CODA ASSOCIATES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: CIP Contract No. 112478				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21907		
76.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	TECTONICS DESIGN GROUP, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 112551				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21828		
77.	082	s	TJ KROB CONSULTING ENGINEERS DBA TJK CONSULTING ENGINEERS, INC.	OTHER: VARIED DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical/electrical plan checking Services, as needed, for CIP Projects: SPWD Contract No. 112553				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21850		
78.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	TMCX SOLUTIONS, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional third-party commissioning services, as needed, for CIP Projects: SPWD Contract No. 112675				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21918		
79.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	UTAH NEW VISION CONSTRUCTION, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional third-party commissioning services, as needed, for CIP Projects: SPWD Contract No. 112568				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21800		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
80.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WESTERN TECHNOLOGIES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing inspection services, as needed, for CIP Projects: SPWD Contract No. 112544				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21814		
81.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WESTERN TECHNOLOGIES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112511				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21879		
82.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WOOD RODGERS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112545				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21837		
83.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WOOD RODGERS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112558				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21888		
84.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	AVIAREPS FRANCE SARL	OTHER: LODGING TAX	\$700,000	
	Contract Description:	This is a new contract to provide ongoing international representation in France to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organization of familiarization tours, media planning and buying, marketing and promotions development and quarterly progress reports covering activities, media value and accomplishments.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21596		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
85.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	AVIAREPS TOURISM GMBH	OTHER: LODGING TAX	\$800,000	
	Contract Description:	This is a new contract to provide ongoing international representation in Germany to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, organization of familiarization tours, media planning and buying, marketing and promotions development and quarterly progress reports covering activities, media value and accomplishments.				
	Term of Contract:	07/01/2019 - 06/30/2023 Contract # 21733				
86.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	BUZZ TRAVEL MARKETING INDIA PRIVATE LIMITED	OTHER: LODGING TAX	\$800,000	
	Contract Description:	This is a new contract to provide international representation in India to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, organization of familiarization tours, media planning and buying, marketing and promotions development and quarterly progress reports covering activities, media value and accomplishments.				
	Term of Contract:	07/01/2019 - 06/30/2023 Contract # 21590				
87.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	CANUCKIWI, LTD	OTHER: LODGING TAX	\$800,000	
	Contract Description:	This is a new contract to provide international representation in Australia to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, organization of familiarization tours, media planning and buying, marketing and promotions development and quarterly progress reports covering activities, media value and accomplishments.				
	Term of Contract:	07/01/2019 - 06/30/2023 Contract # 21687				
88.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	HILLS BALFOUR, LTD	OTHER: LODGING TAX	\$800,000	
	Contract Description:	This is a new contract to provide international representation in the United Kingdom to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organization of familiarization tours, media planning and buying, marketing and promotions development, regular communication and quarterly progress reports covering activities, media value and accomplishments.				
	Term of Contract:	07/01/2019 - 06/30/2023 Contract # 21597				
89.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	OMNITRAK RESEARCH & MARKETING	OTHER: LODGING TAX	\$837,100	
	Contract Description:	This is a new contract to provide a measurement of the effectiveness of the integrated domestic paid, owned and earned marketing/communications efforts.				
	Term of Contract:	07/01/2019 - 06/30/2023 Contract # 21731				

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
90.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	REACH GLOBAL MARKETING, LTD	OTHER: LODGING TAX	\$600,000	
	Contract Description:	This is a new contract to provide international representation in Canada to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, organization of familiarization tours, media planning and buying, marketing and promotions development and quarterly progress reports covering activities, media value and accomplishments.				
	Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21617			
91.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES	HIGH SIERRA COMMUNICATIONS, INC.	FEE: USER	\$127,390	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides building and microwave tower space at Fencemaker Peak, Toulon Peak, Peavine Peak and Virginia Peak. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the amount from \$550,000 to \$677,390.40 due to the continued need for these services.				
	Term of Contract:	07/01/2015 - 06/30/2020	Contract # 16677			
92.	230	PEACE OFFICERS STANDARDS & TRAINING COMMISSION	EDULOKA LTD. DBA INLUMON	GENERAL	\$58,008	
	Contract Description:	This is a new contract to provide ongoing monthly software and maintenance support services for the Nevada Enforcement database including future upgrades, changes and enhancements.				
	Term of Contract:	06/11/2019 - 06/10/2023	Contract # 21896			
93.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS HOME ACCOUNT	ABACUSRX PHARMACY	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$750,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing pharmaceutical services. The amendment increases the maximum amount from \$800,000 to \$1,550,000 due to the continued need for these services.				
	Term of Contract:	05/10/2016 - 06/30/2020	Contract # 17594			
94.	300	DEPARTMENT OF EDUCATION-OTHER STATE EDUCATION PROGRAMS	JOBS FOR NEVADA GRADUATES, INC.	GENERAL	\$8,108,290	Sole Source
	Contract Description:	This is the first amendment to the original contract which supports the Jobs for America's Graduates (JAG) program for the 2017-2018 and 2018-2019 school years. This amendment increases the maximum contract amount from \$7,173,290 to \$15,281,580 and extends the termination date from June 30, 2019 to June 30, 2021 to continue supporting the JAG program for the 2019-2020 and the 2020-2021 school years.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18985			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
95.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	FEDERAL	\$278,959	
	Contract Description:	This is the third amendment to the original interlocal agreement which provides for the development and implementation of a Child Development Associate (CDA) program for infant and toddler child care providers, including training, coaching, and support to providers to earn a CDA credential. This amendment increases the maximum contract amount from \$697,833 to \$976,792 and extends the termination date from June 30, 2019 to June 30, 2020 to continue the CDA program through fiscal year 2020.				
	Term of Contract:	09/13/2016 - 06/30/2020		Contract # 17945		
96.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS – MAIL SERVICES	B2B DELIVERY, LLC	FEE: MAIL	\$587,000	
	Contract Description:	This is a new contract to provide overnight mail service between Carson City and Las Vegas.				
	Term of Contract:	Upon Approval - 06/30/2023		Contract # 21793		
97.	332	DEPARTMENT OF ADMINISTRATION - LIBRARY AND ARCHIVES - NEVADA STATE LIBRARY	EBSCO INDUSTRIES, INC.	FEDERAL	\$106,721	
	Contract Description:	This is the third amendment to the original contract which provides ongoing access to the Core Enhanced Renewal Package of databases for all public academic institutions, public libraries, and public K-12 schools. This amendment extends the termination date from June 30, 2019 to December 31, 2019 and increases the maximum amount from \$1,570,694 to \$1,677,415 due to the continue need for these services.				
	Term of Contract:	07/01/2015 - 12/31/2019		Contract # 16585		
98.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	NEVADA LIBRARY COOPERATIVE	GENERAL	\$149,958	
	Contract Description:	This is a new cooperative agreement that continues an ongoing regional network of libraries for the improvement of library services and the sharing of resources.				
	Term of Contract:	07/01/2019 - 06/30/2023		Contract # 21704		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
99.	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - GRANTS MANAGEMENT UNIT	MONEY MANAGEMENT INTERNATIONAL	OTHER: FUNDS FOR HEALTHY NEVADA 62.5% FEDERAL 37.5%	\$1,585,120	
	Contract Description:	This is the sixth amendment to the original contract which provides the management and operation of the 2-1-1 information and referral center. This amendment extends the termination date from June 30, 2019 to June 30 2021 and increases the maximum amount from \$3,670,232 to \$5,255,352 due to the continued need for these services.				
	Term of Contract:	07/01/2015 - 06/30/2021	Contract # 16458			
100.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	GENERAL	\$57,788	
	Contract Description:	This is a new interlocal agreement to provide ongoing services that include one Behavioral Analysis Psychology Extern to perform behavioral analysis and evaluations for individuals served under the supervision of the agency's licensed psychologists.				
	Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21667			
101.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - HOME AND COMMUNITY-BASED SERVICES	SPRINT COMMUNICATIONS COMPANY, L.P.	OTHER: SURCHARGE ON PHONE LINES VIA PUBLIC UTILITIES COMMISSION	\$1,135,150	
	Contract Description:	This is a new contract to provide ongoing Telecommunications Relay and CapTel services for deaf/hard of hearing individuals.				
	Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21810			
102.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	GENERAL	\$56,424	
	Contract Description:	This is a new interlocal agreement to provide ongoing services that include one Clinical Psychology Extern to perform counseling and evaluations for individuals served under the supervision of the agency's licensed psychologists.				
	Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21669			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
103.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	GENERAL	\$56,424	
	Contract Description:	This is a new interlocal agreement to provide ongoing services that include one Behavioral Analysis Psychology Extern to perform behavioral analysis and evaluations for individuals served under the supervision of the agency's licensed psychologists.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21668		
104.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: INTER-GOVERNMENTAL TRANSFER	\$774,718	
	Contract Description:	This is a new revenue interlocal agreement to provide a receipt of the non-federal share of funds in order to secure federal funding for the program to pay the supplemental payments of the higher costs incurred by practitioners who are associated with the training/teaching program for outpatient services.				
		Term of Contract:	07/01/2018 - 06/30/2021	Contract # 21461		
105.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION	CGI TECHNOLOGIES AND SOLUTIONS, INC.	GENERAL 10% FEDERAL 90%	\$1,568,256	
	Contract Description:	This is the second amendment to the original contract to provide an electronic state level repository and program support services to be used to assist with the administration and management of the Nevada Medicaid Electronic Health Record Provider Incentive Payment Program in regards to the American Recovery and Reinvestment Act of 2009 State grants to promote Health Information Technology. This amendment extends the termination date from June 30, 2019 to June 30, 2022 and increases the maximum amount from \$4,868,223 to \$6,436,479 due to the continued need for these services and updates to Attachment FF and Attachment GG.				
		Term of Contract:	03/13/2012 - 06/30/2022	Contract # 13064		
106.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	NORTH LYON COUNTY FIRE PROTECTION DISTRICT	FEDERAL	\$1,390,403	
	Contract Description:	This is a new interlocal agreement to provide ongoing certified public expenditure reimbursement methodology for emergency transportation of Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the Medicaid State Plan and Nevada Medicaid Services Manual.				
		Term of Contract:	10/01/2015 - 06/30/2022	Contract # 21618		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
107.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	TAHOE DOUGLAS FIRE PROTECTION DISTRICT	FEDERAL	\$474,762	
	Contract Description:	This is a new interlocal agreement to provide ongoing certified public expenditure reimbursement methodology for emergency transportation of Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the Medicaid State Plan and Nevada Medicaid Services Manual.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21648			
108.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	DENVER HEALTH AND HOSPITAL AUTHORITY, DBA ROCKY MOUNTAIN	GENERAL 20.4% FEDERAL 79.6%	\$1,255,684	
	Contract Description:	This is the second amendment to the original interlocal agreement which provides services for the poison control call center. This amendment extends the termination date from June 30, 2019 to June 30, 2023 and increases the maximum amount from \$1,255,684 to \$2,511,368 due to the continued need for this service.				
	Term of Contract:	07/01/2015 - 06/30/2023	Contract # 16944			
109.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - CHRONIC DISEASE	ACCESS TO HEALTHCARE NETWORK, INC.	FEDERAL	\$1,250,000	
	Contract Description:	This is the second amendment to the original contract which provides management services for the Women's Health Connection program for determination of client eligibility and referral. This amendment extends the termination date from June 30, 2019 to December 31, 2019 and increases the maximum amount from \$10,000,000 to \$11,250,000 due to the continued need for these services.				
	Term of Contract:	06/30/2015 - 12/31/2019	Contract # 16383			
110.	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	\$406,272	
	Contract Description:	This is a new interlocal agreement to provide ongoing funding for the Oral Health Program, to include an academic faculty member to act and serve as the State Dental Health Officer as set forth in NRS 439.272 and an academic faculty member to act and serve as a State Public Health Dental Hygienist as set forth in NRS 439.279.				
	Term of Contract:	07/01/2019 - 06/30/2020	Contract # 21894			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
111.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	CHURCHILL COUNTY	OTHER: REVENUE	\$111,816	
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$123,548 to \$235,364 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19287			
112.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	ESMERALDA COUNTY SCHOOL	OTHER: REVENUE	\$36,334	
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$46,334 to \$82,668 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19301			
113.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	ELKO COUNTY	OTHER: REVENUE	\$23,244	
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of services. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$33,244 to \$56,488 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19366			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
114.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	HUMBOLDT COUNTY	OTHER: REVENUE	\$141,814	
	Contract Description:	This is the third amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$227,779.15 to \$369,593.15 due to the continued need for these services.				
	Term of Contract:	07/01/2016 - 06/30/2021	Contract # 17598			
115.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	LINCOLN COUNTY DBA LINCOLN COUNTY TREASURER	OTHER: REVENUE	\$83,171	
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$77,104 to \$160,275 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19465			
116.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	LYON COUNTY	OTHER: REVENUE	\$333,919	
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$340,626 to \$674,545 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19398			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
117.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	MINERAL COUNTY	OTHER: REVENUE	\$84,287	
	Contract Description:	This is the third amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$125,947.93 to \$210,235.29 due to the continued need for these services.				
	Term of Contract:	07/01/2016 - 06/30/2021	Contract # 17798			
118.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	NYE COUNTY	OTHER: REVENUE	\$164,088	
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of services. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$173,636 to \$337,724 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19298			
119.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	PERSHING COUNTY	OTHER: REVENUE	\$81,906	
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$92,086 to \$173,992 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19279			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
120.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	WHITE PINE COUNTY	OTHER: REVENUE	\$54,662	
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$63,490 to \$118,152 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19274			
121.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	NEVADA BROADCASTERS ASSOCIATION	OTHER: VARIOUS SOURCES	\$2,000,000	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides non-commercial sustaining announcements (formerly public service announcements) on both radio and television, bilingually throughout the state, to inform the public regarding state and national health issues. This amendment increases the maximum amount from \$2,000,000 to \$4,000,000 due to the increased need for this service.				
	Term of Contract:	09/10/2013 - 09/30/2021	Contract # 14794			
122.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH ALTERNATIVE PLACEMENT	CLARK COUNTY	GENERAL	\$974,500	Exempt
	Contract Description:	This is a new contract to provide ongoing residential living care for boys who have been adjudicated delinquent and committed by the Juvenile Division of the District Court to Spring Mountain Youth Camp.				
	Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21620			
123.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH ALTERNATIVE PLACEMENT	DOUGLAS COUNTY	GENERAL 50% OTHER: COUNTY CONTRIBUTIONS 50%	\$7,767,086	Exempt
	Contract Description:	This is a new interlocal agreement that continues ongoing services to provide residential living care for boys and girls who have been adjudicated delinquent and committed to China Spring Youth Camp or Aurora Pines Girls Facility.				
	Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21624			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
124.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	UNIVERSITY OF MARYLAND BALTIMORE CAMPUS	GENERAL 25% FEDERAL 75%	\$157,000	
	Contract Description:	This is a new interlocal agreement to provide professional technical assistance to assist the state in the planning and implementation of the Family First Prevention Services Act.				
	Term of Contract:	Upon Approval - 06/30/2020	Contract # 21746			
125.	431	OFFICE OF THE MILITARY	OPEN CONTROL SYSTEMS, INC.	GENERAL 25% FEDERAL 75%	\$80,000	
	Contract Description:	This is a new contract to provide Tridium Niagara Controls and Acuity nLight Controls maintenance services to include inspections, updates, repairs and service work on systems as needed for Nevada National Guard facilities in the northern Nevada area.				
	Term of Contract:	Upon Approval - 06/11/2023	Contract # 21870			
126.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.	GENERAL	\$836,241	
	Contract Description:	This is the second amendment to the original contract to provide ongoing third-party administration services to manage the payment of medical and dental claims to providers not employed by the Department of Corrections. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$1,877,064.84 to \$2,713,305.84 due to the continued need for these services.				
	Term of Contract:	07/01/2014 - 06/30/2021	Contract # 15308			
127.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.	GENERAL	\$242,402	
	Contract Description:	This is the first amendment to the original contract to provide ongoing access to discounted health care services through a Preferred Provider Organization network and provides the department with attendant pricing benefits and customer service for offenders located in Northern Nevada correctional facilities. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$347,000 to \$589,402 due to the continued need for these services.				
	Term of Contract:	07/01/2015 - 06/30/2021	Contract # 16471			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
128.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	SIERRA HEALTH-CARE OPTIONS, INC.	GENERAL	\$225,000	
	Contract Description:	This is the first amendment to the original contract which continues ongoing access to discounted health care services to provide the department with attendant pricing benefits and customer service for offenders located in southern Nevada correctional facilities. This amendment extends the termination from June 30, 2019 to June 30, 2021 and increases the maximum contract amount from \$770,000 to \$995,000.				
	Term of Contract:	07/01/2015 - 06/30/2021	Contract # 16472			
129.	440	DEPARTMENT OF CORRECTIONS - OFFENDERS' STORE FUND	CENTURYLINK PUBLIC COMMUNICATIONS, INC.	OTHER: REVENUE CONTRACT	\$2,287,367	
	Contract Description:	This is the fifth amendment to the original contract which provides ongoing telephone service to incarcerated individuals. This amendment increases the maximum amount from \$17,879,063.22 to \$20,166,430.55 due to the continued need for these services.				
	Term of Contract:	08/01/2014 - 06/30/2019	Contract # 15707			
130.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	CORECIVIC, INC.	GENERAL	\$5,911,540	
	Contract Description:	This is the first amendment to the original contract which provides out-of-state correctional beds to ease overcrowding. The amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$9,292,456 to \$15,203,996 due to the continued need for these services.				
	Term of Contract:	10/11/2017 - 06/30/2021	Contract # 19161			
131.	550	DEPARTMENT OF AGRICULTURE - ADMINISTRATION	AMERICAN CHILLER SERVICE, INC.	OTHER: COST ALLOCATION	\$27,276	
	Contract Description:	This is the first amendment to the original contract which provides preventative and routine maintenance to the secondary air handling equipment system. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$23,938 to \$51,214 due to the continue need for these services.				
	Term of Contract:	07/17/2017 - 06/30/2021	Contract # 18978			
132.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	WASHINGTON ANIMAL DISEASE DIAGNOSTIC LAB	FEE: SPORTSMEN 25% FEDERAL 75%	\$350,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing testing services for pathogens from samples collected from wildlife for wildlife diseases and other wildlife health factors.				
	Term of Contract:	02/01/2019 - 01/31/2024	Contract # 21340			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
133.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – WATER RESOURCES	UNITED STATES DEPARTMENT OF THE INTERIOR, U.S. GEOLOGICAL SURVEY	GENERAL 63% FEDERAL 37%	\$74,740	
	Contract Description:	This is a new joint funding agreement that continues an ongoing monitoring program for the South Fork of the Humboldt River consisting of two streamflow gages and data collection platforms. Term of Contract: 07/01/2019 - 06/30/2021 Contract # 21926				
134.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – WATER RESOURCES	UNITED STATES DEPARTMENT OF THE INTERIOR, U.S. GEOLOGICAL SURVEY	GENERAL 56.3% FEDERAL 43.7%	\$787,660	
	Contract Description:	This is a new joint funding agreement that continues ongoing operation and maintenance of a streamflow network of 24 gages and a reservoir gage, groundwater level data collection, data entry and review, and publication of the data to the internet and an annual publication. Term of Contract: 07/01/2019 - 06/30/2021 Contract # 21927				
135.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	CENTRAL LYON COUNTY FIRE PROTECTION DISTRICT	OTHER: REVENUE	\$53,492	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program. Term of Contract: 07/01/2019 - 06/30/2021 Contract # 21823				
136.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	CITY OF SPARKS FIRE DEPARTMENT	OTHER: REVENUE	\$51,266	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program. Term of Contract: 07/01/2019 - 06/30/2021 Contract # 21779				

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
137.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	EAST FORK FIRE PROTECTION DISTRICT	OTHER: REVENUE	\$326,516	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21939		
138.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	EUREKA COUNTY	OTHER: REVENUE	\$163,062	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21775		
139.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	LANDER COUNTY	OTHER: REVENUE	\$416,088	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21783		
140.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	LINCOLN COUNTY	OTHER: REVENUE	\$57,436	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21852		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
141.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	PERSHING COUNTY	OTHER: REVENUE	\$227,728	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21742		
142.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	STOREY COUNTY FIRE PROTECTION DISTRICT	OTHER: REVENUE	\$79,524	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21786		
143.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	WHITE PINE COUNTY	OTHER: REVENUE	\$59,716	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21934		
144.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	FEE: SOLID AND HAZARDOUS WASTE	\$418,000	
	Contract Description:	This is a new interlocal agreement to provide technical and regulatory assistance to businesses without the threat of regulatory intervention on environmental issues.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 21913		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
145.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	MDK, LLC DBA WESTERN ENVIRONMENTAL TESTING LABORATORY	FEE: HAZARDOUS WASTE	\$50,000	
	Contract Description:	This is a new contract to provide water, soil and sludge sample testing services to support hazardous waste enforcement actions.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21878		
146.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER REGULATORY PROGRAM	GLOBAL ENVIRONMENTAL CONSULTING, INC.	FEDERAL	\$162,700	
	Contract Description:	This is the first amendment to the original contract which provides ongoing maintenance and support for a web-based data system, data migration assistance, support and training for the Safe Drinking Water Information System and proprietary add-on tools. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$162,700 to \$325,400 due to the continued need for these services.				
		Term of Contract:	08/08/2017 - 06/30/2021	Contract # 18938		
147.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT	THE LAW OFFICES OF CHARLES R. ZEH, ESQ., LLC	OTHER: WORKERS' COMPENSATION & SAFETY FUND	\$830,000	Professional Service
	Contract Description:	This is a new contract that continues ongoing legal services to the Board for the Administration of the Subsequent Injury Account for Self-Insured Employers, the Board for Administration of Subsequent Injury Account for Associations of Self-Insured Public or Private Employers, the Occupational Safety and Health Administration of the division and the Occupational Safety and Health Review Board.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21689		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
148.	810	DEPARTMENT OF MOTOR VEHICLES - COMPLIANCE ENFORCEMENT	CUSTOMER EXPRESSIONS CORPORATION	HIGHWAY 65% FEE: EMISSION FEES 35%	\$42,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing system hosting, user access fees, and necessary maintenance for DMV's Case Management System, to include data storage and disaster recovery. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$42,000 to \$84,000 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021		Contract # 19433		
149.	810	DEPARTMENT OF MOTOR VEHICLES - DIRECTOR'S OFFICE	THE ABBI AGENCY	HIGHWAY 66% FEE: EMISSION FEES 34%	\$1,452,696	
	Contract Description:	This is a new contract to provide integrated marketing and media buying services to include the development of marketing strategies, media and materials for the DMV advertising campaign.				
	Term of Contract:	07/01/2019 - 06/30/2023		Contract # 21920		
150.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ROYAL REFRIGERATION, INC.	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$15,500	
	Contract Description:	This is the second amendment to the contract which continues ongoing service and repairs of commercial refrigerators, refrigeration units, freezers, ice makers, reach-ins and display units at all Business Enterprise of Nevada locations in southern Nevada. This amendment extends the termination date from March 30, 2020 to September 30, 2020, adds the attachment "Provisions for Contracts under Federal Awards" to the contract due to new Federal requirements and increases the maximum amount from \$49,500 to \$65,000 due to the continued need for these services.				
	Term of Contract:	06/29/2016 - 09/30/2020		Contract # 17905		
151.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	GENERAL 21.3% FEDERAL 78.7%	\$176,400	
	Contract Description:	This is a new interlocal agreement to provide SoftSkills training for eligible clients to support their efforts in finding and maintaining jobs.				
	Term of Contract:	Upon Approval - 06/30/2021		Contract # 21649		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
152.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – WESTERN NEVADA COLLEGE	GENERAL 21.3% FEDERAL 78.7%	\$453,837	
	Contract Description:	This is a new interlocal agreement to provide ongoing services to students with disabilities in academic preparation and job skills necessary to successfully obtain and maintain employment. Term of Contract: 07/01/2019 - 06/30/2021 Contract # 21586				
153.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	WASHOE COUNTY SCHOOL DISTRICT	GENERAL 21.3% FEDERAL 78.7%	\$3,699,127	
	Contract Description:	This is a new interlocal agreement that continues ongoing vocational rehabilitation services to students with disabilities. Staff and resources are combined to provide vocational rehabilitation services to joint participants through the Vocational Opportunities for Inclusive Career Education Program. Term of Contract: 07/01/2019 - 06/30/2021 Contract # 21614				
154.	B028	LICENSING BOARDS AND COMMISSIONS - CHIROPRACTIC PHYSICIANS	LOUIS LING	OTHER: AGENCY FUNDS	\$127,000	Exempt
	Contract Description:	This is the first amendment to the original contract to provide legal services to the Board, including representation in lawsuits, disciplinary actions, administrative hearings, as well as legislative assistance. This amendment extends the termination date from August 31, 2019 to August 31, 2022 and increases the maximum amount from \$48,000 to \$175,000 due to the continued need for these services. Term of Contract: 09/01/2017 - 08/31/2022 Contract # 18969				
155.	B005	LICENSING BOARDS AND COMMISSIONS - VETERINARY MEDICAL EXAMINERS	LOUIS LING	FEE: LICENSURE	\$127,000	Exempt
	Contract Description:	This is the first amendment to the original contract to provide legal services to the Board, including representation in lawsuits, disciplinary actions, administrative hearings as well as legislative assistance. This amendment extends the termination date from August 31, 2019 to August 31, 2022 and increases the maximum amount from \$48,000 to \$175,000 due to the continued need for these services. Term of Contract: 09/01/2017 - 08/31/2022 Contract # 18965				

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: **21909**Agency Name: **NUCLEAR PROJECTS OFFICE**Agency Code: **012**Appropriation Unit: **1005-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Public Safety - Division of Emergency Management

Contractor Name: **Department of Public Safety - Division of Emergency Management**Address: **2478 Fairview Drive**City/State/Zip: **Carson City, NV 89701**Contact/Phone: **775-687-0300**

Vendor No.:

NV Business ID: n/a

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.

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 **07/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Waste Transport**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing planning and operations activities associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: Reimbursement of actual expenses upon submittal of invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

US Department of Energy plans to transport transuranic waste through Nevada.

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

The Nevada Department of Public Safety Division of Emergency management (DEM) is a state agency.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicableb. 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:
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	bsuwe	05/06/2019 10:09:16 AM
Division Approval	bsuwe	05/06/2019 10:09:21 AM
Department Approval	bsuwe	05/06/2019 10:09:24 AM
Contract Manager Approval	bsuwe	05/06/2019 10:09:29 AM
Budget Analyst Approval	mtum1	05/14/2019 17:57:58 PM
BOE Agenda Approval	cmurph3	05/15/2019 09:01:10 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 CONTRACT1. Contract Number: **21910**Agency Name: **NUCLEAR PROJECTS OFFICE**Agency Code: **012**Appropriation Unit: **1005-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Public Safety - Nevada Highway Patrol

Contractor Name: **Department of Public Safety - Nevada Highway Patrol**Address: **555 Wright Way**City/State/Zip: **Carson City, NV 89701**Contact/Phone: **775-687-5300**

Vendor No.:

NV Business ID: n/a

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.

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 **07/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Waste Transport**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing planning and operations activities associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Other basis for payment: Reimbursement of actual expenses upon submittal of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

US Department of Energy plans to transport transuranic waste through Nevada.

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

The Nevada Department of Public Safety Nevada Highway Patrol (NHP) is a state agency.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicableb. 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:
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	bsuwe	05/06/2019 10:21:29 AM
Division Approval	bsuwe	05/06/2019 10:21:33 AM
Department Approval	bsuwe	05/06/2019 10:21:37 AM
Contract Manager Approval	bsuwe	05/06/2019 10:21:43 AM
Budget Analyst Approval	mtum1	05/14/2019 18:06:59 PM
BOE Agenda Approval	cmurph3	05/15/2019 09:00:56 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 CONTRACT1. Contract Number: **21931**Agency Name: **WESTERN INTERSTATE
COMMISSION FOR HIGHER
EDUCATION**Agency Code: **017**Appropriation Unit: **2681-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Division of Public Behavioral Health

Contractor Name: **Division of Public Behavioral Health**Address: **4150 Technology Way**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: 775-684-4200

Vendor No.:

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

Agency Reference #: ASD 2832106

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Psych Internship**

5. Purpose of contract:

This is a new interlocal agreement to provide collaboration and funding for psychology internship training program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$225,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

WICHE has been legislatively directed to transfer its approved funding directly to DPBH in support of the Nevada Psychology Internship program. This interlocal is being utilized to memorialize the relationship between WICHE and DPBH as required for the transfer of funds.

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

n/a

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 Applicableb. Solicitation Waiver: **Not Applicable**

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

This vendor was a budgetary requirement to receiving the funds.

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 provided satisfactory services to multiple agencies for many 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 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	ssands	05/08/2019 13:38:01 PM
Division Approval	ssands	05/08/2019 13:38:04 PM
Department Approval	ssands	05/08/2019 13:38:07 PM
Contract Manager Approval	ssands	05/08/2019 13:39:21 PM
Budget Analyst Approval	dbaughn	05/08/2019 16:44:56 PM
BOE Agenda Approval	tgreenam	05/14/2019 14:14:28 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21544**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1031-12**Is budget authority available?: **No**

If "No" please explain: Funding upon approval of IFC C46348

Legal Entity Name: **PISANELLI BICE, PLLC**Contractor Name: **PISANELLI BICE, PLLC**Address: **400 South 7th Street**City/State/Zip: **Las Vegas, NV 89101**Contact/Phone: **702-214-2101**Vendor No.: **T27042674**NV Business ID: **NV20101270555**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 % SETTLEMENT FUNDS

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 **03/2019**Retroactive? **Yes**

If "Yes", please explain

Retroactive approval requested due to new litigation regarding plutonium storage and Yucca Mountain licensing activities commencing prior to BOE meeting and submission dates.

3. Termination Date: **06/30/2020**Contract term: **1 year and 149 days**4. Type of contract: **Contract**Contract description: **Outside Counsel**

5. Purpose of contract:

This is a new contract to provide outside counsel services to assist the state in litigations involving the Department of Energy or actions before the U.S. Nuclear Regulatory Commission, including, but not limited to, issues related to Yucca Mountain as well as the proposed storage of weapons-grade plutonium at NNSS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$450,000.00**

Other basis for payment: As described in SOW

II. JUSTIFICATION

7. What conditions require that this work be done?

Assistance to the state involving issues relating to Yucca Mountain and the proposed storage of weapons grade plutonium at NNSS.

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 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?

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:

Caroline Bateman, First Assistant AG Ph: 702-486-0621

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	02/11/2019 14:25:55 PM
Division Approval	cschonl1	02/11/2019 14:25:56 PM
Department Approval	cschonl1	02/11/2019 14:25:59 PM
Contract Manager Approval	cschonl1	02/11/2019 14:26:00 PM
Budget Analyst Approval	hfield	02/15/2019 09:41:08 AM
BOE Agenda Approval	jrodrig9	05/15/2019 11:07:49 AM
BOE Final Approval	Pending	

AARON D. FORD
Attorney General

CAROLINE BATEMAN
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General



JESSICA L. ADAIR
Chief of Staff

RACHEL J. ANDERSON
General Counsel

HEIDI PARRY STERN
Solicitor General

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

To: Heather Field, Executive Branch Budget Office
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Date: February 11, 2019

Subject: Retroactive Approval for Pisanelli Bice, PLLC

Retroactive approval requested due to new litigation regarding plutonium storage and Yucca Mountain licensing activities commencing prior to BOE meeting and submission dates.

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: **21759**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1038-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Technical Associates, Inc.

Contractor Name: **Technical Associates, Inc.**Address: **1503 Santa Rosa Rd Ste 130**City/State/Zip: **Richmond, VA 23229-5186**

Contact/Phone: Jennifer Dolen 804-272-5363

Vendor No.: T29041997

NV Business ID: NV20101363660

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 % Regulatory Assessments

Agency Reference #: 15468

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/14/2023**Contract term: **4 years and 14 days**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract that provides expert witness and litigation support to the Bureau of Consumer Protection on issues relating to class cost allocations, distribution of revenues across classes and rate design matters relating to utility rate making and cost recovery proposals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$199,400.00**

Payment for services will be made at the rate of \$225.00 per hour maximum

Other basis for payment: Upon approval of all invoices that are itemized by time and date of work performed and submitted monthly.

II. JUSTIFICATION

7. What conditions require that this work be done?

Statutory requirement to represent consumers' interests in matters before the Public Utilities Commission.

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

Expert assistance and advice that is not available in State agencies is required by the Bureau of Consumer Protection to adequately protect the public interest.

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 contractor was chosen for their experience, expertise, availability and their previous most satisfactory service.

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:

May 13, 2014 through May 17, 2018 for the Bureau of Consumer Protection and its quality of service has been verified as most 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:

Mark Krueger, Consumer Counsel Ph: 775-684-1298

Marie Martin, Senior Deputy Attorney General Ph: 775-684-1244

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hrobinso	04/18/2019 10:25:24 AM
Division Approval	hrobinso	04/18/2019 10:29:02 AM
Department Approval	cschonl1	04/30/2019 08:37:01 AM
Contract Manager Approval	hrobinso	04/30/2019 09:31:37 AM
Budget Analyst Approval	jrodrig9	05/20/2019 00:54:31 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:54:34 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16921** Amendment Number: **1**

Legal Entity Name: **HIRSCHLER FLEISCHER A PC**

Agency Name: **TREASURER - COLLEGE SAVINGS TRUST** Contractor Name: **HIRSCHLER FLEISCHER A PC**

Agency Code: **051** Address: **2100 EAST CARTY STREET**

Appropriation Unit: **1092-04** City/State/Zip: **RICHMOND, VA 23218-0500**

Is budget authority available?: **Yes** Contact/Phone: **James W.C. Canup 8047719518**

If "No" please explain: **Not Applicable** Vendor No.: **T27038454A**

NV Business ID: **NV20191374553**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/08/2015**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **12/31/2019**

Termination Date:

Contract term: **4 years and 115 days**

4. Type of contract: **Contract**

Contract description: **Legal Counsel**

5. Purpose of contract:

This is the first amendment to the original contract which continues to provide legal services to the Treasurer, staff and the College Savings Plans of Nevada within Internal Revenue Code 529 for regulatory and compliance issues.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$400,000.00	\$400,000.00	\$400,000.00	Yes - Action
2. Amount of current amendment (#1):	\$81,800.00	\$81,800.00	\$81,800.00	Yes - Action
3. New maximum contract amount:	\$481,800.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Section 529 plans require specialized legal support. NRS 353B.110 allows the Board to enter into contracts for goods or services including legal counsel.

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

The State Treasurer's Office does not have any attorneys on staff.

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?

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:

Treasurer's office with 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:

Other

Non-title VII business license

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	05/03/2019 17:01:13 PM
Division Approval	alaw1	05/03/2019 17:01:16 PM
Department Approval	alaw1	05/03/2019 17:01:19 PM
Contract Manager Approval	abar1	05/06/2019 11:40:09 AM
Budget Analyst Approval	dbaughn	05/17/2019 14:40:56 PM
BOE Agenda Approval	tgreenam	05/17/2019 14:49:10 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: **21921**Agency Name: **ADMIN - DIVISION OF HUMAN
RESOURCE MANAGEMENT**Agency Code: **070**Appropriation Unit: **1363-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **KEPRO Acquisitions, Inc.**Contractor Name: **KEPRO Acquisitions, Inc.**Address: **777 East Park Drive**City/State/Zip: **Harrisburgh, PA 17111**Contact/Phone: **dswope@kepro.com 800-305-3720**Vendor No.: **T27042823**NV Business ID: **NV20101752281**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.

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

Agency Reference #: **RFP # 08DOA-S551**

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Employee Assistance**

5. Purpose of contract:

This is a new contract to provide Employee Assistance Program services including professional assessment, counseling, and resources.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$401,778.00**

Payment for services will be made at the rate of \$0.66 per ee/month

Other basis for payment: \$275/hr fro on-site critical incident stress debriefings beyond bank of hours in Attachment CC;
\$250/hr additional training beyond bank of hours in Attachment CC**II. JUSTIFICATION**

7. What conditions require that this work be done?

This is required to provide employees with professional assessment, financial and counseling needs.

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 State employees cannot provide.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 #08DOA-S551, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

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:

Carrie Hughes, Personnel Analyst 3 Ph: 684-0111

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/07/2019 10:46:30 AM
Division Approval	ssands	05/07/2019 10:46:34 AM
Department Approval	ssands	05/07/2019 10:46:38 AM
Contract Manager Approval	ssands	05/07/2019 10:46:40 AM
Budget Analyst Approval	lfree1	05/13/2019 09:53:15 AM
BOE Agenda Approval	lfree1	05/13/2019 09:53:17 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17319**Amendment Number: **2**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **MCCARTHY BUILDING COMPANIES, INC.**Agency Code: **082**Contractor Name: **MCCARTHY BUILDING COMPANIES, INC.**Appropriation Unit: **1510-65**Address: **2340 CORPORATE CIRCLE SUITE 125**Is budget authority available?: **Yes**City/State/Zip: **HENDERSON, NV 89074**

If "No" please explain: Not Applicable

Contact/Phone: **702-990-6707**Vendor No.: **T29016037**NV Business ID: **NV19731000534**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.

X	General Funds	1.00 %		Fees	0.00 %
	Federal Funds	0.00 %	X	Bonds	50.00 %
	Highway Funds	0.00 %	X	Other funding	49.00 % University system receipts

Agency Reference #: **109884**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2016**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **3 years and 169 days**4. Type of contract: **Contract**Contract description: **Owner CMAR Const Agr**

5. Purpose of contract:

This is the second amendment to the original contract which provides Owner Construction Manager at Risk (CMAR) services for the University of Nevada Las Vegas - Hotel College Academic Building CIP project: CIP Project No. 13-P05 and 15-C78; SPWD Contract No. 109884. This amendment decreases the maximum amount from \$45,457,153 to \$44,785,238 due to the removal of the remaining owner's contingency from the final Guarantee Maximum Price amount.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$44,190,092.00	\$44,190,092.00	\$44,190,092.00	Yes - Action
a. Amendment 1:	\$1,267,061.00	\$1,267,061.00	\$1,267,061.00	Yes - Action
2. Amount of current amendment (#2):	-\$671,915.00	-\$671,915.00	-\$671,915.00	Yes - Action
3. New maximum contract amount:	\$44,785,238.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2013 (13-P05) and 2015 CIP (15-C78)

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:
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	Imars1	04/23/2019 10:06:00 AM
Division Approval	Imars1	04/23/2019 10:06:06 AM
Department Approval	Imars1	04/23/2019 10:06:11 AM
Contract Manager Approval	Imars1	04/23/2019 10:06:17 AM
Budget Analyst Approval	jrodrig9	04/23/2019 23:47:24 PM
BOE Agenda Approval	jrodrig9	04/23/2019 23:47:30 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: **19434**Amendment Number: **2**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **SH ARCHITECTURE**Agency Code: **082**Contractor Name: **SH ARCHITECTURE**Appropriation Unit: **1510-70**Address: **7250 PEAK DR.**Is budget authority available?: **Yes****SUITE 216**City/State/Zip: **LAS VEGAS, NV 89128**

If "No" please explain: Not Applicable

Contact/Phone: **702-363-2222**Vendor No.: **T81105869**NV Business ID: **NV19851015692**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	77.00 %
Highway Funds	0.00 %	X Other funding	23.00 % Agency Funds

Agency Reference #: **111546**

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 **06/2020**Retroactive? **No**

If "Yes", please explain

Not Applicable3. 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 College of Southern Nevada Health and Sciences Building Advance Planning CIP project: CIP Project: 17-P07; SPWD Contract No. 111546. This amendment increases the maximum amount from \$2,732,091 to \$2,825,474.40 due to additional bidding services, winter fire flow tests and review fees required to complete the project.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,666,691.00	\$2,666,691.00	\$2,666,691.00	Yes - Action
a. Amendment 1:	\$65,400.00	\$65,400.00	\$65,400.00	Yes - Action
2. Amount of current amendment (#2):	\$93,383.40	\$93,383.40	\$93,383.40	Yes - Action
3. New maximum contract amount:	\$2,825,474.40			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017(change based upon Proj #) 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?

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	05/15/2019 08:41:30 AM
Division Approval	lmars1	05/15/2019 08:41:35 AM
Department Approval	lmars1	05/15/2019 08:41:40 AM
Contract Manager Approval	lmars1	05/15/2019 08:41:47 AM
Budget Analyst Approval	jrodrig9	05/19/2019 17:15:53 PM
BOE Agenda Approval	jrodrig9	05/19/2019 17:15:58 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: **21830**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ROGER HYYTINEN, DBA HYYTINEN ENGINEERING**Contractor Name: **ROGER HYYTINEN, DBA HYYTINEN ENGINEERING**Address: **HYYTINEN ENGINEERING
5458 LONGLEY LN., STE B**City/State/Zip: **RENO, NV 89511**Contact/Phone: **775-826-3019**Vendor No.: **T80814890**NV Business ID: **NV20111782953**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 %** **Varies depending upon the project requiring this service.**Agency Reference #: **112548**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 112548

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Structural Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/29/2019 13:06:22 PM
Division Approval	Imars1	04/29/2019 13:06:25 PM
Department Approval	Imars1	04/29/2019 13:06:28 PM
Contract Manager Approval	Imars1	04/29/2019 13:06:31 PM
Budget Analyst Approval	jrodrig9	05/19/2019 23:34:22 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:34:25 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 CONTRACT1. Contract Number: **21844**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS
Agency Code:	082	Contractor Name:	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS
Appropriation Unit:	All Appropriations	Address:	1420 HOLCOMB AVE. SUITE 201
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502-8003
If "No" please explain:	Not Applicable	Contact/Phone:	775-329-9100
		Vendor No.:	T27012245A
		NV Business ID:	NV19751005286
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 % Varies depending upon the project requiring this service

Agency Reference #: 112521

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112521

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Mechanical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 12:19:06 PM
Division Approval	Imars1	04/30/2019 12:19:09 PM
Department Approval	Imars1	04/30/2019 12:19:12 PM
Contract Manager Approval	Imars1	04/30/2019 12:19:16 PM
Budget Analyst Approval	jrodrig9	05/19/2019 23:27:34 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:27:39 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21818**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	APPLIED ENGINEERING CONSULTANT SERVICES
Agency Code:	082	Contractor Name:	APPLIED ENGINEERING CONSULTANT SERVICES
Appropriation Unit:	All Appropriations	Address:	4825 CONVAIR DR. SUITE 17
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89706-2418
If "No" please explain:	Not Applicable	Contact/Phone:	775-888-9939
		Vendor No.:	T29010769
		NV Business ID:	NV19951118404

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 % Varies depending upon the project requiring this service.

Agency Reference #: 112534

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Project: SPWD Contract No. 112534

6. NEW CONTRACT

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

Other basis for payment: Demonstrated the required expertise for work on this project.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection Services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 13:34:08 PM
Division Approval	Imars1	04/26/2019 13:34:11 PM
Department Approval	Imars1	04/26/2019 13:34:16 PM
Contract Manager Approval	Imars1	04/26/2019 13:34:19 PM
Budget Analyst Approval	jrodrig9	05/20/2019 00:56:53 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:56:55 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21815**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	AZTECH INSPECTIONS & TESTING, LLC
Agency Code:	082	Contractor Name:	AZTECH INSPECTIONS & TESTING, LLC
Appropriation Unit:	All Appropriations	Address:	4700 COPPER SAGE ST.
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89115-0906
If "No" please explain:	Not Applicable	Contact/Phone:	702-247-7645
		Vendor No.:	T27036634
		NV Business ID:	NV20091455548
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 % Varies depending upon the project requiring this service.

Agency Reference #: 112535

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112535

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection Services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/26/2019 12:35:38 PM
Division Approval	lmars1	04/26/2019 12:35:41 PM
Department Approval	lmars1	04/26/2019 12:35:44 PM
Contract Manager Approval	lmars1	04/26/2019 12:35:47 PM
Budget Analyst Approval	jrodrig9	05/20/2019 01:07:03 AM
BOE Agenda Approval	jrodrig9	05/20/2019 01:07:05 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21880**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	AZTECH INSPECTIONS & TESTING, LLC
Agency Code:	082	Contractor Name:	AZTECH INSPECTIONS & TESTING, LLC
Appropriation Unit:	All Appropriations	Address:	LLC
Is budget authority available?:	Yes	City/State/Zip	4700 COPPER SAGE ST. LAS VEGAS, NV 89115-0906
If "No" please explain:	Not Applicable	Contact/Phone:	702-247-7645
		Vendor No.:	T27036634
		NV Business ID:	NV20091455548
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 %

Varies depending upon the project requiring this service

Agency Reference #: 112502

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112502

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/02/2019 11:04:16 AM
Division Approval	Imars1	05/02/2019 11:04:19 AM
Department Approval	Imars1	05/02/2019 11:04:21 AM
Contract Manager Approval	Imars1	05/02/2019 11:04:23 AM
Budget Analyst Approval	cbrekken	05/07/2019 15:26:25 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:36:52 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21801**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BCC MANAGEMENT, INC.
Agency Code:	082	Contractor Name:	BCC MANAGEMENT, INC.
Appropriation Unit:	All Appropriations	Address:	8883 W FLAMINGO RD. SUITE. 103
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89147-8734
If "No" please explain:	Not Applicable	Contact/Phone:	702-987-1980
		Vendor No.:	T27039161
		NV Business ID:	NV20101683179
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 % Varies depending upon the project requiring this service
Agency Reference #:	112565		

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional third-party commissioning services, as needed, for CIP Projects: SPWD Contract No. 112565

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Third party commission services are required to ensure building safety and code compliance.

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

Professional Third Party Commissioning 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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 07:52:09 AM
Division Approval	Imars1	04/26/2019 07:52:13 AM
Department Approval	Imars1	04/26/2019 07:52:16 AM
Contract Manager Approval	Imars1	04/26/2019 07:52:20 AM
Budget Analyst Approval	jrodrig9	05/20/2019 00:32:26 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:32:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21838**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BLACK EAGLE CONSULTING, INC.**Contractor Name: **BLACK EAGLE CONSULTING, INC.**Address: **1345 CAPITAL BLVD., STE A**City/State/Zip: **RENO, NV 89502-7140**Contact/Phone: **775-359-6600**Vendor No.: **T27002047**NV Business ID: **NV1971293847**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 %** **Varies depending upon the project requiring this service**Agency Reference #: **112536**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SWPD Contract No. 112536

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 10:13:34 AM
Division Approval	Imars1	04/30/2019 10:13:37 AM
Department Approval	Imars1	04/30/2019 10:13:40 AM
Contract Manager Approval	Imars1	04/30/2019 10:13:43 AM
Budget Analyst Approval	jrodrig9	05/20/2019 00:04:58 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:05:01 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21886**

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:	All Appropriations	Address:	1345 CAPITAL BLVD., STE 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:	NV19971293847
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 % Varies depending upon the project requiring this service
Agency Reference #:	112503		

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112503

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	05/02/2019 13:45:31 PM
Division Approval	lmars1	05/02/2019 13:45:35 PM
Department Approval	lmars1	05/02/2019 13:45:38 PM
Contract Manager Approval	lmars1	05/02/2019 13:45:41 PM
Budget Analyst Approval	cbrekken	05/08/2019 14:05:17 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:31:47 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21826**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BLAKELY JOHNSON & GHUSN, INC. DBABJG ARCHITECTURE & ENGINEERING
Agency Code:	082	Contractor Name:	BLAKELY JOHNSON & GHUSN, INC. DBABJG ARCHITECTURE & ENGINEERING
Appropriation Unit:	All Appropriations	Address:	BJG ARCHITECTURE & ENGINEERING 449 S VIRGINIA ST. FL 4
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89501-2108
If "No" please explain:	Not Applicable	Contact/Phone:	775-827-1010
		Vendor No.:	T27040813
		NV Business ID:	NV19921042277
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 % Varies depending upon the project requiring this service.

Agency Reference #: 112546

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 112546

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural Plan Checking services re required to ensure building safety and code compliance.

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

Professional Structural Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/29/2019 12:37:15 PM
Division Approval	lmars1	04/29/2019 12:37:19 PM
Department Approval	lmars1	04/29/2019 12:37:22 PM
Contract Manager Approval	lmars1	04/29/2019 12:37:26 PM
Budget Analyst Approval	jrodrig9	05/19/2019 23:44:02 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:44:05 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 CONTRACT1. Contract Number: **21805**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BROADBENT
Agency Code:	082	Contractor Name:	BROADBENT
Appropriation Unit:	All Appropriations	Address:	8 W. PACIFIC AVE.
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89511-1832
If "No" please explain:	Not Applicable	Contact/Phone:	702-563-0600
		Vendor No.:	T80989610
		NV Business ID:	NV19891031637
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 % Varies depending upon the project requiring this service.

Agency Reference #: 112486

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional miscellaneous environmental services, as needed, for CIP Projects: SPWD Contract No. 112486

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Environmental Miscellaneous Services are required to ensure building safety and code compliance.

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

Professional Environmental Miscellaneous 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:

Scarbrough, Ken, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/26/2019 09:14:50 AM
Division Approval	lmars1	04/26/2019 09:14:53 AM
Department Approval	lmars1	04/26/2019 09:14:56 AM
Contract Manager Approval	lmars1	04/26/2019 09:14:59 AM
Budget Analyst Approval	jrodrig9	05/20/2019 01:26:35 AM
BOE Agenda Approval	jrodrig9	05/20/2019 01:26:39 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21863**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BUREAU VERITAS NORTH AMERICA, INC.
Agency Code:	082	Contractor Name:	BUREAU VERITAS NORTH AMERICA, INC.
Appropriation Unit:	All Appropriations	Address:	180 Promenade Circle Suite 150
Is budget authority available?:	Yes	City/State/Zip	Sacramento, CA 95834
If "No" please explain:	Not Applicable	Contact/Phone:	916-514-4516
		Vendor No.:	T80982622C
		NV Business ID:	NV20061131022

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 % Varies depending upon the project requiring this service

Agency Reference #: 112494

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112494

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Code Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/01/2019 08:38:17 AM
Division Approval	Imars1	05/01/2019 08:38:21 AM
Department Approval	Imars1	05/01/2019 08:38:26 AM
Contract Manager Approval	Imars1	05/01/2019 09:37:12 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:54:19 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:54:23 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: **21904**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BUREAU VERITAS NORTH AMERICA, INC.
Agency Code:	082	Contractor Name:	BUREAU VERITAS NORTH AMERICA, INC.
Appropriation Unit:	All Appropriations	Address:	180 POMENDE CIRCLE SUITE 150
Is budget authority available?:	Yes	City/State/Zip	SACRAMENTO, CA 95834
If "No" please explain:	Not Applicable	Contact/Phone:	916-514-4516
		Vendor No.:	T80982622C
		NV Business ID:	NV20061131022

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 % Varies depending upon the project requiring this service

Agency Reference #: 112473

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: CIP Contract No. 112473

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility Plan Checking is required to ensure building safety and code compliance.

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

Professional Accessibility Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Rife, Mike, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	05/06/2019 07:46:29 AM
Division Approval	lmars1	05/06/2019 07:46:33 AM
Department Approval	lmars1	05/06/2019 07:46:37 AM
Contract Manager Approval	lmars1	05/06/2019 07:46:41 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:39:34 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:39:38 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: **21827**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	CFBR STRUCTURAL GROUP, LLC
Agency Code:	082	Contractor Name:	CFBR STRUCTURAL GROUP, LLC
Appropriation Unit:	All Appropriations	Address:	5425 LOUIE LN.
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89511-1877
If "No" please explain:	Not Applicable	Contact/Phone:	775-470-1365
		Vendor No.:	T27041395
		NV Business ID:	NV20131002820
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 % Varies depending upon the project requiring this service.

Agency Reference #: 112547

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 112547

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Structural Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature9. 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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/29/2019 12:45:10 PM
Division Approval	Imars1	04/29/2019 12:45:13 PM
Department Approval	Imars1	04/29/2019 12:45:17 PM
Contract Manager Approval	Imars1	04/29/2019 12:45:20 PM
Budget Analyst Approval	jrodrig9	05/19/2019 23:39:50 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:39:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21836**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	CONSTRUCTION MATERIALS ENGINEERS, INC.
Agency Code:	082	Contractor Name:	CONSTRUCTION MATERIALS ENGINEERS, INC.
Appropriation Unit:	All Appropriations	Address:	300 SIERRA MANOR DR. SUITE 1
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89511-9430
If "No" please explain:	Not Applicable	Contact/Phone:	775-851-8205
		Vendor No.:	T29021157
		NV Business ID:	NV20091073153

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 % Varies depending upon the project requiring this service

Agency Reference #: 112537

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112537

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 09:50:00 AM
Division Approval	Imars1	04/30/2019 09:50:03 AM
Department Approval	Imars1	04/30/2019 09:50:06 AM
Contract Manager Approval	Imars1	04/30/2019 09:50:09 AM
Budget Analyst Approval	jrodrig9	05/20/2019 00:10:53 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:10:55 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21804**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CONVERSE PROFESSIONAL GROUP, INC.**Contractor Name: **CONVERSE PROFESSIONAL GROUP, INC.**Address: **dba CONVERSE CONSULTANTS
6610 W ARBY AVE., STE 104**City/State/Zip: **LAS VEGAS, NV 89118-4664**Contact/Phone: **702-263-7600**Vendor No.: **T80721610B**NV Business ID: **NV19971267942**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 %** **Varies depending upon the project requiring this service.**Agency Reference #: **112554**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional miscellaneous environmental services, as needed, for CIP Projects: SPWD Contract No. 112554

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Environmental Miscellaneous Services are required to ensure building safety and code compliance.

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

Professional Environmental Miscellaneous 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:

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:

Scarbrough, Ken, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/26/2019 08:44:34 AM
Division Approval	lmars1	04/26/2019 08:44:39 AM
Department Approval	lmars1	04/26/2019 08:44:42 AM
Contract Manager Approval	lmars1	04/26/2019 08:44:45 AM
Budget Analyst Approval	jrodrig9	05/20/2019 16:38:15 PM
BOE Agenda Approval	jrodrig9	05/20/2019 16:38:21 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 CONTRACT1. Contract Number: **21862**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	CSG CONSULTANTS, INC.
Agency Code:	082	Contractor Name:	CSG CONSULTANTS, INC.
Appropriation Unit:	All Appropriations	Address:	550 PILGRIM DR.
Is budget authority available?:	Yes	City/State/Zip	FOSTER CITY, CA 94404-1253
If "No" please explain:	Not Applicable	Contact/Phone:	714-568-1010
		Vendor No.:	T29034138
		NV Business ID:	NV20191028600
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 % Varies depending upon the project requiring this service
Agency Reference #:	112571		

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112571

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Code Plan checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/01/2019 08:24:47 AM
Division Approval	Imars1	05/01/2019 08:24:50 AM
Department Approval	Imars1	05/01/2019 08:24:53 AM
Contract Manager Approval	Imars1	05/01/2019 08:24:56 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:49:08 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:49:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21905**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	CSG CONSULTANTS, INC.
Agency Code:	082	Contractor Name:	CSG CONSULTANTS, INC.
Appropriation Unit:	All Appropriations	Address:	550 PILGRIM DR.
Is budget authority available?:	Yes	City/State/Zip	FOSTER CITY, CA 94404-1253
If "No" please explain:	Not Applicable	Contact/Phone:	714-568-1010
		Vendor No.:	T29034138
		NV Business ID:	NV20111353297

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 % Varies depending upon the project requiring this service

Agency Reference #: 112589

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 112473

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility Plan Checking is required to ensure building safety and code compliance.

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

Professional Accessibility Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Rife, Mike, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/06/2019 07:57:29 AM
Division Approval	Imars1	05/06/2019 07:57:33 AM
Department Approval	Imars1	05/06/2019 07:57:35 AM
Contract Manager Approval	Imars1	05/06/2019 07:57:38 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:37:00 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:37:04 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 CONTRACT1. Contract Number: **21858**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	DG KOCH ASSOCIATES, LLC
Agency Code:	082	Contractor Name:	DG KOCH ASSOCIATES, LLC
Appropriation Unit:	All Appropriations	Address:	2920 S. JONES BLVD. SUITE 100
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89146-5394
If "No" please explain:	Not Applicable	Contact/Phone:	702-221-5160
		Vendor No.:	T29026336
		NV Business ID:	NV20061487757

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 % Varied depending upon the project requiring this service

Agency Reference #: 112526

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112526

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical/Electrical Plan checking Service are required to ensure building safety and code compliance.

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

Professional Mechanical/Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 15:17:43 PM
Division Approval	Imars1	04/30/2019 15:17:45 PM
Department Approval	Imars1	04/30/2019 15:17:50 PM
Contract Manager Approval	Imars1	04/30/2019 15:17:53 PM
Budget Analyst Approval	jrodrig9	05/20/2019 00:41:37 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:41:40 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21808**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	DINTER ENGINEERING CO.
Agency Code:	082	Contractor Name:	DINTER ENGINEERING CO.
Appropriation Unit:	All Appropriations	Address:	385 GENTRY WAY
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502-4608
If "No" please explain:	Not Applicable	Contact/Phone:	775-826-4044
		Vendor No.:	T41734800
		NV Business ID:	NV19861016365

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 % Varies depending upon the project requiring this service

Agency Reference #: 112485

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112485

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical Plan Checking services are required to ensure building safety and code compliance.

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

Professional Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 09:58:15 AM
Division Approval	Imars1	04/26/2019 09:58:19 AM
Department Approval	Imars1	04/26/2019 09:58:24 AM
Contract Manager Approval	Imars1	04/26/2019 09:58:27 AM
Budget Analyst Approval	jrodrig9	05/20/2019 01:19:16 AM
BOE Agenda Approval	jrodrig9	05/20/2019 01:19:18 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21856**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	ENGINEERING PARTNERS, LLC
Agency Code:	082	Contractor Name:	ENGINEERING PARTNERS, LLC
Appropriation Unit:	All Appropriations	Address:	4775 W. TECO AVE., STE 255
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89118-4361
If "No" please explain:	Not Applicable	Contact/Phone:	702-537-1132
		Vendor No.:	T27032644
		NV Business ID:	NV20121610178
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 % Varied depending upon the project requiring this service

Agency Reference #: 112527

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Contract**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112527

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical/Electrical Plan Checking Services are required to ensure building safety and code compliance.

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

Professional Mechanical/Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/30/2019 14:58:34 PM
Division Approval	lmars1	04/30/2019 14:58:36 PM
Department Approval	lmars1	04/30/2019 14:58:40 PM
Contract Manager Approval	lmars1	04/30/2019 15:23:20 PM
Budget Analyst Approval	cbrekken	05/07/2019 15:17:12 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:43:53 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21846**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ETCHEMENDY ENGINEERING, INC.**Contractor Name: **ETCHEMENDY ENGINEERING, INC.**Address: **10597 DOUBLE R BLVD.**City/State/Zip: **RENO, NV 89521-8937**Contact/Phone: **775-853-1131**Vendor No.: **T29033764**NV Business ID: **NV20111683017**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 % Varies depending upon the project requiring this service

Agency Reference #: **112523**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112523

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical Plan checking Services required to ensure building safety and code compliance.

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

Professional Mechanical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 12:40:15 PM
Division Approval	Imars1	04/30/2019 12:40:18 PM
Department Approval	Imars1	04/30/2019 12:40:23 PM
Contract Manager Approval	Imars1	04/30/2019 12:40:25 PM
Budget Analyst Approval	jrodrig9	05/19/2019 23:22:02 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:22:06 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: **21840**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.
Agency Code:	082	Contractor Name:	GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.
Appropriation Unit:	All Appropriations	Address:	7150 PLACID ST.
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89119-4203
If "No" please explain:	Not Applicable	Contact/Phone:	702-365-1001
		Vendor No.:	T81085017
		NV Business ID:	NV19921050120

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 % Varies depending upon the project requiring this service

Agency Reference #: 112538

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112538

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance

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

Professional Materials Testing and Inspection 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 10:23:12 AM
Division Approval	Imars1	04/30/2019 10:23:16 AM
Department Approval	Imars1	04/30/2019 10:23:18 AM
Contract Manager Approval	Imars1	04/30/2019 10:23:21 AM
Budget Analyst Approval	jrodrig9	05/20/2019 00:02:05 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:02:08 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21890**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.**Contractor Name: **GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.**Address: **7150 PLACID ST.**City/State/Zip: **LAS VEGAS, NV 89119-4203**Contact/Phone: **702-365-1001**Vendor No.: **T81085017**NV Business ID: **NV19921050120**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 %** **Varies depending upon the project requiring this service**Agency Reference #: **112505**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112505

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/02/2019 14:26:08 PM
Division Approval	Imars1	05/02/2019 14:26:12 PM
Department Approval	Imars1	05/02/2019 14:26:15 PM
Contract Manager Approval	Imars1	05/02/2019 14:26:19 PM
Budget Analyst Approval	cbrekken	05/08/2019 13:48:18 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:34:02 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21817**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	GEOTEK, INC.
Agency Code:	082	Contractor Name:	GEOTEK, INC.
Appropriation Unit:	All Appropriations	Address:	6835 ESCONDIDO ST. SUITE A
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89119-3831
If "No" please explain:	Not Applicable	Contact/Phone:	702-897-1424
		Vendor No.:	T27041458
		NV Business ID:	NV19971339615
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 % Varies depending upon the project requiring this service.

Agency Reference #: 112539

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Project: SPWD Contract No. 112539

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection Services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 12:59:09 PM
Division Approval	Imars1	04/26/2019 12:59:12 PM
Department Approval	Imars1	04/26/2019 12:59:15 PM
Contract Manager Approval	Imars1	04/26/2019 12:59:17 PM
Budget Analyst Approval	jrodrig9	05/20/2019 01:00:42 AM
BOE Agenda Approval	jrodrig9	05/20/2019 01:00:45 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21877**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	GEOTEK, INC.
Agency Code:	082	Contractor Name:	GEOTEK, INC.
Appropriation Unit:	All Appropriations	Address:	6835 S. ESCONDIDO ST. SUITE A
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89119-3831
If "No" please explain:	Not Applicable	Contact/Phone:	702-897-1424
		Vendor No.:	T27041458
		NV Business ID:	NV19971339615
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 % Varies depending upon the project requiring this service
Agency Reference #:	112507		

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112507

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/02/2019 10:19:48 AM
Division Approval	Imars1	05/02/2019 10:19:57 AM
Department Approval	Imars1	05/02/2019 10:20:02 AM
Contract Manager Approval	Imars1	05/02/2019 10:20:06 AM
Budget Analyst Approval	cbrekken	05/08/2019 13:42:18 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:35:16 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21928**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GORDON CAMMERON DOWELL, INC.**Contractor Name: **GORDON CAMMERON DOWELL, INC.**Address: **dba GCD, INC.
2104 BLUE ZENITH CIRCLE**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **702-361-7531**Vendor No.: **T32008057**NV Business ID: **NV20041470712**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 %** **Varies depending upon the project requiring this service**Agency Reference #: **112622**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112622

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Code Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/08/2019 13:13:40 PM
Division Approval	Imars1	05/08/2019 13:13:45 PM
Department Approval	Imars1	05/08/2019 13:13:48 PM
Contract Manager Approval	Imars1	05/08/2019 13:13:51 PM
Budget Analyst Approval	jrodrig9	05/19/2019 22:02:04 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:02:08 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21930**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GORDON CAMMERON DOWELL, INC.**Contractor Name: **GORDON CAMMERON DOWELL, INC.**Address: **dba GCD, INC.
2104 BLUE ZENITH CIRCLE**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **702-361-7531**Vendor No.: **T32008057**NV Business ID: **NV20041470712**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 %** **Varies depending upon the project requiring this service**Agency Reference #: **112621**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 112621

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility Plan Checking is required to ensure building safety and code compliance.

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

Professional Accessibility Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Rife, Mike, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/08/2019 13:30:52 PM
Division Approval	Imars1	05/08/2019 13:30:55 PM
Department Approval	Imars1	05/08/2019 13:30:58 PM
Contract Manager Approval	Imars1	05/08/2019 13:31:01 PM
Budget Analyst Approval	jrodrig9	05/19/2019 22:04:09 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:04:12 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 CONTRACT1. Contract Number: **21851**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HARRIS CONSULTING ENGINEERS**Contractor Name: **HARRIS CONSULTING ENGINEERS**Address: **LLC
680 PILOT RD., STE A**City/State/Zip: **LAS VEGAS, NV 89119-9015**Contact/Phone: **702-269-1575**Vendor No.: **T27003439**NV Business ID: **NV20011085889**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 % Varied depending upon the project requiring this service**

Agency Reference #: 112529

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112529

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical/Electrical Plan Checking Services are required to ensure building safety and code compliance.

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

Professional Mechanical/Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/30/2019 14:29:21 PM
Division Approval	lmars1	04/30/2019 14:29:25 PM
Department Approval	lmars1	04/30/2019 14:29:28 PM
Contract Manager Approval	lmars1	04/30/2019 15:43:50 PM
Budget Analyst Approval	cbrekken	05/07/2019 14:27:16 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:47:38 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21792**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 2600, expenditure category 10,

Legal Entity Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.**Contractor Name: **HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.**Address: **DBA H&K Architects
5485 RENO CORPORATE DR STE 100
RENO, NV 89511-2262**City/State/Zip: **RENO, NV 89511-2262**Contact/Phone: **775-332-6640**Vendor No.: **T80984709**NV Business ID: **NV19941047730**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 #: **112587**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **4 years and 30 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 Indian School Building 90 Rehabilitation Agency CIP Project to produce a feasibility study for the rehabilitation of the School's auditorium: CIP Project No. 19-A021; SPWD Contract No. 112587

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$81,200.00**

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: **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	04/24/2019 11:10:39 AM
Division Approval	Imars1	04/24/2019 11:10:42 AM
Department Approval	Imars1	04/24/2019 11:10:45 AM
Contract Manager Approval	Imars1	04/25/2019 08:39:29 AM
Budget Analyst Approval	jrodrig9	04/28/2019 22:31:07 PM
BOE Agenda Approval	jrodrig9	04/28/2019 22:31:20 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21866**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	INTERWEST CONSULTING GROUP, INC.
Agency Code:	082	Contractor Name:	INTERWEST CONSULTING GROUP, INC.
Appropriation Unit:	All Appropriations	Address:	1613 SANTA CLARA DRIVE SUITE 100
Is budget authority available?:	Yes	City/State/Zip	ROSEVILLE, CA 95661
If "No" please explain:	Not Applicable	Contact/Phone:	916-204-3178
		Vendor No.:	T32000835
		NV Business ID:	NV20071166199
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 % Varies depending upon the project requiring this service

Agency Reference #: 112495

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112495

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Code Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/01/2019 09:07:39 AM
Division Approval	Imars1	05/01/2019 09:07:42 AM
Department Approval	Imars1	05/01/2019 09:07:45 AM
Contract Manager Approval	Imars1	05/01/2019 09:35:01 AM
Budget Analyst Approval	jrodrig9	05/19/2019 23:10:18 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:10:21 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 CONTRACT1. Contract Number: **21906**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	INTERWEST CONSULTING GROUP, INC.
Agency Code:	082	Contractor Name:	INTERWEST CONSULTING GROUP, INC.
Appropriation Unit:	All Appropriations	Address:	1613 SANTA CLARA DRIVE, SUITE 100
Is budget authority available?:	Yes	City/State/Zip	ROSEVILLE, CA 95661
If "No" please explain:	Not Applicable	Contact/Phone:	916-204-3178
		Vendor No.:	T32000835
		NV Business ID:	NV20071166199
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 % Varies depending upon the project requiring this service

Agency Reference #: 112474

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: CIP Contract No. 112473

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility Plan Checking is required to ensure building safety and code compliance.

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

Professional Accessibility Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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:

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:

Rife, Mike, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/06/2019 08:13:50 AM
Division Approval	Imars1	05/06/2019 08:13:54 AM
Department Approval	Imars1	05/06/2019 08:13:58 AM
Contract Manager Approval	Imars1	05/06/2019 08:14:03 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:34:13 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:34:18 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21919**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	IQC SOUTHWEST
Agency Code:	082	Contractor Name:	IQC SOUTHWEST
Appropriation Unit:	All Appropriations	Address:	6280 S. VALLEY VIEW BLVD. SUITE 216
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89118
If "No" please explain:	Not Applicable		
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 % Varies depending upon the project requiring this service
Agency Reference #:	112634		

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SWPD Contract No. 112634

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection Services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/07/2019 09:03:06 AM
Division Approval	Imars1	05/07/2019 09:03:10 AM
Department Approval	Imars1	05/07/2019 09:03:13 AM
Contract Manager Approval	Imars1	05/07/2019 09:09:19 AM
Budget Analyst Approval	jrodrig9	05/19/2019 21:54:47 PM
BOE Agenda Approval	jrodrig9	05/19/2019 21:54:50 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: **21854**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **JBA CONSULTING ENGINEERS, INC.**Contractor Name: **JBA CONSULTING ENGINEERS, INC.**Address: **DBA NV5 INC
5155 W PATRICK LN., STE 100**City/State/Zip: **LAS VEGAS, NV 89118-2828**Contact/Phone: **702-362-9200**Vendor No.: **T80928382**NV Business ID: **NV20151389633**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 % Varied depending upon the project requiring this service.

Agency Reference #: **112530**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

this is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112530

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical/Electrical Plan Checking Services are required to ensure building safety and code compliance.

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

Professional Mechanical/Electrical Plan checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/30/2019 14:43:23 PM
Division Approval	lmars1	04/30/2019 14:43:26 PM
Department Approval	lmars1	04/30/2019 14:43:29 PM
Contract Manager Approval	lmars1	04/30/2019 15:25:37 PM
Budget Analyst Approval	cbrekken	05/07/2019 15:13:41 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:44:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21865**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **JBA CONSULTING ENGINEERS, INC.**Contractor Name: **JBA CONSULTING ENGINEERS, INC.**Address: **DBA NV5 CONSULTANTS
5155 W PATRICK LN.**City/State/Zip: **LAS VEGAS, NV 89118-2828**Contact/Phone: **702-362-9200**Vendor No.: **T80928382**NV Business ID: **NV20151389633**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 %** **Varies depending upon the project requiring this service**

Agency Reference #: 112496

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112496

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Code Plan checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	05/01/2019 08:55:51 AM
Division Approval	lmars1	05/01/2019 08:55:53 AM
Department Approval	lmars1	05/01/2019 08:55:56 AM
Contract Manager Approval	lmars1	05/01/2019 08:55:59 AM
Budget Analyst Approval	jrodrig9	05/19/2019 23:07:43 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:07:46 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21903**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **JBA CONSULTING ENGINEERS, INC.**Contractor Name: **JBA CONSULTING ENGINEERS, INC.**Address: **DBA NV5 CONSULTANTS
5155 W PATRICK LN., STE 100**City/State/Zip: **LAS VEGAS, NV 89118-2828**Contact/Phone: **702-362-9200**Vendor No.: **T80928382**NV Business ID: **NV20151389633**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 % Varies depending upon the project requiring this service

Agency Reference #: **112475**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Project: CIP Contract No. 112475

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility Plan Checking is required to ensure building safety and code compliance.

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

Professional Accessibility Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Rife, Mike, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/06/2019 07:35:28 AM
Division Approval	Imars1	05/06/2019 07:35:35 AM
Department Approval	Imars1	05/06/2019 07:35:41 AM
Contract Manager Approval	Imars1	05/06/2019 07:35:46 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:45:58 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:46:01 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 CONTRACT1. Contract Number: **21807**

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. 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.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service.
Agency Reference #:	112482		

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112482

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Electrical Plan checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 09:45:12 AM
Division Approval	Imars1	04/26/2019 09:45:18 AM
Department Approval	Imars1	04/26/2019 09:45:21 AM
Contract Manager Approval	Imars1	04/26/2019 09:45:24 AM
Budget Analyst Approval	jrodrig9	05/20/2019 01:22:19 AM
BOE Agenda Approval	jrodrig9	05/20/2019 01:22:22 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21825**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	JOHN A MARTIN & ASSOCIATES OF NEVADA, INC.
Agency Code:	082	Contractor Name:	JOHN A MARTIN & ASSOCIATES OF NEVADA, INC.
Appropriation Unit:	All Appropriations	Address:	4560 S DECATUR BLVD. SUITE 200
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89103-5252
If "No" please explain:	Not Applicable	Contact/Phone:	702-248-7000
		Vendor No.:	T29039083
		NV Business ID:	NV19831016511

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 % Varies depending upon the project requiring this service.

Agency Reference #: 112549

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 112549

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking services are required to ensure building safety and code compliance.

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

Professional Structural Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature9. 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:

Dobson, TJ, Porject Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/29/2019 11:46:41 AM
Division Approval	Imars1	04/29/2019 11:46:44 AM
Department Approval	Imars1	04/29/2019 11:46:47 AM
Contract Manager Approval	Imars1	04/29/2019 11:46:50 AM
Budget Analyst Approval	jrodrig9	05/19/2019 23:47:04 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:47:07 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 CONTRACT1. Contract Number: **21811**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	JP ENGINEERING, LLC.
Agency Code:	082	Contractor Name:	JP ENGINEERING, LLC.
Appropriation Unit:	All Appropriations	Address:	10597 DOUBLE R BLVD. SUITE 1
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89521-8938
If "No" please explain:	Not Applicable	Contact/Phone:	775-852-2337
		Vendor No.:	T29038896
		NV Business ID:	NV20051447455

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 % Varies depending upon the project requiring this service.

Agency Reference #: 112483

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112483

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical Plan Checking services are required to ensure building safety and code compliance.

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

Professional Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 10:31:51 AM
Division Approval	Imars1	04/26/2019 10:31:54 AM
Department Approval	Imars1	04/26/2019 10:31:57 AM
Contract Manager Approval	Imars1	04/26/2019 10:32:00 AM
Budget Analyst Approval	jrodrig9	05/20/2019 01:13:18 AM
BOE Agenda Approval	jrodrig9	05/20/2019 01:13:20 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21897**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	LOCHSA, LLC DBA LOCHSA ENGINEERING
Agency Code:	082	Contractor Name:	LOCHSA, LLC DBA LOCHSA ENGINEERING
Appropriation Unit:	All Appropriations	Address:	LOCHSA ENGINEERING 6345 S JONES BLVD., STE 100
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89118-3334
If "No" please explain:	Not Applicable	Contact/Phone:	702-365-9312
		Vendor No.:	T29038100
		NV Business ID:	NV20141362242

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 % Varies depending upon the project requiring this service

Agency Reference #: 112489

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 112489

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Civil Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/03/2019 09:21:15 AM
Division Approval	Imars1	05/03/2019 09:21:19 AM
Department Approval	Imars1	05/03/2019 09:21:25 AM
Contract Manager Approval	Imars1	05/03/2019 09:21:29 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:15:09 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:15:14 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: **21835**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	LUMOS & ASSOCIATES
Agency Code:	082	Contractor Name:	LUMOS & ASSOCIATES
Appropriation Unit:	All Appropriations	Address:	9222 PROTOTYPE DR.
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89521-8989
If "No" please explain:	Not Applicable	Contact/Phone:	775-883-7077
		Vendor No.:	T80912843A
		NV Business ID:	NV19791006982

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 % Varies depending upon the project requiring this service

Agency Reference #: 112540

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112540

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 09:32:49 AM
Division Approval	Imars1	04/30/2019 09:32:52 AM
Department Approval	Imars1	04/30/2019 09:32:56 AM
Contract Manager Approval	Imars1	04/30/2019 09:32:58 AM
Budget Analyst Approval	jrodrig9	05/20/2019 00:13:38 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:13:40 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21884**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	LUMOS & ASSOCIATES
Agency Code:	082	Contractor Name:	LUMOS & ASSOCIATES
Appropriation Unit:	All Appropriations	Address:	9222 PROTOTYPE DR.
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89521-8989
If "No" please explain:	Not Applicable	Contact/Phone:	775-883-7077
		Vendor No.:	T80912843A
		NV Business ID:	NV19791006982

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 % Varies depending upon the project requiring this service

Agency Reference #: 112520

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112520

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

Wacker, Brian, Project Manager Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/02/2019 13:22:48 PM
Division Approval	Imars1	05/02/2019 13:22:51 PM
Department Approval	Imars1	05/02/2019 13:22:55 PM
Contract Manager Approval	Imars1	05/02/2019 13:22:59 PM
Budget Analyst Approval	cbrekken	05/08/2019 14:15:47 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:31:15 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 CONTRACT1. Contract Number: **21883**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MCGETTIGAN CONSULTING, LLC**Contractor Name: **MCGETTIGAN CONSULTING, LLC**Address: **1551 DESERT CROSSING CT.
STE 150**City/State/Zip: **LAS VEGAS, NV 89144**Contact/Phone: **702-415-6530**Vendor No.: **T32007174**NV Business ID: **NV20151343896**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 %** **Varies depending upon the project requiring this service**

Agency Reference #: 112560

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112560

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/02/2019 12:51:32 PM
Division Approval	Imars1	05/02/2019 12:51:34 PM
Department Approval	Imars1	05/02/2019 12:51:38 PM
Contract Manager Approval	Imars1	05/02/2019 12:51:42 PM
Budget Analyst Approval	cbrekken	05/08/2019 14:17:23 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:29:58 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21860**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MELROY ENGINEERING, INC. DBA MSA ENGINEERING CONSULTANTS**Contractor Name: **MELROY ENGINEERING, INC. DBA MSA ENGINEERING CONSULTANTS**Address: **MSA ENGINEERING CONSULTANTS
4599 Longley Ln.**City/State/Zip: **Reno, NV 89502**Contact/Phone: **775-828-4889**Vendor No.: **T29022618**NV Business ID: **NV19971093631**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 % Varied depending upon the project requiring this service**Agency Reference #: **112552**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112552

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical/Electrical Plan checking Service are required to ensure building safety and code compliance.

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

Professional Mechanical/Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/01/2019 07:23:36 AM
Division Approval	Imars1	05/01/2019 07:23:39 AM
Department Approval	Imars1	05/01/2019 07:23:42 AM
Contract Manager Approval	Imars1	05/01/2019 07:23:46 AM
Budget Analyst Approval	jrodrig9	05/20/2019 00:38:34 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:38:37 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21898**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	NEVADA BY DESIGN, LLC
Agency Code:	082	Contractor Name:	NEVADA BY DESIGN, LLC
Appropriation Unit:	All Appropriations	Address:	5755 S SANDHILL RD. SUITE C
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89120-2551
If "No" please explain:	Not Applicable	Contact/Phone:	702-938-1525
		Vendor No.:	T27038533
		NV Business ID:	NV19971038895

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 % Varies depending upon the project requiring this service

Agency Reference #: 112557

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 112557

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Civil Plan checking Services are required to ensure building safety and code compliance.

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

Professional Civil Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/03/2019 09:31:07 AM
Division Approval	Imars1	05/03/2019 09:31:10 AM
Department Approval	Imars1	05/03/2019 09:31:14 AM
Contract Manager Approval	Imars1	05/03/2019 09:31:17 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:19:59 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:20:03 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: **21816**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	NINYO & MOORE
Agency Code:	082	Contractor Name:	NINYO & MOORE
Appropriation Unit:	All Appropriations	Address:	6700 PARADISE RD. SUITE E
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89119-3744
If "No" please explain:	Not Applicable	Contact/Phone:	702-433-0330
		Vendor No.:	T27000873A
		NV Business ID:	NV19961094658

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 % Varies depending upon the project requiring this service.

Agency Reference #: 112541

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112541

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection Services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 12:48:20 PM
Division Approval	Imars1	04/26/2019 12:48:24 PM
Department Approval	Imars1	04/26/2019 12:48:27 PM
Contract Manager Approval	Imars1	04/26/2019 12:48:30 PM
Budget Analyst Approval	jrodrig9	05/20/2019 01:04:19 AM
BOE Agenda Approval	jrodrig9	05/20/2019 01:04:22 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21881**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	NINYO & MOORE
Agency Code:	082	Contractor Name:	NINYO & MOORE
Appropriation Unit:	All Appropriations	Address:	6700 PARADISE RD., STE E
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89119-3744
If "No" please explain:	Not Applicable	Contact/Phone:	702-433-0330
		Vendor No.:	T27000873A
		NV Business ID:	NV19961094658

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 % Varies depending upon the project requiring this service

Agency Reference #: 112508

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112508

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/02/2019 12:20:39 PM
Division Approval	Imars1	05/02/2019 12:20:42 PM
Department Approval	Imars1	05/02/2019 12:20:45 PM
Contract Manager Approval	Imars1	05/02/2019 12:20:48 PM
Budget Analyst Approval	cbrekken	05/07/2019 15:24:23 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:37:50 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21803**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NOVA GEOTECHNICAL & INSPECTION SERVICES**Contractor Name: **NOVA GEOTECHNICAL & INSPECTION SERVICES**Address: **695 Edison Way**City/State/Zip: **Reno, NV 89502**Contact/Phone: **775-873-3478**Vendor No.: **T32004745**NV Business ID: **NV20121001299**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 %** **Varies depending upon the project requiring this service.**Agency Reference #: **112487**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional miscellaneous environmental services, as needed, for CIP Projects: SPWD Contract No. 112487

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Environmental Miscellaneous Services are required to ensure building safety and code compliance.

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

Professional Environmental Miscellaneous 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:

Scarbrough, Ken, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 08:26:31 AM
Division Approval	Imars1	04/26/2019 08:26:34 AM
Department Approval	Imars1	04/26/2019 08:26:38 AM
Contract Manager Approval	Imars1	04/26/2019 08:26:42 AM
Budget Analyst Approval	jrodrig9	05/20/2019 01:30:31 AM
BOE Agenda Approval	jrodrig9	05/20/2019 01:30:34 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21842**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	NOVA GEOTECHNICAL & INSPECTION SERVICES
Agency Code:	082	Contractor Name:	NOVA GEOTECHNICAL & INSPECTION SERVICES
Appropriation Unit:	All Appropriations	Address:	4480 W. HACIENDA AVE. SUITE 104
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89118-4908
If "No" please explain:	Not Applicable	Contact/Phone:	702-873-3478
		Vendor No.:	T32004745
		NV Business ID:	NV20121001299

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 %

Varies depending upon the project requiring this service

Agency Reference #: 112542

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112542

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 10:51:38 AM
Division Approval	Imars1	04/30/2019 10:51:40 AM
Department Approval	Imars1	04/30/2019 10:51:42 AM
Contract Manager Approval	Imars1	04/30/2019 10:51:46 AM
Budget Analyst Approval	jrodrig9	05/20/2019 16:52:54 PM
BOE Agenda Approval	jrodrig9	05/20/2019 16:52:57 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: **21887**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NOVA GEOTECHNICAL & INSPECTION SERVICES**Contractor Name: **NOVA GEOTECHNICAL & INSPECTION SERVICES**Address: **4480 W HACIENDA AVE., STE 104**City/State/Zip: **LAS VEGAS, NV 89118-4908**Contact/Phone: **702-873-3478**Vendor No.: **T32004745**NV Business ID: **NV20121001299**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 % Varies depending upon the project requiring this service

Agency Reference #: **112509**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112509

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	05/02/2019 13:55:28 PM
Division Approval	lmars1	05/02/2019 13:55:31 PM
Department Approval	lmars1	05/02/2019 13:55:34 PM
Contract Manager Approval	lmars1	05/02/2019 13:55:37 PM
Budget Analyst Approval	cbrekken	05/08/2019 13:56:02 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:32:35 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21899**

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:	All Appropriations	Address:	51 MARILYN MAE DR.
Is budget authority available?:	Yes	City/State/Zip	SPARKS, NV 89441-6236
If "No" please explain:	Not Applicable	Contact/Phone:	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 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 112476

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 112476

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility Plan Checking is required to ensure building safety and code compliance.

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

Professional Accessibility Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Rife, Mike, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/03/2019 10:02:06 AM
Division Approval	Imars1	05/03/2019 10:02:09 AM
Department Approval	Imars1	05/03/2019 10:02:12 AM
Contract Manager Approval	Imars1	05/03/2019 10:02:15 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:43:29 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:43:32 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21861**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PCNA CONSULTING GROUP, INC.**Contractor Name: **PCNA CONSULTING GROUP, INC.**Address: **205 E. WARMS SPRINGS RD., STE 105**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **702-834-6200 EXT 104**Vendor No.: **T29041651**NV Business ID: **NV20131734280**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 % Varies depending upon the project requiring this service

Agency Reference #: **112497**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112497

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Code Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/01/2019 08:16:38 AM
Division Approval	Imars1	05/01/2019 08:16:41 AM
Department Approval	Imars1	05/01/2019 08:16:44 AM
Contract Manager Approval	Imars1	05/01/2019 08:16:47 AM
Budget Analyst Approval	cbrekken	05/07/2019 15:00:11 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:46:13 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21900**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PCNA CONSULTING GROUP, INC.**Contractor Name: **PCNA CONSULTING GROUP, INC.**Address: **205 E. WARM SPRINGS ROAD, SUITE 105**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **702-834-6200**Vendor No.: **T29041651**NV Business ID: **NV20131734280**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 %** **Varies depending upon the project requiring this service**Agency Reference #: **112477**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 112477

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility Plan Checking is required to ensure building safety and code compliance.

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

Professional Accessibility Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Rife, Mike, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/03/2019 10:13:22 AM
Division Approval	Imars1	05/03/2019 10:13:26 AM
Department Approval	Imars1	05/03/2019 10:13:30 AM
Contract Manager Approval	Imars1	05/03/2019 10:13:33 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:41:25 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:41:31 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: **21847**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	PETTY & ASSOCIATES, INC.
Agency Code:	082	Contractor Name:	PETTY & ASSOCIATES, INC.
Appropriation Unit:	All Appropriations	Address:	1375 GREG ST. SUITE 106
Is budget authority available?:	Yes	City/State/Zip	SPARKS, NV 89431-6077
If "No" please explain:	Not Applicable	Contact/Phone:	775-359-5777
		Vendor No.:	T80580350
		NV Business ID:	NV19841014622
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 % Varies depending upon the project requiring this service
Agency Reference #:	112524		

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112524

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Mechanical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 13:03:55 PM
Division Approval	Imars1	04/30/2019 13:03:59 PM
Department Approval	Imars1	04/30/2019 13:04:02 PM
Contract Manager Approval	Imars1	04/30/2019 13:04:05 PM
Budget Analyst Approval	jrodrig9	05/19/2019 23:19:39 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:19:42 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 CONTRACT1. Contract Number: **21869**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	PLAN CHECK PROFESSIONALS, INC.
Agency Code:	082	Contractor Name:	PLAN CHECK PROFESSIONALS, INC.
Appropriation Unit:	All Appropriations	Address:	1075 N TUSTIN ST. #7347
Is budget authority available?:	Yes	City/State/Zip	ORANGE, CA 92867
If "No" please explain:	Not Applicable	Contact/Phone:	714-609-6030
		Vendor No.:	T29005352A
		NV Business ID:	NV2061063564

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 % Varies depending upon the project requiring this service

Agency Reference #: 112498

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112498

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Code Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/01/2019 09:30:44 AM
Division Approval	Imars1	05/01/2019 09:30:48 AM
Department Approval	Imars1	05/01/2019 09:30:51 AM
Contract Manager Approval	Imars1	05/01/2019 09:30:54 AM
Budget Analyst Approval	jrodrig9	05/19/2019 23:13:14 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:13:17 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: **21892**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **POGGEMEYER DESIGN GROUP, INC.**Contractor Name: **POGGEMEYER DESIGN GROUP, INC.**Address: **CMWORKS, INC.
6960 SMOKE RANCH RD., STE 110**City/State/Zip: **LAS VEGAS, NV 89128-3204**Contact/Phone: **702-255-8100**Vendor No.: **T29028422A**NV Business ID: **NV19811011150**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 % Varies depending upon the project requiring this service

Agency Reference #: **112490**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: CIP Contract No. 112490

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Civil Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/02/2019 15:00:22 PM
Division Approval	Imars1	05/02/2019 15:00:26 PM
Department Approval	Imars1	05/02/2019 15:00:29 PM
Contract Manager Approval	Imars1	05/02/2019 15:00:32 PM
Budget Analyst Approval	jrodrig9	05/19/2019 22:25:08 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:25:13 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 CONTRACT1. Contract Number: **21809**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	PURCELL ELECTRICAL PROfessional Corporation, DBA PK ELECTRICAL,
Agency Code:	082	Contractor Name:	PURCELL ELECTRICAL PROfessional Corporation, DBA PK ELECTRICAL,
Appropriation Unit:	All Appropriations	Address:	dba PK ELECTRICAL, INC. 681 SIERRA ROSE DR., STE. B
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89511-2060
If "No" please explain:	Not Applicable	Contact/Phone:	775-826-9010
		Vendor No.:	T81016802
		NV Business ID:	NV19961128650

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 % Varies depending upon the project requiring this service

Agency Reference #: 112484

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112484

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical Plan Checking services are required to ensure building safety and code compliance.

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

Professional Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 10:17:15 AM
Division Approval	Imars1	04/26/2019 10:17:18 AM
Department Approval	Imars1	04/26/2019 10:17:22 AM
Contract Manager Approval	Imars1	04/26/2019 10:17:25 AM
Budget Analyst Approval	jrodrig9	05/20/2019 01:16:40 AM
BOE Agenda Approval	jrodrig9	05/20/2019 01:16:43 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21799**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RAGLEN SYSTEM BALANCE, INC.**Contractor Name: **RAGLEN SYSTEM BALANCE, INC.**Address: **898 MAESTRO DRIVE SUITE 100**City/State/Zip: **RENO, NV 89511**Contact/Phone: **775-747-0100**Vendor No.: **T29011422**NV Business ID: **NV19801011846**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 % Varies depending upon the project requiring this service.

Agency Reference #: **112566**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional third-party commissioning services, as needed, for CIP Projects: SPWD Contract No. 112566

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Third party commissioning services are required to ensure building safety and code compliance.

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

Professional Third Party Commissioning 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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 07:27:08 AM
Division Approval	Imars1	04/26/2019 07:27:13 AM
Department Approval	Imars1	04/26/2019 07:27:16 AM
Contract Manager Approval	Imars1	04/26/2019 07:27:20 AM
Budget Analyst Approval	jrodrig9	05/20/2019 00:17:57 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:18:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21841**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	RESOURCE CONCEPTS, INC.
Agency Code:	082	Contractor Name:	RESOURCE CONCEPTS, INC.
Appropriation Unit:	All Appropriations	Address:	340 N. MINNESOTA ST.
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89703-4152
If "No" please explain:	Not Applicable	Contact/Phone:	775-883-1600
		Vendor No.:	T12785100
		NV Business ID:	NV19781005208

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 % Varies depending upon the project requiring this service

Agency Reference #: 112543

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112543

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 10:40:42 AM
Division Approval	Imars1	04/30/2019 10:40:44 AM
Department Approval	Imars1	04/30/2019 10:40:47 AM
Contract Manager Approval	Imars1	04/30/2019 10:40:50 AM
Budget Analyst Approval	jrodrig9	05/19/2019 23:53:21 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:53:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21882**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RESOURCE CONCEPTS, INC.**Contractor Name: **RESOURCE CONCEPTS, INC.**Address: **340 N. MINNESOTA ST.**City/State/Zip: **CARSON CITY, NV 89703-4152**Contact/Phone: **775-883-1600**Vendor No.: **T12785100**NV Business ID: **NV19781005208**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 %** **Varies depending upon the project requiring this service**

Agency Reference #: 112510

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112510

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/02/2019 12:33:59 PM
Division Approval	Imars1	05/02/2019 12:34:02 PM
Department Approval	Imars1	05/02/2019 12:34:05 PM
Contract Manager Approval	Imars1	05/02/2019 12:34:08 PM
Budget Analyst Approval	cbrekken	05/08/2019 14:19:39 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:26:48 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21891**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RESOURCE CONCEPTS, INC.**Contractor Name: **RESOURCE CONCEPTS, INC.**Address: **340 N. MINNESOTA ST.**City/State/Zip: **CARSON CITY, NV 89703-4152**Contact/Phone: **775-883-1600**Vendor No.: **T12785100**NV Business ID: **NV19781005208**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 %** **Varies depending upon the project requiring this service**

Agency Reference #: 112491

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: CIP Contract No. 112491

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Civil Plan checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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	Imars1	05/02/2019 14:41:06 PM
Division Approval	Imars1	05/02/2019 14:41:09 PM
Department Approval	Imars1	05/02/2019 14:41:12 PM
Contract Manager Approval	Imars1	05/02/2019 14:41:15 PM
Budget Analyst Approval	jrodrig9	05/19/2019 22:22:21 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:22:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21893**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RO ANDERSON ENGINEERING, INC.**Contractor Name: **RO ANDERSON ENGINEERING, INC.**Address: **1603 ESMERALDA AVENUE
PO BOX 2229**City/State/Zip: **MINDEN, NV 89423**Contact/Phone: **775-782-2322**Vendor No.: **T29003022A**NV Business ID: **NV19921072789**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 %** **Varies depending upon the project requiring this service**

Agency Reference #: 112492

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 112492

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Civil Plan checking Services are required to ensure building safety and code compliance.

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

Professional Civil Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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	Imars1	05/02/2019 15:12:11 PM
Division Approval	Imars1	05/02/2019 15:12:13 PM
Department Approval	Imars1	05/02/2019 15:12:16 PM
Contract Manager Approval	Imars1	05/02/2019 15:12:19 PM
Budget Analyst Approval	jrodrig9	05/19/2019 22:27:34 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:27:38 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: **21843**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ROUNDS ENGINEERING, LTD, DBA CR ENGINEERING**Contractor Name: **ROUNDS ENGINEERING, LTD, DBA CR ENGINEERING**Address: **CR ENGINEERING****5434 LONGLEY LN.**City/State/Zip: **RENO, NV 89511-1879**Contact/Phone: **775-826-1919**Vendor No.: **T29024113**NV Business ID: **NV20041355601**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 %** **Varies depending upon the project requiring this service**Agency Reference #: **112522**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112522

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical Plan Checking services required to ensure building safety and code compliance.

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

Professional Mechanical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 12:08:25 PM
Division Approval	Imars1	04/30/2019 12:08:28 PM
Department Approval	Imars1	04/30/2019 12:08:31 PM
Contract Manager Approval	Imars1	04/30/2019 12:08:37 PM
Budget Analyst Approval	jrodrig9	05/19/2019 23:31:12 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:31:15 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 CONTRACT1. Contract Number: **21845**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	SAAREM CONSULTING ENGINEERS, LLC
Agency Code:	082	Contractor Name:	SAAREM CONSULTING ENGINEERS, LLC
Appropriation Unit:	All Appropriations	Address:	2188 ALFRED WAY
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89703-7128
If "No" please explain:	Not Applicable	Contact/Phone:	775-772-9846
		Vendor No.:	T32004288
		NV Business ID:	NV20151426231

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 % Varies depending upon the project requiring this service

Agency Reference #: 112525

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112525

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Mechanical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 12:31:02 PM
Division Approval	Imars1	04/30/2019 12:31:05 PM
Department Approval	Imars1	04/30/2019 12:31:09 PM
Contract Manager Approval	Imars1	04/30/2019 12:31:14 PM
Budget Analyst Approval	jrodrig9	05/19/2019 23:23:51 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:23:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21849**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	SGF ENGINEERING, LLC
Agency Code:	082	Contractor Name:	SGF ENGINEERING, LLC
Appropriation Unit:	All Appropriations	Address:	59 DAMONTE RANCH PKWY. SUITE B #549
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89521
If "No" please explain:	Not Applicable		
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 % Varies depending upon the project requiring this service

Agency Reference #: 112618

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112618

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Mechanical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 13:30:32 PM
Division Approval	Imars1	04/30/2019 13:30:36 PM
Department Approval	Imars1	04/30/2019 13:30:40 PM
Contract Manager Approval	Imars1	04/30/2019 13:30:44 PM
Budget Analyst Approval	jrodrig9	05/19/2019 23:16:12 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:16:15 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 CONTRACT1. Contract Number: **21864**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SHUMS CODA ASSOCIATES, INC.**Contractor Name: **SHUMS CODA ASSOCIATES, INC.**Address: **5776 STONERIDGE MALL RD SUITE 15**City/State/Zip: **PLEASANTON, CA 94588-2861**Contact/Phone: **925-463-0651**Vendor No.: **T29039071**NV Business ID: **NV20161545987**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 %** **Varies depending upon the project requiring this service**

Agency Reference #: 112499

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 112499

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Code Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/01/2019 08:47:25 AM
Division Approval	Imars1	05/01/2019 08:47:27 AM
Department Approval	Imars1	05/01/2019 08:47:29 AM
Contract Manager Approval	Imars1	05/01/2019 09:36:05 AM
Budget Analyst Approval	jrodrig9	05/19/2019 23:04:40 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:04:46 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21907**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SHUMS CODA ASSOCIATES, INC.**Contractor Name: **SHUMS CODA ASSOCIATES, INC.**Address: **5776 STONERIDGE MALL RD SUITE 150**City/State/Zip: **PLEASANTON, CA 94588-2861**Contact/Phone: **925-463-0651**Vendor No.: **T29039071**NV Business ID: **NV20161545987**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 %** **Varies depending upon the project requiring this service**

Agency Reference #: 112478

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: CIP Contract No. 112478

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility Plan Checking is required to ensure building safety and code compliance.

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

Professional Accessibility Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

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:

Rife, Mike, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/06/2019 08:26:39 AM
Division Approval	Imars1	05/06/2019 08:26:42 AM
Department Approval	Imars1	05/06/2019 08:26:45 AM
Contract Manager Approval	Imars1	05/06/2019 08:26:48 AM
Budget Analyst Approval	jrodrig9	05/19/2019 22:30:13 PM
BOE Agenda Approval	jrodrig9	05/19/2019 22:30:17 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: **21828**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TECTONICS DESIGN GROUP, INC.**Contractor Name: **TECTONICS DESIGN GROUP, INC.**Address: **730 SANDHILL RD.
SUITE 250**City/State/Zip: **RENO, NV 89521-8965**Contact/Phone: **775-824-9988**Vendor No.: **T29020845**NV Business ID: **NV20051722323**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 % Varies depending upon the project requiring this service

Agency Reference #: **112551**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 112551

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Professional Structural Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/29/2019 12:55:32 PM
Division Approval	Imars1	04/29/2019 12:55:35 PM
Department Approval	Imars1	04/29/2019 12:55:38 PM
Contract Manager Approval	Imars1	04/29/2019 12:55:41 PM
Budget Analyst Approval	jrodrig9	05/19/2019 23:37:17 PM
BOE Agenda Approval	jrodrig9	05/19/2019 23:37:21 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 CONTRACT1. Contract Number: **21850**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	TJ KROB CONSULTING ENGINEERS dba TJK CONSULTING ENGINEERS, INC.
Agency Code:	082	Contractor Name:	TJ KROB CONSULTING ENGINEERS dba TJK CONSULTING ENGINEERS, INC.
Appropriation Unit:	All Appropriations	Address:	TJK CONSULTING ENGINEERS, INC. 8728 SPANISH RIDGE AVE STE 100 LAS VEGAS, NV 89148-1493
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89148-1493
If "No" please explain:	Not Applicable	Contact/Phone:	702-871-3621
		Vendor No.:	T27029191
		NV Business ID:	NV19861003493

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 % Varied depending upon the project requiring this service

Agency Reference #: 112553

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 112553

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical/Electrical Plan Checking Services are required to ensure building safety and code compliance.

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

Professional Mechanical/Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 13:55:12 PM
Division Approval	Imars1	04/30/2019 13:55:15 PM
Department Approval	Imars1	04/30/2019 13:55:18 PM
Contract Manager Approval	Imars1	04/30/2019 14:50:32 PM
Budget Analyst Approval	cbrekken	05/07/2019 14:51:34 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:43:01 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21918**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	TMCX SOLUTIONS, LLC
Agency Code:	082	Contractor Name:	TMCX SOLUTIONS, LLC
Appropriation Unit:	All Appropriations	Address:	8205 W. WARM SPRINGS ROAD, SUITE 110
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89113-1834
If "No" please explain:	Not Applicable	Contact/Phone:	800-815-1162
		Vendor No.:	T27024620
		NV Business ID:	NV20091633795
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 % Varies depending upon the project requiring this service

Agency Reference #: 112675

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional third-party commissioning services, as needed, for CIP Projects: SPWD Contract No. 112675

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Third Party Commissioning Services are required to ensure building safety and code compliance.

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

Professional Third Party Commissioning 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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/07/2019 08:37:05 AM
Division Approval	Imars1	05/07/2019 08:37:07 AM
Department Approval	Imars1	05/07/2019 08:37:10 AM
Contract Manager Approval	Imars1	05/07/2019 08:37:13 AM
Budget Analyst Approval	jrodrig9	05/19/2019 21:57:41 PM
BOE Agenda Approval	jrodrig9	05/19/2019 21:57:44 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: **21800**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	UTAH NEW VISION CONSTRUCTION, LLC
Agency Code:	082	Contractor Name:	UTAH NEW VISION CONSTRUCTION, LLC
Appropriation Unit:	All Appropriations	Address:	11350 E. 18625 S Unit #118
Is budget authority available?:	Yes	City/State/Zip	MOUNT PLEASANT, UT 84647-3503
If "No" please explain:	Not Applicable	Contact/Phone:	801-557-3211
		Vendor No.:	T29009993
		NV Business ID:	NV20151696378

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 % Varies depending upon the project requiring this service

Agency Reference #: 112568

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional third-party commissioning services, as needed, for CIP Projects: SPWD Contract No. 112568

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Third party commissioning services are required to ensure building safety and code compliance.

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

Professional Third Party Commissioning 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:

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 07:40:38 AM
Division Approval	Imars1	04/26/2019 07:40:41 AM
Department Approval	Imars1	04/26/2019 07:40:45 AM
Contract Manager Approval	Imars1	04/26/2019 07:40:48 AM
Budget Analyst Approval	jrodrig9	05/20/2019 00:28:21 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:28:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21814**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WESTERN TECHNOLOGIES, INC.**Contractor Name: **WESTERN TECHNOLOGIES, INC.**Address: **6633 W POST ROAD, SUITE 100**City/State/Zip: **LAS VEGAS, NV 89118**Contact/Phone: **705-798-8050**Vendor No.: **T80821910**NV Business ID: **NV19821000805**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 %** **Varies depending upon the project requiring this service.**Agency Reference #: **112544**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112544

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection Services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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 Legislature9. 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:

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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/26/2019 12:22:42 PM
Division Approval	Imars1	04/26/2019 12:22:44 PM
Department Approval	Imars1	04/26/2019 12:22:47 PM
Contract Manager Approval	Imars1	04/26/2019 12:22:50 PM
Budget Analyst Approval	jrodrig9	05/20/2019 01:10:04 AM
BOE Agenda Approval	jrodrig9	05/20/2019 01:10:07 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21879**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WESTERN TECHNOLOGIES, INC.**Contractor Name: **WESTERN TECHNOLOGIES, INC.**Address: **6633 W POST ROAD, STE 100**City/State/Zip: **LAS VEGAS, NV 89118**Contact/Phone: **702-798-8050**Vendor No.: **T80821910**NV Business ID: **NV19821000805**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 %** **Varies depending upon the project requiring this service**Agency Reference #: **112511**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112511

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/02/2019 10:47:43 AM
Division Approval	Imars1	05/02/2019 10:47:46 AM
Department Approval	Imars1	05/02/2019 10:47:49 AM
Contract Manager Approval	Imars1	05/02/2019 10:47:52 AM
Budget Analyst Approval	cbrekken	05/07/2019 15:33:24 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:36:22 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21837**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	WOOD RODGERS, INC.
Agency Code:	082	Contractor Name:	WOOD RODGERS, INC.
Appropriation Unit:	All Appropriations	Address:	1361 CORPORATE BOULEVARD
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89511-2250
If "No" please explain:	Not Applicable	Contact/Phone:	775-823-4068
		Vendor No.:	T29006428
		NV Business ID:	NV20031304987
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 % Varies depending upon the project requiring this service
Agency Reference #:	112545		

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services, as needed, for CIP Projects: SPWD Contract No. 112545

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection 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:

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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/30/2019 10:02:08 AM
Division Approval	Imars1	04/30/2019 10:02:11 AM
Department Approval	Imars1	04/30/2019 10:02:14 AM
Contract Manager Approval	Imars1	04/30/2019 10:02:16 AM
Budget Analyst Approval	jrodrig9	05/20/2019 00:07:41 AM
BOE Agenda Approval	jrodrig9	05/20/2019 00:07:44 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21888**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	WOOD RODGERS, INC.
Agency Code:	082	Contractor Name:	WOOD RODGERS, INC.
Appropriation Unit:	All Appropriations	Address:	1361 CORPORATE BOULEVARD
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	775-823-4068
		Vendor No.:	T29006428A
		NV Business ID:	NV20031304987
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 % Varies depending upon the project requiring this service
Agency Reference #:	112558		

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 112558

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation services are required to ensure building safety and code compliance.

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

Professional Geotechnical Investigation 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:

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:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	05/02/2019 14:18:25 PM
Division Approval	Imars1	05/02/2019 14:18:27 PM
Department Approval	Imars1	05/02/2019 14:18:30 PM
Contract Manager Approval	Imars1	05/02/2019 14:18:33 PM
Budget Analyst Approval	cbrekken	05/08/2019 13:52:36 PM
BOE Agenda Approval	jrodrig9	05/21/2019 00:33:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21596**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AVIAREPS FRANCE SARL**Contractor Name: **AVIAREPS FRANCE SARL**Address: **122 AVENUE DES CHAMPS ELYSEES**City/State/Zip: **PARIS, FRANCE, 75008**Contact/Phone: **ISABELLE GILQUIN 330186467900**Vendor No.: **F00000102 B**NV Business ID: **NV20151275428**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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % LODGING TAX

Agency Reference #: **RFP #10TCA-S449 - AM**

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Rep Office - France**

5. Purpose of contract:

This is a new contract to provide ongoing international representation in France to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organization of familiarization tours, media planning and buying, marketing and promotions development, and quarterly progress reports covering activities, media value and accomplishments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$700,000.00**

Payment for services will be made at the rate of \$175,000.00 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The State does not have employees located in France to perform the necessary work as identified in the contract. In-county representatives have direct knowledge of the industry, culture, language and traveler. They also have the in-county industry contacts. Being in-country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

9. Were quotes or proposals solicited?

Yes

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

Yes

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

UNIQUE CONSULTING
ARTICLE ONZE
AVIAREPS FRANCE SRL

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S449, 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: 12/17/2018 Anticipated re-bid date: 07/01/2022

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?

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 Division of Tourism - 2012 to present. They have been deemed 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:

Other

Foreign Limited-Liability Company

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	03/05/2019 15:05:32 PM
Division Approval	amathies	03/05/2019 15:05:34 PM
Department Approval	amathies	03/05/2019 15:05:36 PM
Contract Manager Approval	amathies	03/05/2019 15:05:38 PM
Budget Analyst Approval	lfree1	04/03/2019 11:36:49 AM
BOE Agenda Approval	lfree1	04/03/2019 11:36:52 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21733**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AVIAREPS TOURISM GMBH**Contractor Name: **AVIAREPS TOURISM GMBH**Address: **JOSEPHSPITALSTR 15**City/State/Zip: **MUNICH, GERMANY, 80331**Contact/Phone: **NICO ORTMANN 49089552533**Vendor No.: **F00000102**NV Business ID: **NV20131315834**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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % LODGING TAX

Agency Reference #: **RFP #10TCA-S484 - AM**

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Rep Office - Germany**

5. Purpose of contract:

This is a new contract to provide ongoing international representation in Germany to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, organization of familiarization tours, media planning and buying, marketing and promotions development, and quarterly progress reports covering activities, media value and accomplishments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

Other basis for payment: approx \$200,000 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The State does not have employees located in India to perform the necessary work as identified in the contract. In-country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in-country industry contacts. Being in-country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

9. Were quotes or proposals solicited?

Yes

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

Yes

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

CLAASEN COMMUNICATIONS GMBH
LIEB MANAGEMENT & BETEILIGUNGS GMBH
TRAVELMARKETING ROMBERG TMR
WIECHMANN TOURISM SERVICE GMBH
AVIAREPS TOURISM GMBH

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S484, 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: 11/19/2019 Anticipated re-bid date: 11/19/2022

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?

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 DIVISION OF TOURISM - ONGOING SINCE 2009. THEY ARE DEEMED 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:

Other

NON-TITLE 7 BUSINESS

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	04/10/2019 13:50:30 PM
Division Approval	amathies	04/10/2019 13:50:32 PM
Department Approval	amathies	04/10/2019 13:50:34 PM
Contract Manager Approval	amathies	04/10/2019 13:50:37 PM
Budget Analyst Approval	lfree1	05/03/2019 11:40:55 AM
BOE Agenda Approval	lfree1	05/03/2019 11:40:58 AM

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: **21590**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BUZZ TRAVEL MARKETING INDIA PRIVATE LIMITED**Contractor Name: **BUZZ TRAVEL MARKETING INDIA PRIVATE LIMITED**Address: **1110 NAURANG HOUSE 11TH FLOOR KASTURBA GANDHI**City/State/Zip: **NEW DELHI, INDIA, 110001**Contact/Phone: **NIKHIL JEET 0091-9910031**Vendor No.: **F00000415**NV Business ID: **NV20191134203**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 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % LODGING TAX**Agency Reference #: **RFP #10TCA-S424-AM**

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Rep Office - India**

5. Purpose of contract:

This is a new contract to provide international representation in India to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, organization of familiarization tours, media planning and buying, marketing and promotions development, and quarterly progress reports covering activities, media value and accomplishments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

Other basis for payment: approximately \$200,000 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicize travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The State does not have employees located in India to perform the necessary work as identified in the contract. In-county representatives have direct knowledge of the industry, culture, language and traveler. They also have the in-county industry contacts. Being in-county, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

9. Were quotes or proposals solicited?

Yes

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

Yes

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

BUZZ TRAVEL MARKETING INDIA PRIVATE LIMITED
SARTHA GLOBAL MARKETING LLP
THINK STRAWBERRIES LUXURY TRAVEL MARKETING PVT LTD
BLUE SQUARE CONSULTANTS

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S424, 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: 11/19/2018 Anticipated re-bid date: 11/19/2022

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:

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	03/04/2019 11:59:11 AM
Division Approval	amathies	03/04/2019 11:59:14 AM
Department Approval	amathies	03/04/2019 11:59:16 AM
Contract Manager Approval	amathies	03/04/2019 11:59:20 AM
Budget Analyst Approval	aurrutu	04/16/2019 09:51:14 AM
BOE Agenda Approval	lfree1	04/18/2019 10:54:58 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21687**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CANUCKIWI, LTD**Contractor Name: **CANUCKIWI, LTD**Address: **1/5 HASTINGS ROAD
AUKLAND**City/State/Zip: **NEW ZEALAND, 0630**Contact/Phone: **COREY MARSHALL 6421555463**Vendor No.: **F00000336**NV Business ID: **NV20151564947**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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % LODGING TAX

Agency Reference #: **RFP #10TCA-S480 - AM**

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Rep Off - Australia**

5. Purpose of contract:

This is a new contract to provide international representation in Australia to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, organization of familiarization tours, media planning and buying, marketing and promotions development, and quarterly progress reports covering activities, media value and accomplishments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

Other basis for payment: approx \$200,000 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The State does not have employees located in India to perform the necessary work as identified in the contract. In-country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in-country industry contacts. Being in-country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

9. Were quotes or proposals solicited?

Yes

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

Yes

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

ASIA PACIFIC TRAVEL MARKETING SERVICES, DBA LINKED TOURISM
GTI TOURISM
CANUCKIWI LTD

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S480, 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: 11/19/2018 Anticipated re-bid date: 11/19/2022

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?

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

DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS, NEVADA DIVISION OF TOURISM - JANUARY 1, 2016 TO PRESENT. VENDOR IS DEEMED 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 15:07:50 PM
Division Approval	amathies	04/01/2019 15:07:57 PM
Department Approval	amathies	04/01/2019 15:08:00 PM
Contract Manager Approval	amathies	04/01/2019 15:08:02 PM
Budget Analyst Approval	lfree1	04/15/2019 14:31:57 PM
BOE Agenda Approval	lfree1	04/15/2019 14:32:00 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: **21597**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HILLS BALFOUR, LTD**Contractor Name: **HILLS BALFOUR, LTD**Address: **58 SOUTHWARK BRIDGE ROAD**City/State/Zip: **LONDON, UK, SE1 0AS**Contact/Phone: **JONATHAN SLOAN 440207593170**Vendor No.: **F00000120**NV Business ID: **NV20141320493**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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % LODGING TAX

Agency Reference #: **RFP #10TCA-S440 - AM**

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Rep Office - UK**

5. Purpose of contract:

This is a new contract to provide international representation in the United Kingdom to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organization of familiarization tours, media planning and buying, marketing and promotions development, regular communication and quarterly progress reports covering activities, media value and accomplishments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

Payment for services will be made at the rate of \$200,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The State does not have employees located in United Kingdom to perform the necessary work as identified in the contract. In-country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in-country industry contacts. Being in-country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

9. Were quotes or proposals solicited?

Yes

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

Yes

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

KBC PUBLIC RELATIONS & MARKETING LIMITED
LOTUS UK INTEGRATED COMMUNICATIONS
SLC REPRESENTATION LTD
HILLS BALFOUR LTD

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S440, 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: 12/03/2018 Anticipated re-bid date: 07/15/2022

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?

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 Division of Tourism - July 1, 2008 to present. They have been deemed 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:

Other

Partnership

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	03/05/2019 15:15:21 PM
Division Approval	amathies	03/05/2019 15:15:23 PM
Department Approval	amathies	03/05/2019 15:15:25 PM
Contract Manager Approval	amathies	03/05/2019 15:15:26 PM
Budget Analyst Approval	lfree1	04/03/2019 11:29:02 AM
BOE Agenda Approval	lfree1	04/03/2019 11:29:05 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21731**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **OMNITRAK RESEARCH & MARKETING**Contractor Name: **OMNITRAK RESEARCH & MARKETING**Address: **GROUP INC DBA OMNITRAK GROUP
841 BISHOP ST STE 1250**City/State/Zip: **HONOLULU, HI 96813-3916**Contact/Phone: **JOHN PACKER 513-828-3177**Vendor No.: **T32006232**NV Business ID: **NV20181118362**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 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % LODGING TAX**Agency Reference #: **RFP #10TCA-S559 - AM**

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Market Effect Study**

5. Purpose of contract:

This is a new contract to provide a measurement of the effectiveness of integrated domestic paid, owned and earned marketing/communications efforts.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$837,100.00**

Other basis for payment: \$199,000 for FY 20; \$205,700 for FY 21; \$212,600 for FY 22; \$219,800 for FY 23.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 231.160 through NRS 231.300 requires that the Nevada Division of Tourism promotes tourism in Nevada. The Division of Tourism is also responsible for providing an accountability of the public funds given to the Division.

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

This requires a specialized digital tagging system and the objective expertise of a reputable research firm to collect and analyze data, as well as develop and implement a credible methodology that is applied to the collection and objective analysis of the data. It is not feasible due to the unique qualifications and highly specialized/technical nature of the task. The State of Nevada does not own a managed panel.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):

OMNITRACK GROUP
THE RESEARCH ASSOCIATES
CAPTIVATE
LONGWOODS INTERNATIONAL USA
STRATEGIC MARKETING AND RESEARCH INSIGHTS

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S559, 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: 03/07/2019 Anticipated re-bid date: 01/01/2023

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:

NEVADA DIVISION OF TOURISM JULY 1, 2017 - PRESENT. THEY ARE DEEMED 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	04/10/2019 13:38:46 PM
Division Approval	amathies	04/10/2019 13:38:48 PM
Department Approval	amathies	04/10/2019 13:38:51 PM
Contract Manager Approval	amathies	04/19/2019 14:07:55 PM
Budget Analyst Approval	lfree1	04/26/2019 16:27:17 PM
BOE Agenda Approval	lfree1	05/03/2019 11:44:36 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21617**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **REACH GLOBAL MARKETING, LTD**Contractor Name: **REACH GLOBAL MARKETING, LTD**Address: **SUITE 452, 370 KING ST WEST**City/State/Zip: **TORONTO, ONTARIO, M5V 1J9**Contact/Phone: **charmaine@reachglobal.ca 416-341-0245**Vendor No.: **F00000420**NV Business ID: **NV20191184781**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 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % LODGING TAX**Agency Reference #: **RFP #10TCA-S464 - AM**

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Rep Office - Canada**

5. Purpose of contract:

This is a new contract to provide international representation in Canada to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, organization of familiarization tours, media planning and buying, marketing and promotions development, and quarterly progress reports covering activities, media value and accomplishments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

Payment for services will be made at the rate of \$150,000.00 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The State does not have employees located in Canada to perform the necessary work as identified in the contract. In-country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in-country industry contacts. Being in-country, the representatives are able to conduct sales calls, in office training, media visits, attend sales missions and shows more conveniently and at a reduced cost.

9. Were quotes or proposals solicited?

Yes

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

Yes

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

GLOBAL MARKETING & SALES
PULSE TRAVEL MARKETING
REACH GLOBAL MARKETING LTD
CANUCKIWI LTD

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S464, 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: 01/03/2019 Anticipated re-bid date: 06/15/2022

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:
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	03/12/2019 08:20:32 AM
Division Approval	amathies	03/12/2019 08:20:34 AM
Department Approval	amathies	03/12/2019 08:20:36 AM
Contract Manager Approval	amathies	03/12/2019 08:20:38 AM
Budget Analyst Approval	lfree1	04/03/2019 12:03:25 PM
BOE Agenda Approval	lfree1	04/03/2019 12:03:28 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16677** Amendment Number: **1**

Agency Name: **ADMIN - ENTERPRISE IT SERVICES** Legal Entity Name: **HIGH SIERRA COMMUNICATIONS, INC.**

Agency Code: **180** Contractor Name: **HIGH SIERRA COMMUNICATIONS, INC.**

Appropriation Unit: **1388-06** Address: **1032 DUCK HILL ROAD**

Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89704-9317**

If "No" please explain: Not Applicable Contact/Phone: **DAVE METTS 775-841-1200**

Vendor No.: **PUR0002664A**

NV Business ID: **NV19821009100**

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

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

General Funds	0.00 %	X	Fees	100.00 % User
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 **07/01/2015**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **5 years and 1 day**4. Type of contract: **Contract**Contract description: **Mountaintop space**

5. Purpose of contract:

This is the first amendment to the original contract which provides building and microwave tower space at Fencemaker Peak, Toulon Peak, Peavine Peak and Virginia Peak. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the amount from \$550,000 to \$677,390.40 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:	\$550,000.00	\$550,000.00	\$550,000.00	Yes - Action
2. Amount of current amendment (#1):	\$127,390.40	\$127,390.40	\$127,390.40	Yes - Action
3. New maximum contract amount:	\$677,390.40			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintaining communications to support public safety and state infrastructure.

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

Not State employee work related. Contract is for mountaintop building and tower space rental.

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 #: 150502

Approval Date: 05/05/2015

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

Only vendor available

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:

High Sierra Communications has had four existing contracts with Enterprise Information Technology Services for ten years and service has been satisfactory in all four contracts.

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	ddav12	05/07/2019 10:58:27 AM
Division Approval	ddav12	05/07/2019 10:58:33 AM
Department Approval	ddav12	05/07/2019 10:58:38 AM
Contract Manager Approval	ddav12	05/15/2019 08:31:53 AM
Budget Analyst Approval	cmurph3	05/15/2019 11:12:08 AM

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: **21896**Agency Name: **PEACE OFFICER STANDARDS & TRAINING**Agency Code: **230**Appropriation Unit: **3774-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **EDULOKA LTD. dba INLUMON**Contractor Name: **EDULOKA LTD. dba INLUMON**Address: **5375 Kietzke Lane,
Suite 150**City/State/Zip: **Reno, NV 89521**Contact/Phone: **800-246-0541**

Vendor No.:

NV Business ID: **NV20101126878**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.

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 #: **ASD 2831808**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2019**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/10/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Software maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing monthly software and maintenance support services for the Nevada Enforcement database including future upgrades, changes and enhancements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$58,008.00**

Payment for services will be made at the rate of \$0.00 per MONTH

Other basis for payment: FY20: \$12,000; FY21: \$12,000; FY22: \$17,004 and FY23: \$17,004

II. JUSTIFICATION

7. What conditions require that this work be done?

POST is responsible for maintaining records for all law enforcement officers in Nevada. This new software will modernize and consolidate the four programs that POST has used to maintain the database for over 10 years. This one program will increase efficiencies and streamline this process for POST staff and law enforcement agencies utilizing it. POST was able to negotiate a price structure that would not increase database management software costs.

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

POST does not employ a software writer to write this new software.

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):

Accela
Formatta
InLumon

b. Solicitation Waiver: **Not Applicable**

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

This vendor's bid was the best price for 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:

Susannah Russell , null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/09/2019 16:27:30 PM
Division Approval	ssands	05/09/2019 16:27:33 PM
Department Approval	ssands	05/20/2019 08:27:02 AM
Contract Manager Approval	ssands	05/20/2019 08:27:43 AM
Budget Analyst Approval	bmacke1	05/20/2019 13:39:43 PM
BOE Agenda Approval	jrodrig9	05/20/2019 21:36:41 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: **17594**Amendment Number: **1**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Legal Entity Name: **AbacusRX Pharmacy**Agency Code: **240**Contractor Name: **AbacusRX Pharmacy**Appropriation Unit: **2561-04**Address: **1516 W. Warm Springs Road**Is budget authority available?: **No**City/State/Zip: **Henderson , NV 89014**

If "No" please explain: Agency will be submitting a work program for FY2020 since this was not known in time before the agency's budget closed.

Contact/Phone: **Kristine Carlton 702-475-8609**

FY2020 and FY2021 both have \$200,000. A work program to increase each fiscal year by \$175,000 will be processed.

Vendor No.: **T32003966**NV Business ID: **NV20141548460**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2016**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2020**Contract term: **4 years and 52 days**4. Type of contract: **Contract**Contract description: **Pharmacy Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing pharmaceutical services. The amendment increases the maximum amount from \$800,000 to \$1,550,000 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:	\$800,000.00	\$800,000.00	\$800,000.00	Yes - Action
2. Amount of current amendment (#1):	\$750,000.00	\$750,000.00	\$750,000.00	Yes - Action
3. New maximum contract amount:	\$1,550,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada State Veterans Home is responsible to provide 24-hour pharmaceutical services, which includes prescription coverage for the residents.

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

The State does not have the capability to provide this service.

9. Were quotes or proposals solicited? 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):

KBHP Pharmacy
AbacusRX
Omnicare
Progressive Medical

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

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

Contractor was the highest scored in technical merits and cost factors combined.

d. Last bid date: 12/15/2015 Anticipated re-bid date: 12/15/2019

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:

Vendor currently provides these services to the Nevada Department of Veterans Services and services provided 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:

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	agarland	04/18/2019 13:08:11 PM
Division Approval	agarland	04/18/2019 13:08:16 PM

Department Approval	agarland	04/18/2019 13:08:21 PM
Contract Manager Approval	agarland	04/18/2019 13:08:26 PM
Budget Analyst Approval	bmacke1	05/14/2019 15:57:20 PM
BOE Agenda Approval	jrodrig9	05/20/2019 22:36:14 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: **18985**Amendment
Number: **1**Agency Name: **NDE - DEPARTMENT OF
EDUCATION**Legal Entity
Name: **JOBS FOR NEVADA GRADUATES,
INC.**Agency Code: **300**Contractor Name: **JOBS FOR NEVADA GRADUATES,
INC.**Appropriation Unit: **2699-25**Address: **DBA JAG NEVADA / PMB 128
4045 S BUFFALO DR STE A101-128**Is budget authority
available?: **Yes**City/State/Zip **LAS VEGAS, NV 89145**

If "No" please explain: Not Applicable

Contact/Phone: **Rene Cantu 702/810-3068**Vendor No.: **T32002801A**NV Business ID: **NV20131697401**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 %

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 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **NV JAG**

5. Purpose of contract:

This is the first amendment to the original contract which supports the Jobs for America's Graduates (JAG) program for the 2017-2018 and 2018-2019 school years. This amendment increases the maximum contract amount from \$7,173,290 to \$15,281,580 and extends the termination date from June 30, 2019 to June 30, 2021 to continue supporting the JAG program for the 2019-2020 and the 2020-2021 school years.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,173,290.00	\$7,173,290.00	\$7,173,290.00	Yes - Action
2. Amount of current amendment (#1):	\$8,108,290.00	\$8,108,290.00	\$8,108,290.00	Yes - Action
3. New maximum contract amount:	\$15,281,580.00			
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?

Jobs for America's Graduates (JAG) is a state-based national non-profit organization dedicated to preventing dropouts among young people who are not at-risk. This contract will enable the Department of Education to fulfill its obligation to this program.

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

The Jobs for America's Graduates model requires the state to contract with a qualified non-profit organization to administer this program. Jobs for America's Graduates operates in school districts throughout the state and includes funding from private partnerships.

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 #: 170603

Approval Date: 07/13/2017

- 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:

Department of Employment, Rehabilitation and Training - 7/1/14-6/30/15 - work was satisfactory
Department of Education CETS #15700 - 7/1/14-7/31/17 - work was 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	amccalla	05/20/2019 15:17:14 PM
Division Approval	amccalla	05/20/2019 15:17:18 PM

Department Approval	amccalla	05/20/2019 15:18:15 PM
Contract Manager Approval	amccalla	05/20/2019 15:18:21 PM
Budget Analyst Approval	cbrekken	05/20/2019 16:25:37 PM
BOE Agenda Approval	tgreenam	05/20/2019 16:28:39 PM

State of Nevada
Department of Administration

Purchasing Division

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



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haug
Administrator

Purchasing Use Only:	
Approval#:	170603

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM Revised 07/11/17

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: <u>Department of Education</u>		
	Contact Name and Title	Phone Number	Email Address
	<u>Andrea McCalla</u>	<u>775-687-9169</u>	<u>ammccalla@doe.nv.gov</u>
	<u>Andra Blackwell</u>	<u>775-687-9209</u>	<u>ablackwell@doe.nv.gov</u>

1b	Vendor Information:	
	Identify Vendor:	<u>Jobs for Nevada Graduates, Inc.</u>
	Contact Name:	<u>Rene Cantu</u>
	Address:	<u>4045 S. Buffalo, Suite A-101-128, Las Vegas, NV 89145</u>
	Telephone Number:	<u>702-810-3068</u>
	Email Address:	<u>rcantu@jognv.org</u>

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

1d	Contract Information:	
	Is this a new Contract?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
	Amendment:	<u>#6</u> <u>003</u>
	CETS:	<u>#15700</u> <u>18985</u> <u>003</u>

1e	Term:	
	One (1) Time Purchase:	
	Contract:	Start Date: <u>07/01/2019</u> End Date: <u>08/31/2019</u>

1f	Funding:	
	State Appropriated:	<input checked="" type="checkbox"/>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:	
	<u>\$6,836,645 total contract</u> <u>\$7,173,290</u> <u>003</u>	

2	Provide a description of work/services to be performed or commodity/good to be purchased:
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	<p>Jobs for America's Graduates (JAG) is a state-based national non-profit organization dedicated to preventing dropouts among young people who are most at-risk. This program is offered to Nevada's youth through local school districts throughout the State. At Governor Sandoval's request, the Department of Education is joining in the effort to form a funding partnership along with the Department of Employment, Training and Rehabilitation (DETR), and Nevada's Local Workforce Investment Boards to provide this program to Nevada's middle and high school students. Approval of this Solicitation Waiver will allow the Nevada Department of Education (DOE) to continue funding its portion of the current Nevada JAG program.</p> <p>*Amendment 1 extended the term of the contract to July 31, 2017.</p> <p>**Amendment 2 added \$6,986,645 authority to the contract to make total authority \$6,836,645.</p> <p>***Amendment 3 changes the Scope of Work to allow the contractor to modify the budget and add 3 new positions in anticipation of program growth.</p> <p>****Amendment 4 changes the Scope of Work to allow the contractor to modify the budget to allow for growth. The contractor will be growing from serving 44 programs to 54 programs.</p> <p>****Amendment 5 changes the Scope of Work to allow the contractor to modify the budget to add the FY16 unspent funds of \$236,056 from this contract to the FY17 budget amount for this contract. No overall change in contract authority amount.</p> <p>*****Amendment 6 only extends the termination date of the contract from 7/31/2017 to 8/31/2019. Another Waiver will be submitted to increase the contract authority to fund FY18 & FY19.</p>
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	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p>
3	<p>Prior to FY15, the JAG program was administered through a contract with DETR by the non-profit organization Community Services Agency (Vendor T81016955). During the 2013 Legislative Session the Committee on K-12/Higher Education/CIPS there was discussion regarding the formation of the new non-profit in Budget Account 2699's Budget Hearing. The committee approved funding the program with the intent of contracting with the new non-profit organization to take over the Nevada JAG Program. Jobs for Nevada Graduates, Inc. (T32002801) is that new organization.</p>

	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p>
4	<p>Jobs for America's Graduates (JAG) is a state-based national non-profit organization. There are no other providers in the State.</p>

	<p>Were alternative services or commodities evaluated? Check One. Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/></p>
5	<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>Jobs for America's Graduates (JAG) is a state-based national non-profit organization. There are no other providers in the State.</p>

6	<p>Has the agency purchased this service or commodity in the past? Check Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>
---	---

One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers must accompany this request.								
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)		
7/1/14	7/31/17	\$6,836,645	Jobs for America's Graduates (JAG)			Waiver		
10/1/13	6/30/14	\$750,000	Jobs for America's Graduates (JAG)			Waiver - DETR		

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	If this Solicitation Waiver is denied, the Nevada Department of Education (DOE) will be unable to contribute its portion of funding to the current Nevada JAG program for the FY2017—2019 biennium.

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?
	Jobs for America's Graduates (JAG) is a state-based national non-profit organization. There are no other providers in the State. The contract price is based on the legislatively approved appropriation for this program for FY15.

9	Will this purchase obligate the State to this vendor for future purchases? Check One.	Yes:	X	No:	
	a. If yes, please provide details regarding future obligations or needs.				
	This waiver is being requested for FY 17-19 biennium; funding has been approved for this time period. The agency believes continued funding will be approved and this vendor will continue to provide these services.				

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.

Andrea McCalla
Agency Representative Initiating Request

Andrea McCalla
Print Name of Agency Representative Initiating Request

5-24-17
Date

Brett Barley
Signature of Agency Head Authorizing Request

5-24-17

Brett Barley
Print Name of Agency Head Authorizing Request

5-24-17
Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Signed:

[Signature]
Administrator, Purchasing Division or Designee

6-20-2017
Date

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: **17945**Amendment Number: **3**Legal Entity Name: **Board of Regents - UNR**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Contractor Name: **Board of Regents - UNR**Agency Code: **300**Address: **Mail Stop 0325**Appropriation Unit: **2709-21**Is budget authority available?: **Yes****1664 N Virginia Street
Reno, NV 89557-0025**If "No" please explain: **Not Applicable**Contact/Phone: **Karim Hussein 775-784-4040**Vendor No.: **D35000816**NV Business ID: **n/a**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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/13/2016**Anticipated BOE meeting date **07/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**

Termination Date:

Contract term: **3 years and 291 days**4. Type of contract: **Interlocal Agreement**Contract description: **Child Care Quality**

5. Purpose of contract:

This is the third amendment to the original interlocal agreement which provides for the development and implementation of a Child Development Associate (CDA) program for infant and toddler child care providers, including training, coaching, and support to providers to earn a CDA credential. This amendment increases the maximum contract amount from \$697,833 to \$976,792 and extends the termination date from June 30, 2019 to June 30, 2020 to continue the CDA program through fiscal year 2020.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$583,812.00	\$583,812.00	\$583,812.00	Yes - Action
a. Amendment 1:	\$59,332.00	\$59,332.00	\$59,332.00	Yes - Action
b. Amendment 2:	\$54,689.00	\$54,689.00	\$54,689.00	Yes - Action
2. Amount of current amendment (#3):	\$278,959.00	\$278,959.00	\$278,959.00	Yes - Action
3. New maximum contract amount:	\$976,792.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Education receives funding from the US Administration for Children & Families, Child Care and Development Funds through a sub-grant from the Nevada Division of Welfare and Supportive Services. These funds must be used to increase access and improve quality of child care programs - specifically infant toddler care.

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

The Nevada Department of Education, Office of Early Learning and Development does not have sufficient number of staff to perform these activities. The Nevada System of Higher Education (NSHE), Board of Regents is a government entity.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 277.180, the Agency has contracted with the Board of Regents, University of Nevada Reno.

The indirect rate for this contract is 5%.

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

5 %

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:

Department of Education has several interlocal agreement contracts in place for various services - 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 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	amccalla	05/20/2019 10:17:38 AM
Division Approval	amccalla	05/20/2019 10:17:43 AM
Department Approval	amccalla	05/20/2019 10:17:49 AM

Contract Manager Approval	amccalla	05/20/2019 10:17:53 AM
Budget Analyst Approval	tgreenam	05/20/2019 14:29:38 PM
BOE Agenda Approval	tgreenam	05/20/2019 14:29:43 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: **21793**Agency Name: **ADMIN - NV ST LIBRARY,
ARCHIVES AND PUBLIC RECORDS**Agency Code: **332**Appropriation Unit: **1346-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **B2B DELIVERY, LLC**Contractor Name: **B2B DELIVERY, LLC**Address: **2125 EAST FIFTH STREET
SUITE 105**City/State/Zip: **TEMPE, AZ 85281**Contact/Phone: **702-541-6260**Vendor No.: **T32004368**NV Business ID: **NV20111451161**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 %	X	Fees	100.00 % Mail
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **08DOA-S546**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **Overnight mail delv**

5. Purpose of contract:

This is a new contract to provide overnight mail service between Carson City and Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$587,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The State requires a daily overnight mail service between Carson City and Las Vegas.

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?

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):

B2B Delivery LLC
Southwest Courier and Logistics
Vickers Express Courier Service
American Expediting Company
b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 08DOA-S546, 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: 03/04/2019 Anticipated re-bid date: 03/01/2023

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:

February 2017 and performance 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:
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:

Sue Conn, PO II Ph: 684-1862

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/24/2019 11:40:24 AM
Division Approval	ssands	04/24/2019 11:40:27 AM
Department Approval	ssands	04/24/2019 11:40:31 AM
Contract Manager Approval	ssands	04/24/2019 11:40:35 AM
Budget Analyst Approval	mtum1	05/14/2019 15:24:13 PM
BOE Agenda Approval	cmurph3	05/15/2019 11:11:28 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16585**Amendment
Number: **3**Agency Name: **ADMIN - NEVADA STATE LIBRARY
AND ARCHIVES**Legal Entity
Name: **EBSCO INDUSTRIES, INC.**Agency Code: **332**Contractor Name: **EBSCO INDUSTRIES, INC.**Appropriation Unit: **2891-12**Address: **10 ESTES STREET**Is budget authority
available?: **Yes**City/State/Zip **IPSWICH, MA 01938**

If "No" please explain: Not Applicable

Contact/Phone: **CONALL HALEY 800-653-2726**Vendor No.: **T41098000F**NV Business ID: **NV20011454889**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

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

Agency Reference #: **RFP #1116**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2015**
Examiner's approval?Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **4 years and 184 days**4. Type of contract: **Contract**Contract description: **Database Packages**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing access to the Core Enhanced Renewal Package of databases for all public academic institutions, public libraries, and public K-12 schools. This amendment extends the termination date from June 30, 2018 to December 31, 2019 and increases the maximum amount from \$1,570,694 to \$1,677,415 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:	\$822,450.00	\$822,450.00	\$822,450.00	Yes - Action
a. Amendment 1:	\$534,802.00	\$534,802.00	\$534,802.00	Yes - Action
b. Amendment 2:	\$213,442.00	\$213,442.00	\$213,442.00	Yes - Action
2. Amount of current amendment (#3):	\$106,721.00	\$106,721.00	\$106,721.00	Yes - Action
3. New maximum contract amount:	\$1,677,415.00			
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?

It is in the best interest of the state to continue to provide its citizens and students statewide access via libraries and the internet.

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

The state does not have licensed databases

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor received the top scores by the evaluation committee.

d. Last bid date: 02/12/2015 Anticipated re-bid date: 06/01/2019

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:

7/1/13-6/30/15 - Nevada State Library and Archives - 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	ssands	05/09/2019 10:30:47 AM
Division Approval	ssands	05/09/2019 10:30:53 AM
Department Approval	ssands	05/09/2019 10:30:59 AM

Contract Manager Approval	ssands	05/09/2019 10:31:06 AM
Budget Analyst Approval	mtum1	05/20/2019 13:40:46 PM
BOE Agenda Approval	cmurph3	05/20/2019 14:15:44 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: **21704**

Agency Name:	ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	Legal Entity Name:	Nevada Library Cooperative
Agency Code:	332	Contractor Name:	Nevada Library Cooperative
Appropriation Unit:	2895-00	Address:	100 STEWART STREET
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89701-4285
If "No" please explain:	Not Applicable	Contact/Phone:	775-684-3360
		Vendor No.:	
		NV Business ID:	N/A
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.

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 #: ASD 2831940

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Cooperative Agreement**Contract description: **Network Libraries**

5. Purpose of contract:

This is a new cooperative agreement that continues an ongoing regional network of libraries for the improvement of library services and the sharing of resources.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$149,958.00**

Payment for services will be made at the rate of \$0.00 per fiscal year

Other basis for payment: FY20 \$36,573; FY21 \$ 36,575; 5% increase for next two years. FY22 \$38,404; FY23 \$38,404

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 379-147-379.150 permits the parties to maintain a regional network of libraries known as Nevada Library Cooperative (CoOp) through a joint agreement for the improvement of library services.

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

Nevada Library Cooperative (CoOp), created by an agreement under NRS 277.080-279 and NRS 379.150, is a consortium of libraries and related agencies that share vital library and technological resources. In order to meet this goal, member libraries pool their resources and make it economically feasible to do more together than one member on their own.

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:

Nevada Library Cooperative, CoOp (formerly know as CLAN) has been doing contracts through Nevada State Library, Archives and Public Records using cooperative agreements since 1981. Per NRS 379.147-379.150 to permit the parties hereto to maintain a regional network of libraries known as Nevada Library Cooperative, CoOp through a joint agreement for the improvement of library services, which allows for the sharing of resources by all.

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:

Cynthia O, Director, Nevada Library Cooperative Ph: 775-431-0097

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/07/2019 12:43:32 PM
Division Approval	ssands	05/07/2019 12:43:35 PM
Department Approval	ssands	05/07/2019 12:43:40 PM
Contract Manager Approval	ssands	05/07/2019 12:43:44 PM
Budget Analyst Approval	mtum1	05/14/2019 17:47:22 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:51:44 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16458**Amendment Number: **6**Agency Name: **DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE**Legal Entity Name: **MONEY MANAGEMENT INTERNATIONAL**Agency Code: **400**Contractor Name: **MONEY MANAGEMENT INTERNATIONAL**Appropriation Unit: **3195-18**Address: **INC
14141 SOUTHWEST FWY STE 1000**Is budget authority available?: **No**City/State/Zip: **SUGAR LAND, TX 77478-3494**

If "No" please explain: This amendment will extend the contract through SFY 20 & 21, which does not have budget authority approved yet. Sufficient budget authority is included in the current budget proposal.

Contact/Phone: **MICHELE JOHNSON 713/394-3436**Vendor No.: **T27042153**NV Business ID: **NV20031242278**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 %
X Federal Funds	37.50 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	62.50 % FUNDS FOR HEALTHY NEVADA

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 **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **6 years and 1 day**4. Type of contract: **Contract**Contract description: **Information Referral**

5. Purpose of contract:

This is the sixth amendment to the original contract which provides the management and operation of the 2-1-1 information and referral center. This amendment extends the termination date from June 30, 2019 to June 30 2021 and increases the maximum amount from \$3,670,232 to \$5,255,352 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:	\$1,400,000.00	\$1,400,000.00	\$1,400,000.00	Yes - Action
a. Amendment 1:	\$164,702.00	\$164,702.00	\$164,702.00	Yes - Action
b. Amendment 2:	\$94,060.00	\$94,060.00	\$94,060.00	Yes - Action
c. Amendment 3:	\$1,889,389.00	\$1,889,389.00	\$1,889,389.00	Yes - Action
d. Amendment 4:	\$122,081.00	\$122,081.00	\$122,081.00	Yes - Action
e. Amendment 5:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#6):	\$1,585,120.00	\$1,585,120.00	\$1,585,120.00	Yes - Action
3. New maximum contract amount:	\$5,255,352.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 232.359 requires a system to provide nonemergency information and referrals concerning health, welfare, human and social services.

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

The agency does not have the staffing or facilities to run a 24/7, 365 days a year information and referral call center.

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):

HELP of Southern Nevada
Consumer Credit Counseling Service of Southern Nevada (now known as Money Management International)

b. Solicitation Waiver: **Not Applicable**

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

The vendor scored the highest by the evaluation committee.

d. Last bid date: 12/16/2014 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 contractor currently has a contract with the Department of Health and Human Services Director's Office and the 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:

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	tmilazz1	04/02/2019 12:55:02 PM
Division Approval	mwinebar	04/08/2019 10:48:28 AM
Department Approval	mwinebar	04/08/2019 10:49:11 AM
Contract Manager Approval	tmilazz1	04/23/2019 10:16:15 AM
EITS Approval	daxtel1	04/30/2019 13:51:00 PM
Budget Analyst Approval	bwooldri	05/14/2019 07:56:59 AM
BOE Agenda Approval	bwooldri	05/14/2019 07:59:57 AM

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 30, 2019

TO: Jennifer White, Social Services Program Spec 2, DHHS
Lorraine McMullen, ITP III/IT Project Manager, Health
Thomas Milazzo, Management Analyst 4, DHHS
Richard Whitley, Director, DHHS

CC: David Haws, Administrator, DOA, EITS

FROM: David Axtell, Chief Enterprise Architect (Acting Technical Investment Administrator), DOA, EITS

SUBJECT: TIN Review Completed: DHHS Nevada 2-1-1 (T400190416110903)

We completed the review of DHHS's Nevada 2-1-1 TIN.

This TIN documents the Nevada 2-1-1 system that provides non-emergency information and referrals concerning health, welfare, human, and social services as required by NRS 232.359. This 24/7, 365 days a year contracted system began in 2015.

A completion memo is 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 CONTRACT1. Contract Number: **21667**Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION**Agency Code: **402**Appropriation Unit: **3167-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOR NSHE OBO UNIVERSITY OF NEVADA RENO**Contractor Name: **BOR NSHE OBO UNIVERSITY OF NEVADA RENO**Address: **1664 N. Virginia St.
Dept. of Psychology/MS296**City/State/Zip: **Reno, NV 89557**Contact/Phone: **775/682-8686**Vendor No.: **D35000816**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	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 **07/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **RRC Behavior Extern**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services that include one Behavioral Analysis Psychology Extern to perform behavioral analysis and evaluations for individuals served under the supervision of the agency's licensed psychologists.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,788.00**

Payment for services will be made at the rate of \$28,894.00 per Year

Other basis for payment: As invoiced per Attachment B

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, the Division and its agencies contract with qualified practitioners to deliver necessary services to consumers. This contract will also provide a setting for graduate education to enhance the agency's ability to attract and retain better qualified psychologists.

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

Rural Regional Center has a limited number of Full Time Equivalent (FTE) staff to provide services, and use of externs will assist the agency to deliver services in a timely manner and comply with the Centers for Medicare and Medicaid Services (CMS) requirements for eligibility and 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?

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:

2013-current ADSD. 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	dbowma1	04/23/2019 07:31:53 AM
Division Approval	dbowma1	04/23/2019 07:31:58 AM
Department Approval	mwinebar	04/24/2019 18:32:05 PM
Contract Manager Approval	ltuttl1	04/29/2019 10:57:57 AM
Budget Analyst Approval	laaron	05/02/2019 14:07:30 PM
BOE Agenda Approval	bwooldri	05/15/2019 07:23:03 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21810**Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION**Agency Code: **402**Appropriation Unit: **3266-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Sprint Communications Company, L.P.

Contractor Name: **Sprint Communications Company, L.P.**Address: **6200 Sprint Parkway**City/State/Zip: **Overland Park, KS 66251**

Contact/Phone: Chris Smith 913-226-6641

Vendor No.: PUR0000771

NV Business ID: NV19881004212

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Surcharge on phone lines via PUBLIC UTILITIES COMMISSION

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **CapTel Relay Service**

5. Purpose of contract:

This is a new contract to provide ongoing Telecommunications Relay and CapTel services for deaf/hard of hearing individuals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,135,150.00**

Other basis for payment: Per rate schedule as listed in the Cost Section II of the proposal.

II. JUSTIFICATION

7. What conditions require that this work be done?

Relay and CapTel services are required by statute for deaf/hard of hearing individuals.

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

This is a specialized service the State employees cannot provide.

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):

**Sprint Communications Company, LP
Hamilton Telephone Company**b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S366, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/17/2018 Anticipated re-bid date: 08/01/2020

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:

ADSD 2009 - 2014 and various state 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 registered with the Nevada Secretary of State's Office as a:
LP

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	dbowma1	04/26/2019 11:13:46 AM
Division Approval	dbowma1	04/26/2019 11:13:50 AM
Department Approval	mwinebar	05/01/2019 09:25:03 AM
Contract Manager Approval	ltuttl1	05/01/2019 14:54:01 PM
Budget Analyst Approval	bwooldri	05/06/2019 10:43:19 AM
BOE Agenda Approval	bwooldri	05/06/2019 10:43:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21669**Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION**Agency Code: **402**Appropriation Unit: **3280-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOR NSHE OBO UNIVERSITY OF NEVADA RENO**Contractor Name: **BOR NSHE OBO UNIVERSITY OF NEVADA RENO**Address: **1664 N. Virginia St.
Dept. of Psychology/MS296**City/State/Zip: **Reno, NV 89557**Contact/Phone: **775-682-8686**Vendor No.: **D35000816**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	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 **07/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **SRC Clinical Extern**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services that include one Clinical Psychology Extern to perform counseling and evaluations for individuals served under the supervision of the agency's licensed psychologists.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,424.00**

Payment for services will be made at the rate of \$28,212.00 per Year

Other basis for payment: As invoiced per Attachment B

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, the Division and its agencies contract with qualified practitioners to deliver necessary services to consumers. This contract will also provide a setting for graduate education to enhance the agency's ability to attract and retain better qualified psychologists.

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

Sierra Regional Center has a limited number of Full Time Equivalent (FTE) staff to provide services, and use of externs will assist the agency to deliver services in a timely manner and comply with the Centers for Medicare and Medicaid Services (CMS) requirements for eligibility and 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?

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:

2011-2013, MHDS. Satisfactory
2013-current, ADSD. 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	dbowma1	04/26/2019 08:06:27 AM
Division Approval	dbowma1	04/26/2019 08:06:31 AM
Department Approval	mwinebar	04/26/2019 08:10:37 AM
Contract Manager Approval	ltuttl1	04/29/2019 10:59:35 AM
Budget Analyst Approval	laaron	05/02/2019 15:04:49 PM
BOE Agenda Approval	bwooldri	05/06/2019 09:35:39 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21668**Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION**Agency Code: **402**Appropriation Unit: **3280-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOR NSHE OBO UNIVERSITY OF NEVADA RENO**Contractor Name: **BOR NSHE OBO UNIVERSITY OF NEVADA RENO**Address: **1664 N. Virginia St.
Dept. of Psychology/MS296**City/State/Zip: **Reno, NV 89557**Contact/Phone: **775-682-8686**Vendor No.: **D35000816**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	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 **07/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **SRC Behavior Extern**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services that include one Behavioral Analysis Psychology Extern to perform behavioral analysis and evaluations for individuals served under the supervision of the agency's licensed psychologists.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,424.00**

Payment for services will be made at the rate of \$28,212.00 per Year

Other basis for payment: As invoiced per Attachment B

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, the Division and its agencies contract with qualified practitioners to deliver necessary services to consumers. This contract will also provide a setting for graduate education to enhance the agency's ability to attract and retain better qualified psychologists.

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

Sierra Regional Center has a limited number of Full Time Equivalent (FTE) staff to provide services, and use of externs will assist the agency to deliver services in a timely manner and comply with the Centers for Medicare and Medicaid Services (CMS) requirements for eligibility and 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?

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:

2011-2013, MHDS. Satisfactory
2013-current, ADSD. 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	dbowma1	04/26/2019 08:05:41 AM
Division Approval	dbowma1	04/26/2019 08:05:44 AM
Department Approval	mwinebar	04/26/2019 08:10:10 AM
Contract Manager Approval	ltuttl1	04/29/2019 10:58:59 AM
Budget Analyst Approval	laaron	05/02/2019 14:08:42 PM
BOE Agenda Approval	bwooldri	05/06/2019 09:32:28 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21461**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 S Grand Central Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: 702-455-3530
	Vendor No.:
	NV Business ID: Governmental Entity
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 % Inter-Governmental Transfer

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 **06/2019**Retroactive? **Yes**

If "Yes", please explain

This interlocal contract is retroactive due to ongoing negotiations between the county and the state.3. Termination Date: **06/30/2021**Contract term: **3 years**4. Type of contract: **Revenue Contract**Contract description: **UMC UNSOM**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide a receipt of the non-federal share of funds in order to secure federal funding for the program to pay the supplemental payments of the higher costs incurred by practitioners who are associated with the training/teaching program for outpatient services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$774,718.00**

Other basis for payment: FY19: \$186,512; FY20: \$193,277; FY21: \$192,638; Admin Fee: \$202,291

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

DHCFP does not have the staff or expertise required to provide 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?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. 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:
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	pcolegro	04/19/2019 09:44:34 AM
Division Approval	vmilazz1	04/26/2019 11:49:48 AM
Department Approval	mwinebar	05/07/2019 13:21:30 PM
Contract Manager Approval	iknigh1	05/07/2019 16:27:16 PM
Budget Analyst Approval	laaron	05/09/2019 15:55:37 PM
BOE Agenda Approval	bwooldri	05/10/2019 08:14:39 AM
BOE Final Approval	Pending	

File Name: Retro Memo Clark County for UMC.docx PDF
Conversion Status is 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: **13064** Amendment Number: **2**

Agency Name: **HEALTH CARE FINANCING & POLICY** Legal Entity Name: **CGI Technologies and Solutions, Inc.**

Agency Code: **403** Contractor Name: **CGI Technologies and Solutions, Inc.**

Appropriation Unit: **3158-73** Address: **4600 E. Washington St. #300**

Is budget authority available?: **No** City/State/Zip: **Phoenix, AZ 85034**

If "No" please explain: Budget Amendment A193563158 submitted - Pending approval at 6/3/19 IFC. Contact/Phone: **Kristine Johnson 303-475-2190**

Vendor No.:
NV Business ID: **NV19951148995**

To what State Fiscal Year(s) will the contract be charged? **2012-2022**

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.

X	General Funds	10.00 %	Fees	0.00 %
X	Federal Funds	90.00 %	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 **03/13/2012**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2019**

Termination Date:

Contract term: **10 years and 111 days**

4. Type of contract: **Contract**

Contract description: **Electronic SLR**

5. Purpose of contract:

This is the second amendment to the original contract to provide an electronic state level repository and program support services to be used to assist with the administration and management of the Nevada Medicaid Electronic Health Record, Provider Incentive Payment Program, in regards to the American Recovery and Reinvestment Act of 2009 State grants to promote Health Information Technology. This amendment extends the termination date from June 30, 2019 to June 30, 2022 and increases the maximum amount from \$4,868,223 to \$6,436,479 due to the continued need for these services and updates to Attachment FF and Attachment GG.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,035,000.00	\$3,035,000.00	\$3,035,000.00	Yes - Action
a. Amendment 1:	\$1,833,223.00	\$1,833,223.00	\$1,833,223.00	Yes - Action
2. Amount of current amendment (#2):	\$1,568,256.00	\$1,568,256.00	\$1,568,256.00	Yes - Action
3. New maximum contract amount:	\$6,436,479.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

DHCFP has estimated that Nevada Medicaid providers may be eligible to receive approximately \$80 million of federal pass-through funds during the life of the incentive program. Not acquiring the vendor solution may result in the inability for the State to offer the incentive program and the requirement to return the grant funds expended to-date. Funding for the vendor solution is eligible for 90/10 Federal Financial Participation (FFP).

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

The electronic software solution offered by the vendor is designed specifically to meet the objectives and requirements of the incentive program and include a level of automation and resources for planning, tracking and reporting that the State is not able to duplicate efficiently with limited funding, staffing and resources.

9. Were quotes or proposals solicited? Yes

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

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

Client Network Services, Inc.
Quarterline Consulting Services, LLC
Policy Studies Inc.
HP Enterprise Services, LLC

b. Solicitation Waiver: **Not Applicable**

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

CGI was selected by receiving the highest weighted score from the evaluation committee.

d. Last bid date: Anticipated re-bid date: 06/30/2021

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 with DHCFP 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	pcolegro	04/19/2019 09:41:31 AM
Division Approval	vmilazz1	04/24/2019 13:15:56 PM
Department Approval	mwinebar	04/26/2019 15:38:17 PM
Contract Manager Approval	iknigh1	04/26/2019 16:58:45 PM
EITS Approval	daxtel1	05/07/2019 10:14:49 AM
Budget Analyst Approval	laaron	05/07/2019 15:44:02 PM
BOE Agenda Approval	bwooldri	05/09/2019 12:12:32 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: **21618**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	North Lyon County Fire Protection District
Agency Code:	403	Contractor Name:	North Lyon County Fire Protection District
Appropriation Unit:	3243-24	Address:	195 East Main St.
Is budget authority available?:	Yes	City/State/Zip	Fernley, NV 89408
If "No" please explain:	Not Applicable	Contact/Phone:	775-575-3310
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2022**

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? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date 06/2019

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the State to pay the Fire Districts for services rendered. This contract was delayed due to the approval of the State Plan Amendment.3. Termination Date: **06/30/2022**Contract term: **6 years and 274 days**4. Type of contract: **Interlocal Agreement**Contract description: **Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing certified public expenditure reimbursement methodology for emergency transportation of Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,390,403.00**

Other basis for payment: FY16: \$160,000; FY17: \$200,000; FY18: \$202,000; FY19: \$204,020; FY20: \$206,060; FY21: \$208,121; FY22: \$210,202

II. JUSTIFICATION

7. What conditions require that this work be done?

DHCFFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

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 resources or expertise to provide 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?

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 previously been contracted from 10/01/2015 through 6/30/2018 and work 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 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	jkolenut	03/20/2019 07:53:48 AM
Division Approval	vmilazz1	04/15/2019 14:51:37 PM
Department Approval	mwinebar	05/07/2019 12:47:39 PM
Contract Manager Approval	iknigh1	05/09/2019 15:51:52 PM
Budget Analyst Approval	laaron	05/09/2019 16:03:07 PM
BOE Agenda Approval	bwooldri	05/10/2019 08:11:40 AM
BOE Final Approval	Pending	

STEVE SISOLAK
Governor




RICHARD WHITLEY, MS
Director

SUZANNE BIERMAN, JD, MPH
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: April 15, 2019
To: Lynnette Aaron, Executive Branch Officer I
Through: Richard Whitley, Director
From: Vincent Milazzo, DHCFP 
Re: North Lyon County Fire Protection District

This memorandum requests that the above subject contract be approved for a retroactive start date effective October 1, 2015. The contract requires a retroactive start date to allow the State to start paying claims for emergency ground transportation. This contract was delayed due to negotiations with the county and delays in the state plan amendment being approved by CMS. To prevent a Retro Memo from being required in the future, the county and the state will continue to work closely to negotiate contracts in a timelier manner. The county and the State will continue to work together on the funding.

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: **21648**Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY**Agency Code: **403**Appropriation Unit: **3243-24**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TAHOE DOUGLAS FIRE PROTECTION DISTRICT**Contractor Name: **TAHOE DOUGLAS FIRE PROTECTION DISTRICT**Address: **PO BOX 919**City/State/Zip: **ZEPHYR COVE, NV 89448-0919**Contact/Phone: **775-586-1573**Vendor No.: **T81010933**NV Business ID: **Governmental Entity**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? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 06/2019

Retroactive? **Yes**

If "Yes", please explain

This interlocal contract is retroactive due to delays in the cost reporting necessary to begin negotiations with Tahoe Douglas Fire Protection District.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing certified public expenditure reimbursement methodology for emergency transportation of Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$474,762.00**

Other basis for payment: FY19: \$116,925; FY20: \$118,094; FY21: \$119,275; FY22: \$120,468

II. JUSTIFICATION

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

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 resources or expertise 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?

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 previously been contracted from 10/01/2015 through 6/30/2018 and work 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 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	jkolenut	04/22/2019 14:23:20 PM
Division Approval	vmilazz1	04/26/2019 12:01:54 PM
Department Approval	mwinebar	05/07/2019 13:26:14 PM
Contract Manager Approval	iknigh1	05/09/2019 15:51:43 PM
Budget Analyst Approval	laaron	05/09/2019 16:14:34 PM
BOE Agenda Approval	bwooldri	05/10/2019 08:11:15 AM
BOE Final Approval	Pending	

STEVE SISOLAK
Governor




RICHARD WHITLEY, MS
Director

SUZANNE BIERMAN, JD, MPH
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
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Carson City, Nevada 89701
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<http://dhcfp.nv.gov>

MEMORANDUM

Date: May 7th, 2019
To: Lynnette Aaron, Executive Branch Officer I
Through: Richard Whitley, Director
From: Vincent Milazzo, DHCFP 
Re: Tahoe Douglas Fire Protection District

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2018. The contract requires a retroactive start date to allow the State to start paying claims for emergency ground transportation. This contract was delayed due to negotiations with the county and delays in the state plan amendment being approved by CMS. To prevent a Retro Memo from being required in the future, the county and the state will continue to work closely to negotiate contracts in a timelier manner. The county and the State will continue to work together on the funding.

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: **16944**Amendment
Number: **2**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **DENVER HEALTH AND HOSPITAL
AUTHORITY, DBA ROCKY MOUNTAIN**Agency Code: **406**Contractor Name: **DENVER HEALTH AND HOSPITAL
AUTHORITY, DBA ROCKY MOUNTAIN**Appropriation Unit: **3218-22**Address: **POISON AND DRUG CENTER**Is budget authority
available?: **Yes****777 BANNOCK ST, M/C 0180**City/State/Zip **DENVER, CO 80204**

If "No" please explain: Not Applicable

Contact/Phone: **Dennis Lemon 303/739-1178**Vendor No.: **T27017712**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2016-2023**

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.

X	General Funds	20.40 %	Fees	0.00 %
X	Federal Funds	79.60 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 14936**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2015**
Examiner's approval?Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **8 years and 1 day**4. Type of contract: **Interlocal Agreement**Contract description: **Poison Control**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement which provides services for the poison control call center. This amendment extends the termination date from June 30, 2019 to June 30, 2023 and increases the maximum amount from \$1,255,684 to \$2,511,368 due to the continued need for this service.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$627,842.00	\$627,842.00	\$627,842.00	Yes - Action
a. Amendment 1:	\$627,842.00	\$627,842.00	\$627,842.00	Yes - Action
2. Amount of current amendment (#2):	\$1,255,684.00	\$1,255,684.00	\$1,255,684.00	Yes - Action
3. New maximum contract amount:	\$2,511,368.00			
and/or the termination date of the original contract has changed to:	06/30/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

Poison control and drug information/identification line (poison control) services are considered basic public health services which should be available to the general population and health care providers.

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

Poison control and drug identification/information line services are specialized medical, pharmaceutical and toxicological knowledge. The Division of Public and Behavioral Health does not have the expertise required.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

This state entity already has a poison control call center in place and provides services to other states.

- 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:

From July 2007 to present - 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	04/22/2019 12:14:02 PM
Division Approval	rmorse	04/22/2019 12:14:06 PM
Department Approval	mwinebar	05/01/2019 10:37:26 AM
Contract Manager Approval	rmorse	05/03/2019 11:22:27 AM
Budget Analyst Approval	afrantz	05/09/2019 15:23:06 PM
BOE Agenda Approval	bwooldri	05/09/2019 15:53:24 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: **16383**Amendment Number: **2**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Legal Entity Name: **ACCESS TO HEALTHCARE NETWORK, INC.**Agency Code: **406**Contractor Name: **ACCESS TO HEALTHCARE NETWORK, INC.**Appropriation Unit: **3220-21**Address: **4001 S VIRGINIA ST STE F**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89502-6029**

If "No" please explain: Not Applicable

Contact/Phone: **Sherri Rice 775/284-9079**Vendor No.: **T29014671**NV Business ID: **NV20061133335**To what State Fiscal Year(s) will the contract be charged? **2015-2020**

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

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

Agency Reference #: **RFP 3135/C 14849**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2015**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **4 years and 185 days**4. Type of contract: **Contract**Contract description: **Women's Health**

5. Purpose of contract:

This is the second amendment to the original contract which provides management services for the Women's Health Connection program for determination of client eligibility and referral. This amendment extends the termination date from June 30, 2019 to December 31, 2019 and increases the maximum amount from \$10,000,000 to \$11,250,000 due to the continued need for this service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,200,000.00	\$7,200,000.00	\$7,200,000.00	Yes - Action
a. Amendment 1:	\$2,800,000.00	\$2,800,000.00	\$2,800,000.00	Yes - Action
2. Amount of current amendment (#2):	\$1,250,000.00	\$1,250,000.00	\$1,250,000.00	Yes - Action
3. New maximum contract amount:	\$11,250,000.00			
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?

The federal grant, from the Centers for Disease Control and Prevention, mandates that women eligible for the Women's Health Connection Program, be afforded screenings for breast and cervical cancer.

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

The State does not have the capability to provide 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):

RFP 3135

b. Solicitation Waiver: **Not Applicable**

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

This vendor was awarded the contract based on RFP 3135.

d. Last bid date: 01/15/2015 Anticipated re-bid date: 01/01/2019

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:

This contractor has performed these types of services for the Division of Public and Behavioral Health in the past 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:

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	rmorse	04/22/2019 11:19:28 AM
Division Approval	rmorse	04/22/2019 11:19:33 AM
Department Approval	mwinebar	05/01/2019 09:32:07 AM
Contract Manager Approval	rmorse	05/03/2019 11:43:14 AM

Budget Analyst Approval
BOE Agenda Approval

afrantz
bwooldri

05/10/2019 09:09:31 AM
05/10/2019 12:47:50 PM

Administration

Purchasing Division

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



Steve Sisolak
Governor

Deonne Contine
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval #:	274

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:	Chronic Disease Program Health – DPBH		
	Contact Name(s) and Titles:	Kristi Robusto, PhD, Section Manager		
	Telephone Number(s):	775-684-4253		
	Email Address(s):	krobusto@health.nv.gov		

2	Contractor Information:			
	Contractor:	Access to Healthcare Network, Inc.		
	Contact Name:	Sherri Rice		
	Address:	4001 S Virginia St Ste F Reno, NV 89502-6029		
	Phone Number:	775-284-9079		
	Email Address:	Srice@accesstohealthcare.org		

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	RFP			
	CETS #:	12504			
	Contract “not to exceed amount”:	\$6,614,564.00			
	Contract term:	Start date:		End date:	
		09/13/2011		06/30/2015	

4	Procurement method used to award the current contract:				
	RFP, solicitation # if applicable:	RFP 3135			
	Quote, solicitation # if applicable:	N/A			
	Waiver, provide number:	N/A			
	Other:				

5	Current contract information:				
	CETS #:	16383			
	Initial contract “not to exceed amount”:	\$7,200,000.00			
	Contract term:	Start date:		End date:	
			06/30/2015		06/30/2019

Red 05/01/19

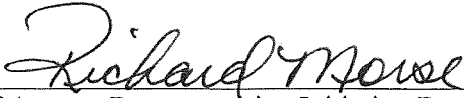
Amendment information – List all previously approved amendments:				
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	1	<i>This amendment increases the maximum amount from \$7,200,000 to \$10,000,000 due to an increased volume of referrals.</i>	<i>\$10,000,000.00</i>	<i>N/A</i>

Proposed amendment information:				
7	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	2	<i>To increase the budget to align with an increase in federal awards and to extend the contract term by six months</i>	<i>\$11,250,000.00</i>	<i>12/31/19</i>

8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):			
	<i>An extension is requested to minimize any interruption of services for the Women’s Health Connection Program (breast and cervical cancer screening) and its clients that would occur due to the gap in time between the end of the current contract and approvals of contracts following the new RFP. Additionally, extending the contract will allow for an adequate transition period between the end of the current contract and beginning of the new contract.</i>			

9	What are the potential consequences to the State if the contract extension request is denied?			
	<i>If the contract extension request is denied, uninsured and underinsured vulnerable women will potentially experience a gap in access to breast and cervical cancer screenings and diagnostic services provided to them via the Women’s Health Connection Program, thus reducing preventive efforts and contributing to an increase in health disparities for low-income high-risk women in Nevada.</i>			

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

Rick Morse, MA III

Print Name of Agency Representative Initiating Request

5/1/19

Date



Signature of Agency Head Authorizing Request

Kelli Quintero, ASO III

Print Name of Agency Head Authorizing Request

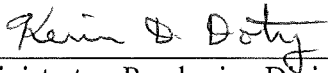
5/1/19

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

5/3/19

Date

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: **21894**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3220-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Board of Regents-UNLV

Contractor Name: **Board of Regents-UNLV**Address: **School of Dental Medicine
4505 South Maryland Parkway**City/State/Zip: **Las Vegas, NV 89154**

Contact/Phone: Antonino Capurro, D.M.D 702-774-2573

Vendor No.: D35000813

NV Business ID: Governmental Entity

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 % Radiological
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: C 17117

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 Applicable3. Termination Date: **06/30/2020**Contract term: **1 year**4. Type of contract: **Interlocal Agreement**Contract description: **Oral Health Program**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing funding for the Oral Health Program, to include an academic faculty member to act and serve as the State Dental Health Officer as set forth in NRS 439.272 and an academic faculty member to act and serve as a State Public Health Dental Hygienist as set forth in NRS 439.279.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$406,272.00**

Payment for services will be made at the rate of \$406,272.00 per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will fund the position of State of Nevada Dental Health Officer/Hygienist in accordance with NRS 439.272 and NRS 439.279.

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

The NRS requires that the State employ a State Dental Health Officer and Hygienist; the division does not have employees that meet these requirements necessary for these positions.

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

5%

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	05/03/2019 11:28:21 AM
Division Approval	rmorse	05/03/2019 11:28:24 AM
Department Approval	mwinebar	05/03/2019 15:49:38 PM
Contract Manager Approval	rmorse	05/06/2019 13:17:28 PM
Budget Analyst Approval	afrantz	05/14/2019 12:10:10 PM
BOE Agenda Approval	bwooldri	05/14/2019 14:23:12 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 CONTRACT1. Contract Number: **19287**Amendment
Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **Churchill County**Agency Code: **406**Contractor Name: **Churchill County**Appropriation Unit: **3224-00**Address: **155 N. Taylor Street**Is budget authority
available?: **Yes**City/State/Zip **Fallon, NV 89406**

If "No" please explain: Not Applicable

Contact/Phone: **Shannon Ernst 775-423-4092**Vendor No.: **T81032440**NV Business ID: **Governmental Entity**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 % Revenue

Agency Reference #: **C 16124**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2017**
Examiner's approval?Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Family Services**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$123,548 to \$235,364 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:	\$123,548.00	\$123,548.00	\$123,548.00	Yes - Action
2. Amount of current amendment (#1):	\$111,816.00	\$111,816.00	\$111,816.00	Yes - Action
3. New maximum contract amount:	\$235,364.00			
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 Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to the county.

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 state and counties provide services to each other on a continuous basis - 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	04/01/2019 10:02:18 AM
Division Approval	rmorse	04/01/2019 10:02:27 AM
Department Approval	mwinebar	04/29/2019 08:56:40 AM
Contract Manager Approval	rmorse	05/03/2019 09:53:10 AM
Budget Analyst Approval	afrantz	05/08/2019 11:05:40 AM
BOE Agenda Approval	bwooldri	05/09/2019 15:36:18 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: **19301**Amendment Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Legal Entity Name: **ESMERALDA COUNTY SCHOOL**Agency Code: **406**Contractor Name: **ESMERALDA COUNTY SCHOOL**Appropriation Unit: **3224-00**Address: **DISTRICT
P.O. Box 560**Is budget authority available?: **Yes**City/State/Zip: **Goldfield, NV 89013**

If "No" please explain: Not Applicable

Contact/Phone: Melinda Melendrez 775-485-6382

Vendor No.: T40277800

NV Business ID: Governmental Entity

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 % Revenue

Agency Reference #: C 16133

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 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Family Services**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$46,334 to \$82,668 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:	\$46,334.00	\$46,334.00	\$46,334.00	Yes - Info
2. Amount of current amendment (#1):	\$36,334.00	\$36,334.00	\$82,668.00	Yes - Action
3. New maximum contract amount:	\$82,668.00			
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 Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to the county.

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 state and counties provide services to each other on a continuous basis - 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	03/26/2019 15:33:16 PM
Division Approval	rmorse	03/26/2019 15:33:21 PM
Department Approval	mwinebar	04/29/2019 09:01:32 AM
Contract Manager Approval	rmorse	05/03/2019 09:47:54 AM
Budget Analyst Approval	afrantz	05/07/2019 13:33:08 PM
BOE Agenda Approval	bwooldri	05/10/2019 13:35:03 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: **19366**Amendment
Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **Elko County**Agency Code: **406**Contractor Name: **Elko County**Appropriation Unit: **3224-00**Address: **571 Idaho Street, Floor 3**Is budget authority
available?: **Yes**City/State/Zip **ELKO, NV 89801**

If "No" please explain: Not Applicable

Contact/Phone: **Cliff Eklund 775/753-4610**Vendor No.: **T81072742M**NV Business ID: **Governmental Entity**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 % Revenue

Agency Reference #: **C 16134**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2017**
Examiner's approval?Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Family Services**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of services. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$33,244 to \$56,488 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:	\$33,244.00	\$33,244.00	\$33,244.00	Yes - Info
2. Amount of current amendment (#1):	\$23,244.00	\$23,244.00	\$56,488.00	Yes - Action
3. New maximum contract amount:	\$56,488.00			
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 Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the County to provide direct preventative healthcare, as well as referrals for medical services, to County residents.

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

State employees are providing these services to the County.

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 State and County provide services to each other on a continuous basis - 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	04/22/2019 10:49:28 AM
Division Approval	rmorse	04/22/2019 10:49:33 AM
Department Approval	mwinebar	04/30/2019 11:16:58 AM
Contract Manager Approval	rmorse	05/03/2019 11:06:57 AM
Budget Analyst Approval	afrantz	05/13/2019 07:49:13 AM
BOE Agenda Approval	bwooldri	05/13/2019 08:16:39 AM

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: **17598**Amendment Number: **3**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Legal Entity Name: **HUMBOLDT COUNTY**Agency Code: **406**Contractor Name: **HUMBOLDT COUNTY**Appropriation Unit: **3224-00**Address: **50 W 5th Street**Is budget authority available?: **Yes**City/State/Zip: **WINNEMUCCA, NV 89445**

If "No" please explain: Not Applicable

Contact/Phone: **Dave Mediola 775-623-6300**Vendor No.: **T40139500**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

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

Agency Reference #: **C 15255**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **5 years**4. Type of contract: **Revenue Contract**Contract description: **Family Services**

5. Purpose of contract:

This is the third amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$227,779.15 to \$369,593.15 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:	\$78,855.15	\$78,855.15	\$78,855.15	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$148,924.00	\$148,924.00	\$148,924.00	Yes - Action
2. Amount of current amendment (#3):	\$141,814.00	\$141,814.00	\$141,814.00	Yes - Action
3. New maximum contract amount:	\$369,593.15			
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 Nevada Division of Public and Behavioral Health, Clinical Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to the county.

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 state and counties provide services to each other on a continuous basis - 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	03/26/2019 15:41:11 PM
Division Approval	rmorse	03/26/2019 15:41:16 PM
Department Approval	mwinebar	05/01/2019 11:38:53 AM
Contract Manager Approval	rmorse	05/03/2019 11:15:17 AM
Budget Analyst Approval	afrantz	05/13/2019 07:45:12 AM
BOE Agenda Approval	bwooldri	05/13/2019 08:19:30 AM

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: **19465**Amendment Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Legal Entity Name: **Lincoln County DBA LINCOLN COUNTY TREASURER**Agency Code: **406**Contractor Name: **Lincoln County DBA LINCOLN COUNTY TREASURER**Appropriation Unit: **3224-00**Address: **P.O. Box 90**Is budget authority available?: **Yes**City/State/Zip: **Pioche, NV 89043**

If "No" please explain: Not Applicable

Contact/Phone: **Paul Donahue 775-962-5671**Vendor No.: **T40267400**NV Business ID: **Governmental Entity**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 % Revenue

Agency Reference #: **C 16127**

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 **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Family Services**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$77,104 to \$160,275 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:	\$77,104.00	\$77,104.00	\$77,104.00	Yes - Action
2. Amount of current amendment (#1):	\$83,171.00	\$83,171.00	\$83,171.00	Yes - Action
3. New maximum contract amount:	\$160,275.00			
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 Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to the county.

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 state and counties provide services to each other on a continuous basis - 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	04/22/2019 12:05:42 PM
Division Approval	rmorse	04/22/2019 12:05:46 PM
Department Approval	mwinebar	05/01/2019 10:32:36 AM
Contract Manager Approval	rmorse	05/03/2019 11:55:37 AM
Budget Analyst Approval	afrantz	05/13/2019 07:47:52 AM
BOE Agenda Approval	bwooldri	05/13/2019 08:18:46 AM

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: **19398**Amendment
Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **Lyon County**Agency Code: **406**Contractor Name: **Lyon County**Appropriation Unit: **3224-00**Address: **27 S. MAIN STREET**Is budget authority
available?: **Yes**City/State/Zip **YERINGTON, NV 89447**

If "No" please explain: Not Applicable

Contact/Phone: **Shayla Holmes 775/463-6531**Vendor No.: **T40156600**NV Business ID: **Governmental Entity**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 % Revenue

Agency Reference #: **C 16129**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2017**
Examiner's approval?Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Family Services**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses. and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$340,626 to \$674,545 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:	\$340,626.00	\$340,626.00	\$340,626.00	Yes - Action
2. Amount of current amendment (#1):	\$333,919.00	\$333,919.00	\$333,919.00	Yes - Action
3. New maximum contract amount:	\$674,545.00			
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 Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative healthcare, as well as referrals for medical services, to county residents.

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

State employees are providing these services to the county.

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 State and Counties provide services to each other on a continuous basis - 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	04/19/2019 14:54:55 PM
Division Approval	rmorse	04/19/2019 14:54:58 PM
Department Approval	mwinebar	04/30/2019 12:56:07 PM
Contract Manager Approval	rmorse	05/03/2019 10:53:26 AM
Budget Analyst Approval	afrantz	05/07/2019 08:16:11 AM
BOE Agenda Approval	bwooldri	05/10/2019 13:30:00 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: **17798**Amendment
Number: **3**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **Mineral County**Agency Code: **406**Contractor Name: **Mineral County**Appropriation Unit: **3224-00**Is budget authority
available?: **Yes**City/State/Zip **Hawthorne, NV 89415**

If "No" please explain: Not Applicable

Contact/Phone: **Chris Nepper 775-945-2446**Vendor No.: **T40291300**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

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

Agency Reference #: **C 15260**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2016**
Examiner's approval?Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **5 years**4. Type of contract: **Revenue Contract**Contract description: **Family Health**

5. Purpose of contract:

This is the third amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$125,947.93 to \$210,235.29 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:	\$30,355.93	\$30,355.93	\$30,355.93	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$30,355.93	No
b. Amendment 2:	\$95,592.00	\$95,592.00	\$125,947.93	Yes - Action
2. Amount of current amendment (#3):	\$84,287.36	\$84,287.36	\$84,287.36	Yes - Action
3. New maximum contract amount:	\$210,235.29			
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 Nevada Division of Public and Behavioral Health, Clinical Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to the county.

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?

Pursuant to NRS 277.180 authorizes one or more public agency to contract with another public agency to perform governmental functions.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. 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 state and counties provide services to each other on a continuous basis - 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	03/26/2019 13:39:17 PM
Division Approval	rmorse	03/26/2019 13:39:21 PM
Department Approval	mwinebar	04/29/2019 08:47:55 AM
Contract Manager Approval	rmorse	05/02/2019 11:15:48 AM
Budget Analyst Approval	afrantz	05/13/2019 07:51:59 AM

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: **19298**Amendment
Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **Nye County**Agency Code: **406**Contractor Name: **Nye County**Appropriation Unit: **3224-00**Address: **P.O. Box 153**Is budget authority
available?: **Yes**City/State/Zip **Tonopah, NV 89049**

If "No" please explain: Not Applicable

Contact/Phone: **ldellinger@co.nye.nv.us 775-482-8191**Vendor No.: **T80044560**NV Business ID: **Governmental Entity**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 % Revenue

Agency Reference #: **C 16130**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2017**
Examiner's approval?Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Family Services**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of services. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$173,636 to \$337,724 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:	\$173,636.00	\$173,636.00	\$173,636.00	Yes - Action
2. Amount of current amendment (#1):	\$164,088.00	\$164,088.00	\$164,088.00	Yes - Action
3. New maximum contract amount:	\$337,724.00			
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 Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to the county.

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 state and counties provide services to each other on a continuous basis - 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	04/19/2019 14:49:51 PM
Division Approval	rmorse	04/19/2019 14:49:54 PM
Department Approval	mwinebar	04/30/2019 13:23:43 PM
Contract Manager Approval	rmorse	05/03/2019 10:36:25 AM
Budget Analyst Approval	afrantz	05/07/2019 10:51:31 AM
BOE Agenda Approval	bwooldri	05/10/2019 13:33:36 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: **19279**Amendment
Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **Pershing County**Agency Code: **406**Contractor Name: **Pershing County**Appropriation Unit: **3224-00**Address: **P.O. Box 820**Is budget authority
available?: **Yes**City/State/Zip **Lovelock, NV 89419**

If "No" please explain: Not Applicable

Contact/Phone: **Karen Wesner 775-273-2208**Vendor No.: **T81041592D**NV Business ID: **Governmental Entity**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 % Revenue

Agency Reference #: **C 16131**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2017**
Examiner's approval?Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Family Services**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$92,086 to \$173,992 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:	\$92,086.00	\$92,086.00	\$92,086.00	Yes - Action
2. Amount of current amendment (#1):	\$81,906.00	\$81,906.00	\$81,906.00	Yes - Action
3. New maximum contract amount:	\$173,992.00			
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 Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to the county.

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 state and counties provide services to each other on a continuous basis - 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	03/26/2019 13:30:57 PM
Division Approval	rmorse	03/26/2019 13:31:02 PM
Department Approval	mwinebar	04/30/2019 11:24:33 AM
Contract Manager Approval	rmorse	05/03/2019 10:57:59 AM
Budget Analyst Approval	afrantz	05/07/2019 10:33:55 AM
BOE Agenda Approval	bwooldri	05/10/2019 13:31:49 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: **19274**Amendment
Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **White Pine County**Agency Code: **406**Contractor Name: **White Pine County**Appropriation Unit: **3224-00**Address: **801 Clark Street #5**Is budget authority
available?: **Yes**City/State/Zip **Ely, NV 89301**

If "No" please explain: Not Applicable

Contact/Phone: Elizabeth Frances 775-289-3065

Vendor No.: T80971176

NV Business ID: Governmental Entity

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 % Revenue

Agency Reference #: C 16132

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Family Services**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$63,490 to \$118,152 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:	\$63,490.00	\$63,490.00	\$63,490.00	Yes - Action
2. Amount of current amendment (#1):	\$54,662.00	\$54,662.00	\$54,662.00	Yes - Action
3. New maximum contract amount:	\$118,152.00			
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 Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to the county.

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 state and counties provide services to each other on a continuous basis - 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	04/19/2019 11:44:07 AM
Division Approval	rmorse	04/19/2019 11:44:10 AM
Department Approval	mwinebar	04/30/2019 13:04:45 PM
Contract Manager Approval	rmorse	05/03/2019 10:43:53 AM
Budget Analyst Approval	afrantz	05/07/2019 08:01:49 AM
BOE Agenda Approval	bwooldri	05/10/2019 13:28:46 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: **14794**Amendment Number: **3**Agency Name: **DHHS - PUBLIC HEALTH**Legal Entity Name: **NEVADA BROADCASTERS ASSOCIATION**Agency Code: **406**Contractor Name: **NEVADA BROADCASTERS ASSOCIATION**Appropriation Unit: **All Appropriations**Address: **1050 E FLAMINGO RD**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89119**

If "No" please explain: Not Applicable

Contact/Phone: **Eric Bonnici 702/794-4994**Vendor No.: **T80990324**NV Business ID: **NV19941133658**To what State Fiscal Year(s) will the contract be charged? **2014-2022**

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 Sources

Agency Reference #: **C14164**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/10/2013**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2021**Contract term: **8 years and 22 days**4. Type of contract: **Contract**Contract description: **Public Announcement**

5. Purpose of contract:

This is the third amendment to the original contract which provides non-commercial sustaining announcements (formerly public service announcements) on both radio and television, bilingually throughout the state, to inform the public regarding state and national health issues. This amendment increases the maximum amount from \$2,000,000 to \$4,000,000 due to the increased need for this service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
a. Amendment 1:	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Yes - Action
3. New maximum contract amount:	\$4,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

State health and related programs within the Department of Taxation must be able to promulgate public service information throughout the state in a timely and expeditious manner.

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

There is no ability within state service to perform this function.

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 #: 130709

Approval Date: 07/30/2013

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

This vendor is mandated by the Federal Communications Commission to provide these services, in conjunction with state-wide radio and television stations.

- 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 continuous agreement with the state for over 15 years with consistently 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:
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	rmorse	04/19/2019 13:27:57 PM
Division Approval	rmorse	04/19/2019 13:28:00 PM
Department Approval	mwinebar	04/30/2019 12:55:35 PM
Contract Manager Approval	rmorse	05/03/2019 10:49:07 AM

Budget Analyst Approval
BOE Agenda Approval

afrantz
bwooldri

05/10/2019 11:31:38 AM
05/10/2019 12:35:17 PM

State of Nevada
Department of Administration

Purchasing Division

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



Steve Sisolak
Governor

Deonne E. Contine
Director

Kevin D. Doty
Acting Administrator

Purchasing Use Only:	
Approval#:	190503

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: <i>Health-Div. of Public & Behavioral Health</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Rick Morse, Division Contract Manager</i>	<i>775-684-5932</i>	<i>rmorse@health.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Nevada Broadcasters Association</i>
	Contact Name:	<i>Eric Bonnici</i>
	Address:	<i>1050 East Flamingo Road, Las Vegas, NV 89119</i>
	Telephone Number:	<i>702-794-4994</i>
	Email Address:	<i>eric@nevadabroadcasters.org</i>

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

1d	Contract Information:			
	Is this a new Contract?	<i>Yes</i>	<i>No</i>	<i>X</i>
	Amendment:	<i>#3</i>		
	CETS:	<i>#14794</i>		

1e	Term:			
	One (1) Time Purchase:	<i>8 yrs.</i>		
	Contract:	Start Date:	<i>9/10/2013</i>	End Date:

1f	Funding:		
	State Appropriated:		
	Federal Funds:		
	Grant Funds:		
	Other (Explain):	<i>This is an MSA, which will have various funding sources.</i>	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:	
	<i>\$4,000,000.00</i>	

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Radio and/or television non-commercial sustaining announcements (public service announcements) to promulgate health related messages to the people of Nevada. State health and related programs within the Department of Taxation must be able to promulgate public service information throughout the state in a timely and expeditious manner.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The Nevada Broadcasters Association has been providing public service announcements for the State of Nevada, Division of Public and Behavioral Health (at a \$4 worth of airtime per \$1 charged) for over 18 years.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>Must provide substantiating data, companies contacted, technical data, features, capabilities, certification, etc. Provide a side by side comparison of services/features of all other vendors/brands considered.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:		No:	X
	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?				
	<i>Radio and/or television non-commercial sustaining announcements (public service announcements) to promulgate health related messages to the people of Nevada. Past experience with FCC guidelines with regards to NCSA's and the guaranteed 4-to-1 ratio of value per dollar.</i>				

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	No:	
	a. If yes, starting with the most recent contract and working backward, for the <u>entire</u> 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 #)		
	9/10/2013	9/30/2021	\$2,000,000.00	Public Service Announcements	Waiver # 130709		
	9/9/2013	9/30/2013	\$1,000,000.00	Health Related Services	Waiver # 090801B		
	1/27/2009	3/29/2009	\$4,000.00	Communication and Media			
	11/18/2006	1/31/2007	\$8,000.00	Communication and Media			

	3/15/2005	9/29/2006	\$115,500.00	Health and Human Services	
	10/1/2004	10/31/2004	\$7,000.00	Health and Human Services	
	7/20/2004	6/30/2005	\$40,000.00	Health and Human Services	

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?				
	<i>The Division of Public and Behavioral Health must be able to communicate health related information to the citizens of Nevada in a timely manner. If this request were to be disapproved the Division would not be able to meet that obligation.</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>Experience with FCC guidelines with regard to NCSA's. Through experience over the past years and the guaranteed 4-to-1 ratio of value per dollar.</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:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>							

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

for Deborah L. POTT
Agency Representative Initiating Request

Rick Morse, MATT, Division Contract Mgr. 5/22/19
Print Name of Agency Representative Initiating Request Date

Kelli P. Guintero
Signature of Agency Head Authorizing Request

Kelli P. Guintero ASO III 5/22/19
Print Name of Agency Head Authorizing Request Date

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

N/A
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:

Kevin D. Doty 5/23/19
Administrator, Purchasing Division or Designee Date

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: **21620**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3147-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CLARK COUNTY**Contractor Name: **CLARK COUNTY**Address: **DEPT OF JUVENILE JUSTICE SVCS
601 N PECOS RD**City/State/Zip: **LAS VEGAS, NV 89101-2408**Contact/Phone: **Brett Allen 702/455-5210**Vendor No.: **T81026920C**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	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 **07/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Spring Mountain**

5. Purpose of contract:

This is a new contract to provide ongoing residential living care for boys who have been adjudicated delinquent and committed by the Juvenile Division of the District Court to Spring Mountain Youth Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$974,500.00**

Payment for services will be made at the rate of \$40,604.16 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

Legislative appropriation for the operation of Spring Mountain Youth Camp, a regional juvenile detention facility as defined in NRS 62A.280.

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

The State operates the correctional facilities and this facility is an alternative to State placement and is run by Clark County.

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. 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?

Yes If "Yes", please explain

Clark County

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:

Yes, Contractor has been under contract with the Division since 2003. 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:

Brian Dahlberg, Management Analyst III Ph: 702-486-5369

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	03/13/2019 11:12:18 AM
Division Approval	knielsen	05/09/2019 13:33:16 PM
Department Approval	mwinebar	05/10/2019 14:58:44 PM
Contract Manager Approval	sknigge	05/10/2019 15:10:12 PM
Budget Analyst Approval	afrantz	05/13/2019 09:04:58 AM
BOE Agenda Approval	bwooldri	05/13/2019 09:47:47 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21624**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	DOUGLAS COUNTY
Agency Code:	409	Contractor Name:	DOUGLAS COUNTY
Appropriation Unit:	3147-15	Address:	CHINA SPRING YOUTH CAMP PO BOX 218
Is budget authority available?:	Yes	City/State/Zip	MINDEN, NV 89423-0218
If "No" please explain:	Not Applicable	Contact/Phone:	775/265-5350
		Vendor No.:	T40174400J
		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	50.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	50.00 % County Contributions

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **China Spring/Aurora**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing services to provide residential living care for boys and girls who have been adjudicated delinquent and committed to China Spring Youth Camp or Aurora Pines Girls Facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,767,086.00**

Payment for services will be made at the rate of \$3,883,543.00 per Fiscal Year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Legislature has appropriated funding for the operation of China Spring Youth Camp and Aurora Pines Girls Facility as regional detention facilities as defined in NRS 62A.280.

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

Local juvenile facilities are administered by county entities.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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. 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?

Yes If "Yes", please explain

Douglas County

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:

Yes, contractor is currently and has been under contract with the Division since 2008. 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:

Brian Dahlberg, Management Analyst III Ph: 702-486-5369

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	03/13/2019 11:13:55 AM
Division Approval	knielsen	04/23/2019 10:48:31 AM
Department Approval	mwinebar	04/24/2019 17:32:03 PM
Contract Manager Approval	sknigge	04/25/2019 11:36:06 AM
Budget Analyst Approval	afrantz	04/29/2019 08:45:45 AM
BOE Agenda Approval	bwooldri	05/01/2019 14:32:34 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: **21746**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	University of Maryland Baltimore Campus
Agency Code:	409	Contractor Name:	University of Maryland Baltimore Campus
Appropriation Unit:	3229-44	Address:	620 West Lexington Street, 4th Floor
Is budget authority available?:	Yes	City/State/Zip	Baltimore, MD 21201-1501
If "No" please explain:	Not Applicable	Contact/Phone:	Denise Sulzbach 401-706-6723
		Vendor No.:	
		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	25.00 %	Fees	0.00 %
X	Federal Funds	75.00 %	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 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **1 year and 30 days**4. Type of contract: **Interlocal Agreement**Contract description: **FFPSA Assistance**

5. Purpose of contract:

This is a new interlocal agreement to provide professional technical assistance to assist the state in the planning and implementation of the Family First Prevention Services Act.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$157,000.00**

Payment for services will be made at the rate of \$33,250.00 per Quarter

Other basis for payment: \$133,000 for Tasks 1-6 as outlined in Attachment A paid in quarterly increments of \$33,250; \$24,000 for optional travel if needed

II. JUSTIFICATION

7. What conditions require that this work be done?

The provisions of the Family First Prevention Services Act (FFPSA) are significant changes to the current status of the Nevada child welfare system. Even with county participation, the teams brought together to plan for implementation have faced significant barriers to progress including lack of training/ability to be successful. The use of professional contractors for the implementation of FFPSA is common practice nationwide, and the proposed contractors work closely with the federal government and multiple other states on the particular initiative, and are therefore well equipped to assist Nevada.

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

State employees do not have the knowledge base and experience in this type of large scale implementation.

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 277.180

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 contractor is currently providing technical assistance under a sub-award. 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:

David Nutting, Management Analyst III Ph: 775-684-7288

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	04/29/2019 16:35:23 PM
Division Approval	knielsen	04/29/2019 16:35:29 PM
Department Approval	mwinebar	04/30/2019 15:37:03 PM
Contract Manager Approval	sknigge	04/30/2019 16:24:00 PM
Budget Analyst Approval	afrantz	05/03/2019 12:14:08 PM
BOE Agenda Approval	bwooldri	05/06/2019 10:31:03 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21870**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	OPEN CONTROL SYSTEMS, INC.
Agency Code:	431	Contractor Name:	OPEN CONTROL SYSTEMS, INC.
Appropriation Unit:	3650-10	Address:	200 S. VIRGINIA ST. SUITE 80172
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89501-2405
If "No" please explain:	Not Applicable		
		Contact/Phone:	Nathan Mulder 775-525-1065
		Vendor No.:	T32003456
		NV Business ID:	NV20141281559

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.

X	General Funds	25.00 %	Fees	0.00 %
X	Federal Funds	75.00 %	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 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/11/2023**Contract term: **4 years and 11 days**4. Type of contract: **Contract**Contract description: **Control Services**

5. Purpose of contract:

This is a new contract to provide Tridium Niagara Controls and Acuity nLight Controls maintenance services to include inspections, updates, repairs and service work on systems as needed for Nevada National Guard facilities in the northern Nevada area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

Payment for services will be made at the rate of \$20,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Office of the Military has determined having a contract with a firm to maintain our lighting controls will allow for maximum energy efficiency for Nevada National Guard facilities in N. Nevada.

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 or expertise to provide these services.

9. Were quotes or proposals solicited?

Yes

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

No

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

Open Control Systems
Have Lights Will Travel
Statewide Lighting

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen because they were the only one who responded to the bid and the lowest qualified bidder.

d. Last bid date: 04/10/2019 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	05/01/2019 13:05:19 PM
Division Approval	ctyle1	05/01/2019 13:05:22 PM
Department Approval	ctyle1	05/01/2019 13:05:27 PM
Contract Manager Approval	twollan1	05/03/2019 14:11:01 PM
Budget Analyst Approval	jrodrig9	05/19/2019 17:39:57 PM
BOE Agenda Approval	jrodrig9	05/19/2019 17:45:32 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15308** Amendment Number: **2**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **Hometown Health Providers Insurance Company, Inc.**

Agency Code: **440** Contractor Name: **Hometown Health Providers Insurance Company, Inc.**

Appropriation Unit: **3706-50** Address: **10315 Professional Circle**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89521**

If "No" please explain: Not Applicable Contact/Phone: **Ty Windfeldt, Vice President 775/982-3105**

Vendor No.: **T29003541A**

NV Business ID: **NV19811015672**

To what State Fiscal Year(s) will the contract be charged? **2015-2021**

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

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

Agency Reference #: **RFP #3086**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2014**Anticipated BOE meeting date **05/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **7 years and 1 day**4. Type of contract: **Contract**Contract description: **Third Party Admin.**

5. Purpose of contract:

This is the second amendment to the original contract to provide ongoing third-party administration services to manage the payment of medical and dental claims to providers not employed by the Department of Corrections. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$1,877,064.84 to \$2,713,305.84 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:	\$1,476,776.64	\$1,476,776.64	\$1,476,776.64	Yes - Action
a. Amendment 1:	\$400,288.20	\$400,288.20	\$400,288.20	Yes - Action
2. Amount of current amendment (#2):	\$836,241.00	\$836,241.00	\$836,241.00	Yes - Action
3. New maximum contract amount:	\$2,713,305.84			
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?

Nevada Department of Corrections (NDOC) provides federally mandated medical care to incarcerated individuals within the correctional system. NDOC requires third party administration services to manage the payment of claims to the medical providers not employed by the Department

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

Historically the Department has outsourced the third party administrator services to ensure prompt and accurate processing of inmate medical claims. No other State agency provides these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3086, 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: 02/26/2010 Anticipated re-bid date: 09/12/2020

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:

FY 2015 to current, Department of Corrections, services 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:

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	amonro1	04/15/2019 14:45:30 PM
Division Approval	amonro1	04/15/2019 14:45:34 PM

Department Approval	amonro1	04/18/2019 17:07:01 PM
Contract Manager Approval	vfajota	05/03/2019 09:42:46 AM
Budget Analyst Approval	bmacke1	05/14/2019 16:24:23 PM
BOE Agenda Approval	jrodrig9	05/20/2019 22:01:39 PM

State of Nevada
Department of Administration

Purchasing Division

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



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:

Approval #:

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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:		Nevada Department of Corrections – Prison Medical		
	Contact Name(s) and Titles:		Robin Hager, Medical Administrator		
	Telephone Number(s):		775-887-3223		
	Email Address(s):		rhager@doc.nv.gov		

2	Contractor Information:				
	Contractor:		Hometown Health Providers Insurance Company, Inc.		
	Contact Name:		Ty Windfeldt, CEO		
	Address:		10315 Professional Circle Reno, NV 89521		
	Phone Number:		775-982-3105		
	Email Address:		twinfeldt@hometownhealth.com		

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:		RFP #3086		
	CETS #:		Contract 15308		
	Contract “not to exceed amount”:		\$1,476,776.64		
	Contract term: 2 year amendment	Start date: mm/dd/yy	07/01/2014	End date: mm/dd/yy	06/30/2018

4	Procurement method used to award the current contract:				
	RFP, solicitation # if applicable:		RFP #3086		
	Quote, solicitation # if applicable:				
	Waiver, provide number:				
	Other:				

5	Current contract information:				
	CETS #:		Contract 15308		
	Initial contract “not to exceed amount”:		\$1,476,776.64		
	Contract term:	Start date: mm/dd/yy	07/01/2014	End date: mm/dd/yy	06/30/2018

Amendment information – List all previously approved amendments:				
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	1	Extend current contract through 6/30/2019 at the Per Inmate Per Month rate of \$2.47 in SFY 19.	Increase of \$400,288.20 for a revised total of \$1,877,064.84	Original 6/30/2018 to 6/30/2019

Proposed amendment information:				
7	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	2	Extend current revised contract through 6/30/2021 at the Per Inmate Per Month rate of \$2.54 in SFY 20 and \$2.61 in SFY 21.	Increase of \$836,241 for a revised total of \$2,713,305.84	06/30/2021

8		What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):
		<i>A statewide RFP for TPA services is being worked for the 2021 timeframe, and this extension will allow NDOC to align with other state agencies for negotiations and Scope of Work for the new RFP. Solicitations are not required for services performed by independent contractors exempted by law. Proposals may be evaluated based on lowest responsible vendor or by an evaluation committee. (NRS 6255.530) or as determined by the Purchasing Administrator pursuant to regulation. (NAC 333.150 (2)(a)(b))</i>

9		What are the potential consequences to the State if the contract extension request is denied?
		<i>NDOC Prison Medical will not have a Third Party Administrator after 6/30/2019 in for statewide processing and adjudication of authorized medical billing until the new RFP is generated and awarded.</i>

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.

Robin Hager

2/6/19

Signature of Agency Representative Initiating Request

Robin Hager, Medical Administrator – NDOC Prison Medical

02/06/2019

Print Name of Agency Representative Initiating Request

Date

John Borrowman

2/19/19

Signature of Agency Head Authorizing Request

John Borrowman

Print Name of Agency Head Authorizing Request

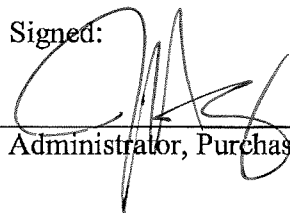
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded

in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Signed:



Administrator, Purchasing Division or Designee

2-21-2019

Date

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: **16471**Amendment Number: **1**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **Hometown Health Providers Insurance Company, Inc.**Agency Code: **440**Contractor Name: **Hometown Health Providers Insurance Company, Inc.**Appropriation Unit: **3706-50**Address: **10315 Professional Circle**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: **Ty Windfeldt, CEO 775/982-3105**Vendor No.: **T29003541**NV Business ID: **NV19811015672**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.

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 **07/01/2015**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**

Termination Date:

Contract term: **6 years and 1 day**4. Type of contract: **Contract**Contract description: **PPO Service North**

5. Purpose of contract:

This is the first amendment to the original contract to provide ongoing access to discounted health care services through a Preferred Provider Organization network and provides the department with attendant pricing benefits and customer service for offenders located in Northern Nevada correctional facilities. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$347,000 to \$589,402 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:	\$347,000.00	\$347,000.00	\$347,000.00	Yes - Action
2. Amount of current amendment (#1):	\$242,402.00	\$242,402.00	\$242,402.00	Yes - Action
3. New maximum contract amount:	\$589,402.00			
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 Nevada Department of Corrections oversees the delivery of legally required medical care to incarcerated offenders.

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

To the extent possible, the required medical care is delivered within the correctional system by Nevada Department of Corrections medical staff. Non-correctional medical care providers and facilities provide in-patient hospitalization and specialty treatment that cannot be provided by NDOC medical staff. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3165 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: 01/21/2015 Anticipated re-bid date: 01/21/2019

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:

Nevada Department of Corrections - 2007 to current. Service has been determined 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:

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	amonro1	04/15/2019 14:43:01 PM
Division Approval	amonro1	04/15/2019 14:43:06 PM
Department Approval	amonro1	04/18/2019 17:06:36 PM
Contract Manager Approval	vfajota	05/03/2019 09:44:00 AM

Budget Analyst Approval
BOE Agenda Approval

bmacke1
jrodrig9

05/14/2019 16:29:27 PM
05/20/2019 22:12:02 PM

State of Nevada
Department of Administration

Purchasing Division

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



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:

Approval #:

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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:		Nevada Department of Corrections – Prison Medical		
	Contact Name(s) and Titles:		Robin Hager, Medical Administrator		
	Telephone Number(s):		775-887-3223		
	Email Address(s):		rhager@doc.nv.gov		

2	Contractor Information:				
	Contractor:		Hometown Health Providers Insurance Company, Inc.		
	Contact Name:		Ty Windfeldt, CEO		
	Address:		10315 Professional Circle Reno, NV 89521		
	Phone Number:		775-982-3105		
	Email Address:		twinfeldt@hometownhealth.com		

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:		RFP #3165		
	CETS #:		Contract 16471		
	Contract “not to exceed amount”:		\$347,000		
	Contract term: 2 year amendment		Start date: mm/dd/yy	07/01/2015	End date: mm/dd/yy

4	Procurement method used to award the current contract:				
	RFP, solicitation # if applicable:		RFP #3165		
	Quote, solicitation # if applicable:				
	Waiver, provide number:				
	Other:				

5	Current contract information:					
	CETS #:		Contract 16471			
	Initial contract “not to exceed amount”:		\$347,000			
	Contract term:		Start date: mm/dd/yy	07/01/2015	End date: mm/dd/yy	06/30/2019

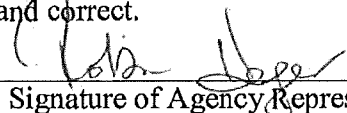
Amendment information – List all previously approved amendments:				
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	1	Extend current contract through 6/30/2021 at the Per Inmate Per Month rate of \$1.88 in SFY 20 and \$1.96 in SFY 21.	Increase of \$242,402 for a revised total of \$589,402	Original 6/30/2019 to 6/30/2021.

Proposed amendment information:				
7	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy

What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):				
8	A statewide RFP for Preferred Provider Organizations (PPO) services is being worked for the 2021 timeframe, and this extension will allow NDOC to align with other state agencies for negotiations and Scope of Work for the new RFP. Solicitations are not required for services performed by independent contractors exempted by law. Proposals may be evaluated based on lowest responsible vendor or by an evaluation committee. (NRS 6255.530) or as determined by the Purchasing Administrator pursuant to regulation. (NAC 333.150 (2)(a)(b))			

What are the potential consequences to the State if the contract extension request is denied?				
9	NDOC Prison Medical will not have a Preferred Provider Organizations network in Northern Nevada after 6/30/2019 for medical service providers for inmates until the new RFP is generated and awarded.			

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.



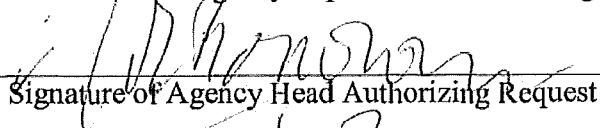
Signature of Agency Representative Initiating Request

Robin Hager, Medical Administrator – NDOC Prison Medical

Print Name of Agency Representative Initiating Request

02/06/2019

Date


Signature of Agency Head Authorizing Request

John Borrowman 217
Print Name of Agency Head Authorizing Request

2/19/19

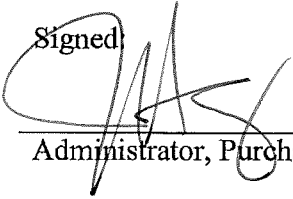
Date

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

A handwritten signature in black ink, appearing to be 'JAS', is written over a horizontal line.

Administrator, Purchasing Division or Designee

2-21-2019

Date

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: **16472**Amendment
Number: **1**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity
Name: **Sierra Health-Care Options, Inc.**Agency Code: **440**Contractor Name: **Sierra Health-Care Options, Inc.**Appropriation Unit: **3706-50**Address: **2716 N. Tenaya Way**Is budget authority
available?: **Yes**City/State/Zip **Las Vegas, NV 89128**

If "No" please explain: Not Applicable

Contact/Phone: **Garyn E. Ramos, President 775-824-9745**Vendor No.: **T32003520**NV Business ID: **NV19891039268**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.

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 **07/01/2015**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**

Termination Date:

Contract term: **6 years and 1 day**4. Type of contract: **Contract**Contract description: **PPO Services - South**

5. Purpose of contract:

This is the first amendment to the original contract which continues ongoing access to discounted health care services to provide the department with attendant pricing benefits and customer service for offenders located in southern Nevada correctional facilities. This amendment extends the termination from June 30, 2019 to June 30, 2021 and increases the maximum contract amount from \$770,000 to \$995,000.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$770,000.00	\$770,000.00	\$770,000.00	Yes - Action
2. Amount of current amendment (#1):	\$225,000.00	\$225,000.00	\$225,000.00	Yes - Action
3. New maximum contract amount:	\$995,000.00			
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 Nevada Department of Corrections oversees the delivery of legally required medical care to incarcerated offenders.

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

To the extent possible, the required medical care is delivered within the correctional system by Nevada Department of Corrections medical staff. Non-correctional medical care providers and facilities provide in-patient hospitalization and specialty treatment that cannot be provided by NDOC medical staff. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3165 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: 01/21/2015 Anticipated re-bid date: 09/21/2020

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:

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	amonro1	05/07/2019 12:17:30 PM
Division Approval	amonro1	05/07/2019 12:17:34 PM
Department Approval	sewart	05/07/2019 13:10:57 PM
Contract Manager Approval	vfajota	05/07/2019 13:37:15 PM
Budget Analyst Approval	bmacke1	05/14/2019 15:54:10 PM



Purchasing Use Only:	
Approval #:	259

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:		Nevada Department of Corrections – Prison Medical		
	Contact Name(s) and Titles:		Robin Hager, Medical Administrator		
	Telephone Number(s):		775-887-3223		
	Email Address(s):		rhager@doc.nv.gov		
2	Contractor Information:				
	Contractor:		Sierra Health-Care Options		
	Contact Name:		Garyn Ramos, President and COO		
	Address:		2716 Tenaya Way Las Vegas, NV 89128		
	Phone Number:		775-824-9745		
	Email Address:		Garyn.ramos@bhoptions.com		
3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:		RFP #3165		
	CETS #:		Contract 16472		
	Contract “not to exceed amount”:		\$770,000		
	Contract term: 2 year amendment		Start date: mm/dd/yy	05/01/2015	End date: mm/dd/yy
4	Procurement method used to award the current contract:				
	RFP, solicitation # if applicable:		RFP #3165 Contract 16472		
	Quote, solicitation # if applicable:				
	Waiver, provide number:				
	Other:				
5	Current contract information:				
	CETS #:		Contract 16472		
	Initial contract “not to exceed amount”:		\$770,000		
	Contract term:		Start date: mm/dd/yy	07/01/2015	End date: mm/dd/yy

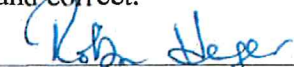
Amendment information – List all previously approved amendments:				
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy

Proposed amendment information:				
7	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	1	Extend current contract through 6/30/2021 at the Per Inmate Per Month rate of \$.199 in SFY 20 and \$2.05 in SFY 21.	Add \$225,000	06/30/2021

8		What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):
		A statewide RFP for PPO services is being worked for the 2021 timeframe, and this extension will allow NDOC to align with other state agencies for negotiations and Scope of Work for the new RFP. Solicitations are not required for services performed by independent contractors exempted by law. Proposals may be evaluated based on lowest responsible vendor or by an evaluation committee. (NRS 6255.530) or as determined by the Purchasing Administrator pursuant to regulation. (NAC 333.150 (2)(a)(b))

9		What are the potential consequences to the State if the contract extension request is denied?
		NDOC Prison Medical will not have a Preferred Provider Organization after 6/30/2019 in Southern Nevada until the new RFP is generated and awarded.

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.



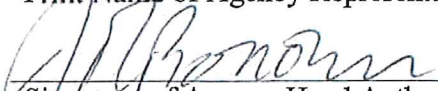
Signature of Agency Representative Initiating Request

Robin Hager, Medical Administrator – NDOC Prison Medical

01/28/2019

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

1/29/19

John Borrowman

Print Name of Agency Head Authorizing Request


Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the

decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Signed:



Administrator, Purchasing Division or Designee

1-30-2018

Date

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: **15707**Amendment Number: **5**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **CenturyLink Public Communications, Inc.**Agency Code: **440**Contractor Name: **CenturyLink Public Communications, Inc.**Appropriation Unit: **3708-00**Address: **600 New Century Parkway**Is budget authority available?: **Yes**City/State/Zip: **New Century, KS 66031**

If "No" please explain: Not Applicable

Contact/Phone: **Paul N. Cooper, Gen Mgr & Asst Secretary 913-335-7388**Vendor No.: **T270119795**NV Business ID: **NV19971285398**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 % Revenue Contract

Agency Reference #: **RFP 3073**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2014**Anticipated BOE meeting date: **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **4 years and 334 days**4. Type of contract: **Contract**Contract description: **Inmate Phone Service**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides ongoing telephone service to incarcerated individuals. This amendment increases the maximum amount from \$17,879,063.22 to \$20,166,430.55 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:	\$16,000,000.00	\$16,000,000.00	\$16,000,000.00	Yes - Action
a. Amendment 1:	-\$3,000,000.00	-\$3,000,000.00	-\$3,000,000.00	Yes - Action
b. Amendment 2:	\$4,879,063.22	\$4,879,063.22	\$4,879,063.22	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#5):	\$2,287,367.33	\$2,287,367.33	\$2,287,367.33	Yes - Action
3. New maximum contract amount:	\$20,166,430.55			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department must provide inmates within the Nevada Correctional System access to telephones.

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

Historically, the Nevada Department of Corrections (NDOC) has outsourced the inmate telephone services to a vendor with the technical expertise and/or equipment necessary to provide this service. NDOC and other agencies within the State of Nevada do not have the technology to provide the telephone security required by the NDOC Inspector General.

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):

Securus Technologies, Inc.
Global Tel Link
CenturyLink Public Communications, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3073, 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: 01/29/2014 Anticipated re-bid date: 12/29/2017

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:

FY11 to current with Nevada Department of Corrections. Service 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:
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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	dmartine	05/02/2019 12:21:27 PM
Division Approval	amonro1	05/02/2019 13:05:55 PM
Department Approval	sewart	05/02/2019 13:07:28 PM
Contract Manager Approval	vfajota	05/06/2019 13:07:48 PM
Budget Analyst Approval	bmacke1	05/14/2019 16:21:53 PM
BOE Agenda Approval	jrodrig9	05/20/2019 21:58:03 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: **19161**Amendment
Number: **1**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity
Name: **CoreCivic, Inc.**Agency Code: **440**Contractor Name: **CoreCivic, Inc.**
Address: **10 Burton Hills Blvd.**Appropriation Unit: **3710-62**Is budget authority
available?: **Yes**City/State/Zip **Nashville, TN 37215**

If "No" please explain: Not Applicable

Contact/Phone: **Brian K. Ferrell 615-263-3282**

Vendor No.:

NV Business ID: **NV19981366218**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 #: **RFP#3472-AM**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **10/11/2017**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2019**Contract term: **3 years and 263 days**4. Type of contract: **Contract**Contract description: **Out-of-State Beds**

5. Purpose of contract:

This is the first amendment to the original contract which provides out-of-state correctional beds to ease overcrowding. The amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$9,292,456 to \$15,203,996 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:	\$9,292,456.00	\$9,292,456.00	\$9,292,456.00	Yes - Action
2. Amount of current amendment (#1):	\$5,911,540.00	\$5,911,540.00	\$5,911,540.00	Yes - Action
3. New maximum contract amount:	\$15,203,996.00			
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?

Department inmate population has created an urgent need to contract with a correctional vendor to provide out-of-state correctional beds to ease overcrowding.

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

The Nevada Department of Corrections is the only agency that provides inmate beds. No other state agency offers this service.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3472, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. They were the only vendor to submit a proposal

d. Last bid date: 07/26/2017 Anticipated re-bid date: 03/26/2019

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:

Nevada Department of Corrections - May 1997 - October 2004
Nevada Department of Corrections September 2003 - August 2005
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	bweisent	05/07/2019 10:33:19 AM
Division Approval	sewart	05/08/2019 15:38:05 PM
Department Approval	sewart	05/08/2019 15:38:08 PM
Contract Manager Approval	vfajota	05/08/2019 16:03:12 PM

Budget Analyst Approval
BOE Agenda Approval

bmacke1
jrodrig9

05/14/2019 13:33:15 PM
05/20/2019 23:07:46 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: **18978**Amendment
Number: **1**Agency Name: **DEPARTMENT OF AGRICULTURE**Legal Entity
Name: **AMERICAN CHILLER SERVICE, INC.**Agency Code: **550**Contractor Name: **AMERICAN CHILLER SERVICE, INC.**Appropriation Unit: **4554-07**Address: **ACS**Is budget authority
available?: **Yes****PO BOX 1887**

If "No" please explain: Not Applicable

City/State/Zip **RANCHO CORDOVA, CA 95741-1887**Contact/Phone: **916/457-7800**Vendor No.: **PUR0005542A**NV Business ID: **NV19921063155**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 % Cost Allocation

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **07/17/2017**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2019**Contract term: **3 years and 349 days**4. Type of contract: **Contract**
Contract description: **ACS HVAC**

5. Purpose of contract:

This is the first amendment to the original contract which provides preventative and routine maintenance to the secondary air handling equipment system. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$23,938 to \$51,214 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:	\$23,938.00	\$23,938.00	\$23,938.00	Yes - Info
2. Amount of current amendment (#1):	\$27,276.00	\$27,276.00	\$51,214.00	Yes - Action
3. New maximum contract amount:	\$51,214.00			
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 HVAC system requires periodic service for continued performance and the preventative maintenance provides for longer lasting operation of the equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 The staff at the Department of Agriculture does not have the expertise to maintain specialized HVAC 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):
 American Chiller
 QCS
 Elite Air Systems
- b. Solicitation Waiver: **Not Applicable**
- c. Why was this contractor chosen in preference to other?
 Lowest price.
- d. Last bid date: 04/01/2017 Anticipated re-bid date: 03/31/2020
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 been under contract with NDA from 2014 to current (4/19). They are very quick to respond and their service is excellent.
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 | 04/24/2019 11:23:01 AM |
| Division Approval | bbel1 | 04/24/2019 11:23:04 AM |
| Department Approval | bbel1 | 04/24/2019 11:23:08 AM |
| Contract Manager Approval | melli2 | 05/08/2019 07:40:41 AM |
| Budget Analyst Approval | mtum1 | 05/14/2019 18:29:13 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: **21340**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4464-13**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Washington Animal Disease Diagnostic Lab

Contractor Name: **Washington Animal Disease Diagnostic Lab**Address: **Washington State University
P.O. Box 647034**City/State/Zip: **Pullman, WA 99164-7034**

Contact/Phone: 509-335-9696

Vendor No.:

NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 **25.00 % Sportsmen****X** Federal Funds **75.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 19-22

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 06/2019

Retroactive? **Yes**

If "Yes", please explain

The Laboratories#65533; Administrative Services they confused this contract renewal agreement with a previous contract extension. The Contract was supposed to be reviewed and renewed before the expiration date of February 1, 2019. See attached retroactive memo3. Termination Date: **01/31/2024**Contract term: **5 years**4. Type of contract: **Interlocal Agreement**Contract description: **Lab Testing Game**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing testing services for pathogens from samples collected from wildlife for wildlife diseases and other wildlife health factors.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$350,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The department is charged with managing Nevada's wildlife. Health monitoring is part of proper management.

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

The Nevada Animal Disease Lab and state workers are not equipped to test for many of these pathogens and do not employ a board certified pathologist.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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Peri Wolff, Wildlife Health Specialist Ph: 775-353-3753

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	11/27/2018 11:54:02 AM
Division Approval	tdoucett	11/29/2018 15:20:53 PM
Department Approval	eobrien	05/13/2019 14:40:05 PM
Contract Manager Approval	zcosio	05/14/2019 13:48:36 PM
Budget Analyst Approval	cpalme2	05/14/2019 14:00:57 PM
BOE Agenda Approval	cmurph3	05/14/2019 14:24:56 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21926**Agency Name: **DCNR - DIVISION OF WATER RESOURCES**Agency Code: **705**Appropriation Unit: **4171-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: United States Department of the Interior, U.S. Geological Survey

Contractor Name: **United States Department of the Interior, U.S. Geological Survey**Address: **2730 Deer Run Road**City/State/Zip: **Carson City, NV 89701**

Contact/Phone: Steven N. Berris 775-887-7600

Vendor No.: T80838030

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	63.00 %	Fees	0.00 %
X	Federal Funds	37.00 %	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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Cooperative Agreement**Contract description: **South Fork JFA**

5. Purpose of contract:

This is a new joint funding agreement that continues an ongoing monitoring program for the South Fork of the Humboldt River consisting of two streamflow gauges and data collection platforms.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$74,740.00**

Payment for services will be made at the rate of \$5,885.00 per Quarter

Other basis for payment: The state portion is \$47,080 and the USGS portion is \$27,660.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Engineer requires the information provided by this program to fulfill the responsibility of protecting existing downstream water rights.

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

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and 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 Applicableb. Solicitation Waiver: **Not Applicable**

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

The U.S. Geological Survey has the necessary equipment in place and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the U.S. Geological Survey under NRS 532.170.

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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Levi Kryder, Professional Engineer Ph: 775-684-2800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	05/08/2019 12:40:07 PM
Division Approval	kbradle1	05/08/2019 12:40:10 PM
Department Approval	kwilliam	05/08/2019 13:36:01 PM
Contract Manager Approval	kbradle1	05/08/2019 14:12:58 PM
Budget Analyst Approval	cpalme2	05/10/2019 12:07:56 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:48:28 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21927**Agency Name: **DCNR - DIVISION OF WATER RESOURCES**Agency Code: **705**Appropriation Unit: **4171-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: United States Department of the Interior, U.S. Geological Survey

Contractor Name: **United States Department of the Interior, U.S. Geological Survey**Address: **2730 Deer Run Road**City/State/Zip: **Carson City, NV 89701**

Contact/Phone: Steven Berris 775-887-7600

Vendor No.: T80838030

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	56.30 %	Fees	0.00 %
X	Federal Funds	43.70 %	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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Cooperative Agreement**Contract description: **Base Hydrology JFA**

5. Purpose of contract:

This is a new joint funding agreement that continues ongoing operation and maintenance of a streamflow network of 24 gages and a reservoir gage, groundwater level data collection, data entry and review, and publication of the data to the internet and an annual publication.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$787,660.00**

Payment for services will be made at the rate of \$55,437.50 per Quarter

Other basis for payment: The State of Nevada's portion of this contract is \$443,500 and the U.S. Geological Survey's portion is \$344,160.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a program monitoring streamflows and groundwater levels used to assist the State Engineer in the management of the water resources of Nevada.

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

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and 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?

The U.S. Geological Survey has the necessary equipment and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the U.S. Geological Survey under NRS 532.170.

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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Levi Kryder, Professional Engineer Ph: 775-684-2800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	05/08/2019 13:03:45 PM
Division Approval	kbradle1	05/08/2019 13:03:49 PM
Department Approval	kwilliam	05/08/2019 13:36:40 PM
Contract Manager Approval	kbradle1	05/08/2019 14:12:46 PM
Budget Analyst Approval	cpalme2	05/10/2019 11:35:30 AM
BOE Agenda Approval	cmurph3	05/15/2019 08:48:58 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21823**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: Central Lyon County Fire Protection District
Agency Code: 706	Contractor Name: Central Lyon County Fire Protection District
Appropriation Unit: 4194-00	Address: 246 Dayton Valley Rd, Suite 106
Is budget authority available?: Yes	City/State/Zip: Dayton , NV 89403
If "No" please explain: Not Applicable	Contact/Phone: 775-246-6209
	Vendor No.: T80993305
	NV Business ID: Govenmental 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.

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

Agency Reference #: NDF 19-036

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$53,492.00**

Payment for services will be made at the rate of \$6,686.50 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Central Lyon County Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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:

Central Lyon County Fire Protection District is currently under contract for the Wildland Fire Protection Program and has been under contract since July, 2013. The current contract expires June 30, 2019.

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:

Boullier, Ron, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	05/01/2019 16:43:17 PM
Division Approval	dprather	05/02/2019 07:56:49 AM
Department Approval	dprather	05/02/2019 07:56:53 AM
Contract Manager Approval	jcoope8	05/09/2019 13:55:47 PM
Budget Analyst Approval	cpalme2	05/13/2019 12:51:37 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:52:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21779**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: City of Sparks Fire Department

Contractor Name: **City of Sparks Fire Department**Address: **1605 Victoria Avenue**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: 775-353-2255

Vendor No.:

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.

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

Agency Reference #: NDF 19-033

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,266.00**

Payment for services will be made at the rate of \$6,408.25 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and the City of Sparks Fire Department will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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 City of Sparks Fire Department is currently under contract for the Wildland Fire Protection Program. The current contract expires June 30, 2019.

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:

Boullier, Ron, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	04/24/2019 10:28:43 AM
Division Approval	dprather	04/26/2019 09:43:56 AM
Department Approval	dprather	04/26/2019 09:43:59 AM
Contract Manager Approval	jcoope8	05/09/2019 15:42:18 PM
Budget Analyst Approval	cpalme2	05/13/2019 12:53:55 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:53:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21939**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: East Fork Fire Protection District

Contractor Name: **East Fork Fire Protection District**Address: **1694 County Road**City/State/Zip: **Minden, NV 89423**

Contact/Phone: 775-782-9040

Vendor No.:

NV Business ID: Govenmental 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.

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

Agency Reference #: NDF 19-042

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$326,516.00**

Payment for services will be made at the rate of \$40,814.50 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and East Fork Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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:

East Fork is currently under contract for the Wildland Fire Protection Program and has been under contract since July, 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 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:

Boullier, Ron, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	05/09/2019 11:16:14 AM
Division Approval	dprather	05/09/2019 14:37:47 PM
Department Approval	dprather	05/09/2019 14:37:50 PM
Contract Manager Approval	jcoope8	05/09/2019 17:10:48 PM
Budget Analyst Approval	cpalme2	05/13/2019 14:25:43 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:53:51 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21775**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Eureka County

Contractor Name: **Eureka County**Address: **PO Box 714**City/State/Zip: **Eureka, NV 89316**

Contact/Phone: 775-237-5372

Vendor No.:

NV Business ID: Government 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.

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

Agency Reference #: NDF 19-034

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$163,062.00**

Payment for services will be made at the rate of \$20,382.75 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Eureka County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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:

Eureka County is currently under contract for the Wildland Fire Protection Program and has been under contract since July 2013. The current contract expires June 30, 2019.

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:

Boullier, Ron, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	04/25/2019 11:29:47 AM
Division Approval	dprather	04/26/2019 09:43:20 AM
Department Approval	dprather	04/26/2019 09:43:23 AM
Contract Manager Approval	jcoope8	05/09/2019 14:13:21 PM
Budget Analyst Approval	cpalme2	05/13/2019 12:52:06 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:50:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21783**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Lander County

Contractor Name: **Lander County**Address: **50 State Route 305**City/State/Zip: **Battle Mountain, NV 89820**

Contact/Phone: 775-635-5595

Vendor No.:

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.

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

Agency Reference #: NDF 19-037

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$416,088.00**

Payment for services will be made at the rate of \$52,011.00 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Lander County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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:

Lander County is currently under contract for the Wildland Fire Protection Program and has been under contract since July 1, 2013. The current contract expires on June 30, 2019.

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:

Boullier, Ron, State Fire Program Manager Ph: 775.684.2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	05/08/2019 14:45:12 PM
Division Approval	dprather	05/09/2019 14:36:18 PM
Department Approval	dprather	05/09/2019 14:36:24 PM
Contract Manager Approval	jcoope8	05/09/2019 17:11:05 PM
Budget Analyst Approval	cpalme2	05/13/2019 14:14:27 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:50:58 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21852**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Lincoln County

Contractor Name: **Lincoln County**Address: **PO Box 90**City/State/Zip: **Pioche, NV 89042**

Contact/Phone: 775-962-2376

Vendor No.:

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.

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

Agency Reference #: NDF 19-040

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,436.00**

Payment for services will be made at the rate of \$7,179.50 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Lincoln County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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:

Lincoln County is currently under contract for the Wildland Fire Protection Program and has been under contract since July, 2013. The current contract expires June 30, 2019.

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:

Boullier, Ron, State Fire Program Manager Ph: 775.684.2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	05/01/2019 16:35:16 PM
Division Approval	dprather	05/02/2019 07:57:29 AM
Department Approval	dprather	05/02/2019 07:57:33 AM
Contract Manager Approval	jcoope8	05/09/2019 14:52:09 PM
Budget Analyst Approval	cpalme2	05/13/2019 12:53:08 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:50:04 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21742**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PERSHING COUNTY**Contractor Name: **PERSHING COUNTY**Address: **PERSHING COUNTY ASSESSOR
400 Main Street**City/State/Zip: **LOVELOCK, NV 89419**Contact/Phone: **775-273-2342**Vendor No.: **T81041592V**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.

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

Agency Reference #: **NDF19-032**

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$227,728.00**

Payment for services will be made at the rate of \$28,466.00 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Pershing County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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?

Yes If "Yes", please explain

Pershing County is a political subdivision of the State of Nevada.

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:

Pershing County is currently under contract for the Wildland Fire Protection Program and has been under contract since July, 2013. The current contract expires June 30, 2019.

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:

Boullier, Ron, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	04/17/2019 16:15:37 PM
Division Approval	dprather	04/18/2019 09:10:21 AM
Department Approval	dprather	04/18/2019 09:10:24 AM
Contract Manager Approval	jcoope8	05/13/2019 13:31:01 PM
Budget Analyst Approval	cpalme2	05/13/2019 14:06:41 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:52:11 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21786**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Storey County Fire Protection District

Contractor Name: **Storey County Fire Protection District**Address: **145 N "C" Street, PO Box 603**City/State/Zip: **Virginia City, NV 89440**

Contact/Phone: 775-847-0954

Vendor No.:

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.

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

Agency Reference #: NDF 19-039

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$79,524.00**

Payment for services will be made at the rate of \$9,940.50 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Storey County Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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:

Storey County Fire Protection District is currently under contract for the Wildland Fire Protection Program and has been since July 1, 2013. The current contract expires June 30, 2019.

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:

Boullier, Ron, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	04/24/2019 09:18:03 AM
Division Approval	dprather	04/26/2019 09:44:41 AM
Department Approval	dprather	04/26/2019 09:44:46 AM
Contract Manager Approval	jcoope8	05/09/2019 16:21:22 PM
Budget Analyst Approval	cpalme2	05/13/2019 13:00:00 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:53:27 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21934**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: White Pine County

Contractor Name: **White Pine County**Address: **801 Clark Street**City/State/Zip: **Ely, NV 89301**

Contact/Phone: 775-293-6509

Vendor No.:

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.

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

Agency Reference #: NDF 19-044

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$59,716.00**

Payment for services will be made at the rate of \$7,464.50 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and White Pine County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Boullier, Ron, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	05/09/2019 11:11:20 AM
Division Approval	dprather	05/09/2019 14:38:45 PM
Department Approval	dprather	05/09/2019 14:38:49 PM
Contract Manager Approval	jcoope8	05/09/2019 17:10:31 PM
Budget Analyst Approval	cpalme2	05/13/2019 14:31:38 PM
BOE Agenda Approval	cmurph3	05/15/2019 08:54:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21913**

Agency Name:	DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR
Agency Code:	709	Contractor Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR
Appropriation Unit:	3187-57	Address:	CONTROLLERS MAIL STOP 124
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89557
If "No" please explain:	Not Applicable	Contact/Phone:	Christopher Lynch 775-834-3687
		Vendor No.:	D35000849
		NV Business ID:	NV20161295653

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 % Solid and Hazardous Waste
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 709

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Interlocal Agreement**Contract description: **UNR-BEP Tech Assist**

5. Purpose of contract:

This is a new interlocal agreement to provide technical and regulatory assistance to businesses without the threat of regulatory intervention on environmental issues.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$418,000.00**

Other basis for payment: Per Contract Budget

II. JUSTIFICATION

7. What conditions require that this work be done?

The EPA RCRA grant requires Pollution Prevention, Waste Minimization and Compliance & Enforcement efforts are to be conducted throughout the grant cycle.

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

By separating the regulatory agency and the technical assistance contractor a fair and impartial platform is created for the development and implementation of mitigation measures without the threat of regulatory enforcement.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?

UNR-BEP has had a long standing relationship with NDEP and has provided these services for more than 10 years, all of which were performed under the Interlocal Contract format.

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

8%

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

The Business Environmental Program is part of the University Of Nevada Reno and NSHE system.

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 Business Environmental Program has contracts for similar service through both Bureaus of Air and Water.

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:

Ruffner, Michael, BSMM Supervisor Ph: 775-687-9472

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	05/07/2019 14:04:00 PM
Division Approval	kbradle1	05/07/2019 14:04:07 PM
Department Approval	kbradle1	05/07/2019 14:04:15 PM
Contract Manager Approval	kbradle1	05/07/2019 14:04:20 PM
Budget Analyst Approval	cpalme2	05/08/2019 11:33:16 AM
BOE Agenda Approval	cmurph3	05/08/2019 14:59:18 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21878**Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3187-57**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: MDK LLC dba Western Environmental Testing Laboratory

Contractor Name: **MDK LLC dba Western Environmental Testing Laboratory**Address: **475 E. Greg Street #119**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Garry Gray 775-355-0202

Vendor No.: T81201715

NV Business ID: NV20151665199

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 %	X	Fees	100.00 % Hazardous Waste
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 **07/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Laboratory Services**

5. Purpose of contract:

This is a new contract to provide water, soil and sludge sample testing services to support hazardous waste enforcement actions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Other basis for payment: In accordance with cost proposal with no guarantee of business.

II. JUSTIFICATION

7. What conditions require that this work be done?

Sample analyses are required to determine whether hazardous waste violations have occurred to determine the extent of any potential contamination and to identify unknown chemical hazards.

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

The state does not have the expertise, staff, or equipment to perform the 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):

Silver State Analytical
Violab. Solicitation Waiver: **Not Applicable**

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

This vendor was the only one to submit a proposal.

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:

Michael Ruffner, Program Development Supervisor Ph: 775-687-9472

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	05/06/2019 14:39:31 PM
Division Approval	kbradle1	05/06/2019 14:40:19 PM
Department Approval	ssimpso2	05/07/2019 12:57:52 PM
Contract Manager Approval	mruffner	05/07/2019 13:00:57 PM
Budget Analyst Approval	cpalme2	05/08/2019 15:29:27 PM
BOE Agenda Approval	cmurph3	05/15/2019 11:26:05 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **18938**Amendment
Number: **1**Agency Name: **DCNR - ENVIRONMENTAL
PROTECTION**Legal Entity
Name: **GLOBAL ENVIRONMENTAL
CONSULTING, INC.**Agency Code: **709**Contractor Name: **GLOBAL ENVIRONMENTAL
CONSULTING, INC.**Appropriation Unit: **3197-04**Address: **151 N. COUNTRY CLUB DR.**Is budget authority
available?: **Yes**City/State/Zip **MESA, AZ 85201-2442**

If "No" please explain: Not Applicable

Contact/Phone: **JESSE DAHL 480/371-6700**Vendor No.: **T81087161**NV Business ID: **NV20111348631**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 #: **DEP 18-005**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **08/08/2017**
Examiner's approval?Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **3 years and 327 days**4. Type of contract: **Contract**Contract description: **Specialty Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing maintenance and support for a web-based data system, data migration assistance, support and training for the Safe Drinking Water Information System and proprietary add-on tools. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$162,700 to \$325,400 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$162,700.00	\$162,700.00	\$162,700.00	Yes - Action
2. Amount of current amendment (#1):	\$162,700.00	\$162,700.00	\$162,700.00	Yes - Action
3. New maximum contract amount:	\$325,400.00			
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 NDEP is responsible for implementing the Safe Drinking Water Program (SDWIS) to ensure that public health is protected and is the primacy agency for the federal program. The Division utilizes the USEPA's SDWIS, which includes a federally mandated data system for reporting to the USEPA used to manage all monitoring, compliance, inspection and operator certification information for approximately 600 regulated water systems. The addition of federal Rules implemented by the Division and web based upgrades that EPA has made to SDWIS, necessitate the Division's license upgrades of database add-on tools for effective program management

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

This is a highly specialized application developed by the USEPA which has add-on proprietary tools for use by the Division through this contractor

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?

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 State has received services provided by the contractor since April 2000. The services provided have met the State's expectations.

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

Budget Account Approval

User

rbusto

Signature Date

05/06/2019 17:04:12 PM

Division Approval	mnguyen	05/07/2019 08:20:44 AM
Department Approval	mnguyen	05/07/2019 08:20:51 AM
Contract Manager Approval	kkochen	05/07/2019 16:40:51 PM
EITS Approval	daxtel1	05/21/2019 09:53:30 AM
Budget Analyst Approval	cpalme2	05/21/2019 09:59:09 AM
BOE Agenda Approval	cmurph3	05/21/2019 10:52:13 AM

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: **21689**

Agency Name:	B&I - INDUSTRIAL RELATIONS DIV	Legal Entity Name:	The Law Offices of Charles R. Zeh, Esq., LLC
Agency Code:	742	Contractor Name:	The Law Offices of Charles R. Zeh, Esq., LLC
Appropriation Unit:	4682-04	Address:	CHARLES R ZEH ESQ 50 W Liberty St., Suite 950
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89501-1979
If "No" please explain:	Not Applicable	Contact/Phone:	Karen Kennedy, Legal Assistant to Charles R Zeh, Esq. 775-323-5700
		Vendor No.:	T29021118
		NV Business ID:	NV19951011050

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Workers' Compensation & Safety Fund

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract that continues ongoing legal services to the Board for the Administration of the Subsequent Injury Account for Self-Insured Employers, the Board for Administration of Subsequent Injury Account for Associations of Self-Insured Public or Private Employers, the Occupational Safety and Health Administration of the division and the Occupational Safety and Health Review Board.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$830,000.00**

Payment for services will be made at the rate of \$0.00 per Attachment CC - Vendor Rate Schedule

Other basis for payment: Payment will be made per Attachment CC - Vendor Rate Schedule; \$233/hr including travel

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 616B.548 and 616B.569 requires that legal counsel appointed by or contracted with the Division of Industrial Relations shall serve as legal counsel for each of the Subsequent Injury Boards. Legal services are also necessary to avoid conflict of interest, to pursue matters involved special expertise, and where Division counsel may be a witness.

NRS 618.585(2) "The Occupational Safety and Health Board may employ legal counsel to advise it concerning matters which come before it."

Independent counsel is required in order to avoid potential conflict of interest.

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

There is a conflict of interest in representing the Boards and the Division; some matters may require Division counsel to be a witness rather than an attorney representing the division; and Mr. Zeh has special expertise in labor and industrial relations.

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?

Superior qualification and experience in these areas

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	ljon13	04/26/2019 11:55:36 AM
Division Approval	ljon13	04/26/2019 11:55:40 AM
Department Approval	jhanse4	04/26/2019 11:56:50 AM
Contract Manager Approval	jwhi11	04/26/2019 12:09:21 PM
Budget Analyst Approval	aurruty	05/09/2019 09:20:00 AM
BOE Agenda Approval	lfree1	05/13/2019 14:45:23 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: **19433**Amendment
Number: **1**Agency Name: **DEPARTMENT OF MOTOR
VEHICLES**Legal Entity
Name: **CUSTOMER EXPRESSIONS
CORPORATION**Agency Code: **810**Contractor Name: **CUSTOMER EXPRESSIONS
CORPORATION**Appropriation Unit: **4740-26**Address: **2255 CARLING AVE STE 500
OTTAWA ON K2B 7Z5**Is budget authority
available?: **Yes**City/State/Zip **CANADA, CD K2B 7Z5**

If "No" please explain: Not Applicable

Contact/Phone: **Jakub Ficner 613/244-5111**Vendor No.: **PUR0005373**NV Business ID: **NV20141201221**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 %	X	Fees	35.00 % Emission Fees
Federal Funds	0.00 %		Bonds	0.00 %
X Highway Funds	65.00 %		Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Hosting/User Fees**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing system hosting, user access fees, and necessary maintenance for DMV's Case Management System, to include data storage and disaster recovery. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$42,000 to \$84,000 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:	\$42,000.00	\$42,000.00	\$42,000.00	Yes - Info
2. Amount of current amendment (#1):	\$42,000.00	\$42,000.00	\$84,000.00	Yes - Action
3. New maximum contract amount:	\$84,000.00			
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?

This contract is for the ongoing system hosting and access user fees for the Case Management System utilized by Compliance Enforcement Division and Motor Vehicle Pollution Control Division.

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

There are no State employees available to provide this service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

The Case Management System was originally purchased through State Purchasing on PO PC08300000060845. This contract is to cover the hosting and user access fees associated with the system.

- 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:

DMV contracted in FY14 when the case management system was initially purchased for the required services to include business process analysis, system configuration, training and data migration. Services 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Non-Title 7 NV Business License

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	jgrimmer	04/25/2019 11:10:55 AM
Division Approval	jgrimmer	04/25/2019 11:12:40 AM
Department Approval	asmit3	04/25/2019 15:15:31 PM

Contract Manager Approval	hazevedo	04/26/2019 14:06:02 PM
Budget Analyst Approval	pnicks	04/29/2019 10:47:26 AM
BOE Agenda Approval	pnicks	04/29/2019 10:47:31 AM

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: **21920**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Agency Code: **810**Appropriation Unit: **4744-18**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: The Abbi Agency

Contractor Name: **The Abbi Agency**Address: **1385 Haskell Street**City/State/Zip: **Reno, NV 89509**

Contact/Phone: Patrick Ty Whitaker 775-373-2977

Vendor No.: T27037235

NV Business ID: NV20081200897

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 % **X** Fees **34.00 % Emission Fees**

Federal Funds 0.00 % Bonds 0.00 %

X Highway Funds **66.00 %** Other funding 0.00 %

Agency Reference #: RFP #81DMV-S532

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Advertising/Media**

5. Purpose of contract:

This is a new contract to provide integrated marketing and media buying services to include the development of marketing strategies, media and materials for the DMV advertising campaign.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,452,696.00**

Other basis for payment: Traditional Commission 10%, Digital Commission 15%, Hourly Blended Rate \$115 per rate

II. JUSTIFICATION

7. What conditions require that this work be done?

Marketing and media buying is necessary to keep the public informed about Nevada Department of Motor Vehicles.

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

The marketing and media buying requires specialized skills that State employees do not have.

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):

DP Video Productions
Penna Powers
Davidson & Belluso

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #81DMV-S532, 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: 02/21/2019 Anticipated re-bid date: 02/01/2023

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:

Brandi Walden, Public Information Officer Ph: 775-684-4779

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmusselm	05/07/2019 13:47:54 PM
Division Approval	bmusselm	05/07/2019 13:47:58 PM
Department Approval	asmit3	05/07/2019 13:59:11 PM
Contract Manager Approval	mmason	05/07/2019 16:30:18 PM
Budget Analyst Approval	jrodrig9	05/21/2019 15:19:42 PM
BOE Agenda Approval	jrodrig9	05/21/2019 15:19:46 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17905**Amendment Number: **2**Agency Name: **DETR - REHABILITATION DIVISION**Legal Entity Name: **ROYAL REFRIGERATION, INC.**Agency Code: **901**Contractor Name: **ROYAL REFRIGERATION, INC.**Appropriation Unit: **3253-10**Address: **5150 S ARVILLE ST**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89118-1539**

If "No" please explain: Not Applicable

Contact/Phone: **Landon McAdams 702/658-3445**Vendor No.: **PUR0005227**NV Business ID: **NV19981376704**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 % Business Enterprise Set-Aside**Agency Reference #: **2071-18-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/29/2016**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **03/31/2020**Contract term: **4 years and 94 days**4. Type of contract: **Contract**Contract description: **Refrig Svc - South**

5. Purpose of contract:

This is the second amendment to the contract which continues ongoing service and repairs of commercial refrigerators, refrigeration units, freezers, ice makers, reach-ins and display units at all Business Enterprise of Nevada locations in southern Nevada. This amendment extends the termination date from March 30, 2020 to September 30, 2020, adds the attachment "Provisions for Contracts under Federal Awards" to the contract due to new Federal requirements and increases the maximum amount from \$49,500 to \$65,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,500.00	\$24,500.00	\$24,500.00	Yes - Info
a. Amendment 1:	\$25,000.00	\$25,000.00	\$49,500.00	Yes - Info
2. Amount of current amendment (#2):	\$15,500.00	\$15,500.00	\$65,000.00	Yes - Action
3. New maximum contract amount:	\$65,000.00			
and/or the termination date of the original contract has changed to:	09/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has a substantial inventory of equipment at various locations that need on-going maintenance.

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

This work requires specialization in commercial refrigeration and chiller units. State employees do not have the time or the specialized expertise to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

Ontario Refrigeration
Chill Rite
Royal Refrigeration

b. Solicitation Waiver: **Not Applicable**

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

Lowest cost vendor chosen

d. Last bid date: 05/12/2016 Anticipated re-bid date: 02/01/2020

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:

Vendor has provided satisfactory performance since November 2012 for the Department of Employment, Training and Rehabilitation - Rehabilitation Division.

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

bmartin7

04/26/2019 14:06:52 PM

Division Approval	kdesoci1	05/03/2019 13:47:01 PM
Department Approval	kdesoci1	05/03/2019 13:47:05 PM
Contract Manager Approval	aallen	05/06/2019 09:38:52 AM
Budget Analyst Approval	dbaughn	05/13/2019 10:32:42 AM
BOE Agenda Approval	tgreenam	05/14/2019 14:24:15 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: **21649**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-UNR**Contractor Name: **BOARD OF REGENTS-UNR**Address: **UNR CONTROLLERS OFFICE**City/State/Zip: **Reno, NV 89557-0124**Contact/Phone: **Kathy Carrico 775-784-6879**Vendor No.: **D35000816**NV Business ID: **Governmental Entity**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.

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 #: **3314-21-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 30 days**4. Type of contract: **Interlocal Agreement**Contract description: **UNR NSBDC**

5. Purpose of contract:

This is a new interlocal agreement to provide SoftSkills training for eligible clients to support their efforts in finding and maintaining jobs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$176,400.00**

Payment for services will be made at the rate of \$350.00 per participant

Other basis for payment: Up to 28 sessions (min. 6 participants, max. 18 participants); session max.: \$6,300.00. The contract shall not exceed \$176,400.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The contract will provide BVR/BSBVI clients with training by skilled instructors and prepares the clients for interviews by employers for training programs. The clients will receive a completion certificate that will show prospective employers that the clients are prepared for their employment programs.

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 to perform these functions.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?

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:
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	03/25/2019 10:36:47 AM
Division Approval	kdesoci1	05/13/2019 09:38:38 AM
Department Approval	kdesoci1	05/13/2019 09:38:41 AM
Contract Manager Approval	mjohns43	05/13/2019 15:14:19 PM
Budget Analyst Approval	dbaughn	05/15/2019 14:47:32 PM
BOE Agenda Approval	tgreenam	05/16/2019 14:05:46 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21586**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-WNC**Contractor Name: **BOARD OF REGENTS-WNC**Address: **WNC CONTROLLERS OFFICE
2201 W COLLEGE PKWY**City/State/Zip: **CARSON CITY, NV 89703-7316**Contact/Phone: **Susan Trist 775-445-3268**Vendor No.: **D35000822**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 #: **3291-21-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 **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **2019 WNC TPCA**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services to students with disabilities in 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: **\$453,837.00**

Other basis for payment: Western Nevada College (WNC) agrees to provide the services at a cost not to exceed the amount per State Fiscal Year (SFY) - SFY20: \$52,977; SFY21: \$60,482; and Rehabilitation Division (DETR-VR) agrees to provide the services at a cost not to exceed the amount indicated per SFY - SFY20: \$158,931; SFY21 \$181,447. Total cost of the contract shall not exceed \$453.837.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Cooperation and coordination of services between state Vocational Rehabilitation agencies and state colleges is a high priority focus of the US Department of Education - Rehabilitation Services Administration 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 service to Rehabilitation since 2017.

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	04/30/2019 12:38:57 PM
Division Approval	kdesoci1	04/30/2019 16:38:17 PM
Department Approval	kdesoci1	04/30/2019 16:38:19 PM
Contract Manager Approval	aallen	05/06/2019 09:53:37 AM
Budget Analyst Approval	tgreenam	05/08/2019 11:58:30 AM
BOE Agenda Approval	tgreenam	05/08/2019 11:58:34 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21614**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: WASHOE COUNTY SCHOOL DISTRICT
Agency Code: 901	Contractor Name: WASHOE COUNTY SCHOOL DISTRICT
Appropriation Unit: 3265-11	Address: CONTROLLER
Is budget authority available?: Yes	425 E 9TH ST
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89512-2800
	Contact/Phone: SUSAN K. WILLIAMS 775-250-6906
	Vendor No.: T40234300B
	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 #: 3312-21-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 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **2019 WCSD VOICE**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing vocational rehabilitation services to students with disabilities. Staff and resources are combined to provide vocational rehabilitation services to joint participants through the Vocational Opportunities for Inclusive Career Education Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,699,127.00**

Other basis for payment: Washoe County School District (WCSO): SFY20: \$451,113; SFY21 \$473,669; and Rehabilitation Division (DETR-VR): SFY20: \$1,353,339; SFY21: \$1,421,006. Total cost of the contract shall not exceed \$3,699,127.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Cooperation and coordination of services between the Vocational Rehabilitation and School Districts 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:

he 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?

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 Rehabilitation 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	05/07/2019 13:44:36 PM
Division Approval	kdesoci1	05/07/2019 13:45:04 PM
Department Approval	kdesoci1	05/07/2019 13:45:07 PM
Contract Manager Approval	aallen	05/07/2019 13:46:33 PM
Budget Analyst Approval	dbaughn	05/13/2019 11:41:34 AM
BOE Agenda Approval	tgreenam	05/14/2019 14:21:36 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **18969**Amendment
Number: **1**Legal Entity
Name: **Louis Ling**Agency Name: **BDC LICENSING BOARDS &
COMMISSIONS**Contractor Name: **Louis Ling**Agency Code: **BDC**Address: **933 Gear Street**Appropriation Unit: **B005 - All Categories**Is budget authority
available?: **Yes**City/State/Zip **Reno, NV 89503**

If "No" please explain: Not Applicable

Contact/Phone: **Louis Ling, Esq. 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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funds

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **09/01/2017**
Examiner's approval?Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **08/31/2019**

Termination Date:

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 to the Board, including representation in lawsuits, disciplinary actions, administrative hearings, as well as legislative assistance. This amendment extends the termination date from August 31, 2019 to August 31, 2022 and increases the maximum amount from \$48,000 to \$175,000 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:	\$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:	\$175,000.00			
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 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: **Exempt (Per statute)**

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	jstrand1	04/29/2019 10:44:18 AM
Division Approval	jstrand1	04/29/2019 10:44:22 AM
Department Approval	jstrand1	04/29/2019 10:44:25 AM
Contract Manager Approval	jstrand1	05/03/2019 11:19:02 AM

Budget Analyst Approval
BOE Agenda Approval

lfree1
lfree1

05/13/2019 10:37:37 AM
05/13/2019 10:38:01 AM

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: **18965**Amendment
Number: **1**Legal Entity
Name: **Louis Ling**Agency Name: **BDC LICENSING BOARDS &
COMMISSIONS**Contractor Name: **Louis Ling**Agency Code: **BDC**Address: **933 Gear Street**Appropriation Unit: **B028 - All Categories**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 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **08/31/2019**

Termination Date:

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 to the Board, including representation in lawsuits, disciplinary actions, administrative hearings as well as legislative assistance. This amendment extends the termination date from August 31, 2019 to August 31, 2022 and increases the maximum amount from \$48,000 to \$175,000 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:	\$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:	\$175,000.00			
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 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: **Exempt (Per statute)**

- 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	jstrand1	05/07/2019 10:18:48 AM
Division Approval	jstrand1	05/07/2019 10:18:51 AM
Department Approval	jstrand1	05/07/2019 10:18:53 AM
Contract Manager Approval	jstrand1	05/07/2019 10:18:55 AM
Budget Analyst Approval	lfree1	05/13/2019 10:34:39 AM

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	7 DAY DENTAL OF NEVADA, LLC DBA ANYDAY DENTAL	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide dentistry services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 21619		
2.		VARIOUS STATE AGENCIES	ARC HEALTH AND WELLNESS, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is the second amendment to the original contract to provide occupational health services to State employees, including annual physical exams for police officers and firefighters as well as cardiac, pulmonary and audiology consultations/evaluations. This amendment extends the termination date from June 30, 2019 to October 31, 2019 and increases the maximum amount from \$5,700,000 to \$6,200,000 due to the continued need for these services.				
	Term of Contract:		07/01/2015 - 10/31/2019	Contract # 16591		
3.		VARIOUS STATE AGENCIES	BLOOM CONSULTING SERVICES	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide pre-employment services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 21923		
4.		VARIOUS STATE AGENCIES	COLLABORATIVE AUTISM RESOURCES & EDUCATION	OTHER: VARIOUS AGENCIES	\$900,000	
	Contract Description:	This is the first amendment to the original contract which provides behavioral analysis services statewide. This amendment increases the maximum amount from \$300,000 to \$1,200,000 due to the continued need for these services.				
	Term of Contract:		03/12/2019 - 06/30/2022	Contract # 21506		
5.		VARIOUS STATE AGENCIES	ELEOS CARE, INC.	OTHER: VARIOUS AGENCIES	\$5,200,000	
	Contract Description:	This is the first amendment to the original contract to provide 24-hour care services to individuals with developmental disabilities statewide. This amendment increases the maximum amount from \$300,000 to \$5,500,000 due an increased need for these services.				
	Term of Contract:		02/12/2019 - 06/30/2022	Contract # 21378		
6.		VARIOUS STATE AGENCIES	ELITE VOCATIONAL SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$450,000	
	Contract Description:	This is a new contract to provide job development services statewide.				
	Term of Contract:		06/11/2019 - 06/30/2022	Contract # 21834		
7.		VARIOUS STATE AGENCIES	EVANS HEALTH SERVICES DBA EVANS HOME	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is a new contract to provide community based mental health services statewide.				
	Term of Contract:		06/11/2019 - 06/30/2022	Contract # 21819		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.		VARIOUS STATE AGENCIES	GOOD OLD DAYS HOME CARE, LLC	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide group home services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21821		
9.		VARIOUS STATE AGENCIES	LABORATORY CORPORATION OF AMERICA	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is the second amendment to the original contract, which continues ongoing laboratory tests for client stays at several agency facilities. This amendment extends the termination date from June 30, 2019 to December 31, 2019 and increases the maximum amount from \$1,000,000 to \$1,600,000 due to the continued need for these services.				
		Term of Contract:	07/01/2015 - 12/31/2019	Contract # 16538		
10.		VARIOUS STATE AGENCIES	NORTH LAKE TAHOE FIRE	OTHER: VARIOUS AGENCIES	\$3,500,000	
	Contract Description:	This is the first amendment to the original contract to reduce fire fuels and vegetation in various locations statewide. This amendment extends the termination date from June 12, 2019 to December 12, 2019 and increases the maximum amount from \$8,437,500 to \$11,937,500 due to the continued need for these services.				
		Term of Contract:	06/13/2017 - 12/12/2019	Contract # 18780		
11.		VARIOUS STATE AGENCIES	PAUL BITAR	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is a new contract to provide dentistry services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21875		
12.		VARIOUS STATE AGENCIES	PROUD MOMENTS ABA OF NEVADA	OTHER: VARIOUS AGENCIES	\$800,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21735		
13.		VARIOUS STATE AGENCIES	WWB, INC. DBA ADVANCED HOME HEALTH CARE	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is the first amendment to the original contract which provides personal care services statewide. This amendment increases the maximum amount from \$200,000 to \$1,200,000 due to the increased need for these services.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20629		

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: **21619**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **7 DAY DENTAL OF NEVADA, LLC DBA ANYDAY DENTAL**Contractor Name: **7 DAY DENTAL OF NEVADA, LLC DBA ANYDAY DENTAL**Address: **2575 N 5TH ST STE A**City/State/Zip: **ELKO, NV 89801-2468**Contact/Phone: **775/738-9666**Vendor No.: **T29024502**NV Business ID: **NV20041148715**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 #: **RM107**

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: **06/30/2022**Contract term: **3 years and 61 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide dentistry services statewide.

6. NEW CONTRACT

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

7. What conditions require that this work be done?

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:

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	03/20/2019 11:58:56 AM
Division Approval	jthom17	03/20/2019 11:59:00 AM
Department Approval	jthom17	03/20/2019 11:59:05 AM
Contract Manager Approval	rvradenb	03/20/2019 12:04:17 PM
Budget Analyst Approval	aurruty	04/30/2019 16:26:44 PM
BOE Agenda Approval	lfree1	05/01/2019 14:54:27 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: **16591**Amendment Number: **2**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **ARC HEALTH AND WELLNESS, LLC**Agency Code: **MSA**Contractor Name: **ARC HEALTH AND WELLNESS, LLC**Appropriation Unit: **9999 - All Categories**Address: **82 E GLENDALE AVE**Is budget authority available?: **Yes**City/State/Zip: **SPARKS, NV 89431**

If "No" please explain: Not Applicable

Contact/Phone: **PAUL GRANSTROM 775/846-3413**Vendor No.: **T32000878**NV Business ID: **NV20081522740**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

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

Agency Reference #: **3148**

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 **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **4 years and 123 days**4. Type of contract: **MSA**Contract description: **Health Services**

5. Purpose of contract:

This is the second amendment to the original contract to provide occupational health services to State employees, including annual physical exams for police officers and firefighters as well as cardiac, pulmonary and audiology consultations/evaluations. This amendment extends the termination date from June 30, 2019 to October 31, 2019 and increases the maximum amount from \$5,700,000 to \$6,200,000 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:	\$4,000,000.00	\$4,000,000.00	\$4,000,000.00	Yes - Action
a. Amendment 1:	\$1,700,000.00	\$1,700,000.00	\$1,700,000.00	Yes - Action
2. Amount of current amendment (#2):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$6,200,000.00			
and/or the termination date of the original contract has changed to:	10/31/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

Requirements are mandated in NRS 617.455, 457 and NAC 617.010 - 617.100.

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 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):

Concentra
Nevada Occupational Health Centers
Renown Hospitals

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3148 and in accordance with NRS 333, the selected vendor was one of three highest scoring vendors selected to provide statewide services as determined by an independently appointed evaluation committee.

d. Last bid date: 10/29/2014 Anticipated re-bid date: 10/01/2018

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 vendor holds a current MSA contract to provide these services throughout the state. Service provided 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:

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	05/13/2019 15:43:46 PM
Division Approval	jthom17	05/13/2019 15:43:50 PM

Department Approval	jthom17	05/13/2019 15:43:56 PM
Contract Manager Approval	gburchet	05/13/2019 15:46:42 PM
Budget Analyst Approval	aurrutu	05/13/2019 17:01:43 PM
BOE Agenda Approval	lfree1	05/14/2019 11:43:02 AM

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: **21923**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Bloom Consulting Services

Contractor Name: **Bloom Consulting Services**Address: **7600 Burnett Rd, Ste 102**City/State/Zip: **Austin , TX 78757**

Contact/Phone: James Williams 512-537-1661

Vendor No.: T32007958

NV Business ID: NV20191275109

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 #: TB165

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 30 days**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide pre-employment services statewide.

6. NEW CONTRACT

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

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	05/07/2019 15:33:31 PM
Division Approval	jthom17	05/07/2019 15:33:34 PM
Department Approval	jthom17	05/07/2019 15:33:38 PM
Contract Manager Approval	rvradenb	05/07/2019 16:14:21 PM
Budget Analyst Approval	aurruty	05/13/2019 17:40:43 PM
BOE Agenda Approval	lfree1	05/14/2019 11:38:50 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21506**Amendment
Number: **1**Agency Name: **MSA MASTER SERVICE
AGREEMENTS**Legal Entity
Name: **Collaborative Autism Resources &
Education**Agency Code: **MSA**Contractor Name: **Collaborative Autism Resources &
Education**Appropriation Unit: **9999 - All Categories**Address: **1930 Village Center Cr.
Suite 3609**Is budget authority
available?: **Yes**City/State/Zip **Las Vegas, NV 89134**

If "No" please explain: Not Applicable

Contact/Phone: **Toni Ventrella 877-712-2735**Vendor No.: **T27042665**NV Business ID: **NV20021095350**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 **No** or b. other effective date **03/12/2019**
Examiner's approval?Anticipated BOE meeting date **05/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2022**
Termination Date:Contract term: **3 years and 111 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is the first amendment to the original contract which provides behavioral analysis services statewide. This amendment increases the maximum amount from \$300,000 to \$1,200,000 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:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#1):	\$900,000.00	\$900,000.00	\$900,000.00	Yes - Action
3. New maximum contract amount:	\$1,200,000.00			

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 must be provided by specially trained individuals.

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	jthom17	03/22/2019 15:09:11 PM
Division Approval	jthom17	03/22/2019 15:09:15 PM
Department Approval	jthom17	03/22/2019 15:09:19 PM
Contract Manager Approval	rvradenb	04/30/2019 14:18:53 PM
Budget Analyst Approval	aurruty	05/09/2019 16:07:05 PM
BOE Agenda Approval	lfree1	05/13/2019 09:27:31 AM

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: **21378**Amendment Number: **1**Legal Entity Name: **Eleos Care, Inc.**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Contractor Name: **Eleos Care, Inc.**Agency Code: **MSA**Address: **4575 Dean Martin Drive #2409**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**City/State/Zip **Las Vegas , NV 89103**

If "No" please explain: Not Applicable

Contact/Phone: **Guerin Senter 702-687-1350**Vendor No.: **T32007798**NV Business ID: **NV20181102948**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 **02/12/2019**Anticipated BOE meeting date **05/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2022**Contract term: **3 years and 138 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is the first amendment to the original contract to provide 24-hour care services to individuals with developmental disabilities statewide. This amendment increases the maximum amount from \$300,000 to \$5,500,000 due to the continued need for these services. The Department of Health and Human Services, Aging and Disability Services Division has planned program use ranging from an average of \$1,400,000 to \$2,000,000 per year, representing an annual increase of 12%.

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):	\$5,200,000.00	\$5,200,000.00	\$5,200,000.00	Yes - Action
3. New maximum contract amount:	\$5,500,000.00			

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: 03/30/2018 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 15:08:39 PM
Division Approval	jthom17	03/22/2019 15:08:42 PM
Department Approval	jthom17	03/22/2019 15:08:47 PM
Contract Manager Approval	rvradenb	05/01/2019 14:44:22 PM
Budget Analyst Approval	aurruty	05/13/2019 14:17:08 PM
BOE Agenda Approval	lfree1	05/14/2019 13:03:53 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: **21834**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Elite Vocational Services, LLC
Agency Code:	MSA	Contractor Name:	Elite Vocational Services, LLC
Appropriation Unit:	9999 - All Categories	Address:	3100 Goodnews CT
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89134
If "No" please explain:	Not Applicable	Contact/Phone:	Jeri Thomas 702-285-8677
		Vendor No.:	
		NV Business ID:	NV20191225622
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 #: TB165

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 20 days**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$450,000.00****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:

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	05/02/2019 14:15:38 PM
Division Approval	jthom17	05/02/2019 14:15:41 PM
Department Approval	jthom17	05/02/2019 14:15:45 PM
Contract Manager Approval	rvradenb	05/02/2019 14:16:36 PM
Budget Analyst Approval	aurruty	05/13/2019 15:26:05 PM
BOE Agenda Approval	lfree1	05/14/2019 11:44:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21819**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Evans Health Services dba Evans Home

Contractor Name: **Evans Health Services dba Evans Home**Address: **7521 Apple Cider St.**City/State/Zip: **Las Vegas, NV 89131**

Contact/Phone: Sabrina Evans 702-485-7509

Vendor No.: T29041731

NV Business ID: NV20161572438

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 **06/11/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 20 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community based mental health services statewide.

6. NEW CONTRACT

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

7. What conditions require that this work be done?

The 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:

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	04/26/2019 15:21:18 PM
Division Approval	mstewa10	04/26/2019 15:21:23 PM
Department Approval	mstewa10	04/26/2019 15:21:25 PM
Contract Manager Approval	mstewa10	04/26/2019 15:21:28 PM
Budget Analyst Approval	aurruty	05/13/2019 11:09:49 AM
BOE Agenda Approval	lfree1	05/14/2019 13:12:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21821**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Good Old Days Home Care, LLC

Contractor Name: **Good Old Days Home Care, LLC**Address: **5055 Carnoustie Dr.**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Dietmar Ingensiep 775-315-9503

Vendor No.: T29042045

NV Business ID: NV20111748202

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 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 30 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00****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:

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	04/26/2019 15:21:46 PM
Division Approval	mstewa10	04/26/2019 15:21:49 PM
Department Approval	mstewa10	04/26/2019 15:21:51 PM
Contract Manager Approval	mstewa10	04/26/2019 15:21:53 PM
Budget Analyst Approval	aurruty	05/13/2019 11:02:17 AM
BOE Agenda Approval	lfree1	05/14/2019 13:15:23 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: **16538**Amendment Number: **2**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **Laboratory Corporation of America**Agency Code: **MSA**Contractor Name: **Laboratory Corporation of America**Appropriation Unit: **9999 - All Categories**Address: **358 S Main Street Suite 458**Is budget authority available?: **Yes**City/State/Zip: **Burlington, NC 27215-5837**

If "No" please explain: Not Applicable

Contact/Phone: **Tim Weber 602-453-6258**Vendor No.: **T80994616**NV Business ID: **NV19761002182**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

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

Agency Reference #: **RFP 3123**

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 **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **4 years and 184 days**4. Type of contract: **MSA**Contract description: **Clinical Lab Testing**

5. Purpose of contract:

This is the second amendment to the original contract, which continues ongoing laboratory tests for client stays at several agency facilities. This amendment extends the termination date from June 30, 2019 to December 31, 2019 and increases the maximum amount from \$1,000,000 to \$1,600,000 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:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$600,000.00	\$600,000.00	\$600,000.00	Yes - Action
3. New maximum contract amount:	\$1,600,000.00			
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?

Laboratory testing for client stays at several agency facilities is required.

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 facility, medical staff or the expertise to conduct these tests.

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#3123, and in accordance with NRS 333, the selected vendor was one of two highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 08/05/2014 Anticipated re-bid date: 08/05/2016

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:

Contractor is currently under contract with the State. Quality of 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:

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	04/26/2019 14:12:45 PM
Division Approval	mstewa10	04/26/2019 14:12:48 PM
Department Approval	mstewa10	04/26/2019 14:12:51 PM
Contract Manager Approval	tsmit2	04/26/2019 14:32:23 PM
Budget Analyst Approval	aurruty	05/08/2019 15:41:52 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: **18780**Amendment
Number: **1**Agency Name: **MSA MASTER SERVICE
AGREEMENTS**Legal Entity
Name: **NORTH LAKE TAHOE FIRE**Agency Code: **MSA**Contractor Name: **NORTH LAKE TAHOE FIRE**Appropriation Unit: **9999 - All Categories**Address: **PROTECTION DISTRICT
866 ORIOLE WAY**Is budget authority
available?: **Yes**City/State/Zip **INCLINE VILLAGE, NV 89451-9439**

If "No" please explain: Not Applicable

Contact/Phone: Isaac Powning 775/833-8108

Vendor No.: PUR0000998

NV Business ID: Exempt

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 % Various Agencies

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **06/13/2017**
Examiner's approval?

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/12/2019**

Termination Date:

Contract term: **2 years and 182 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is the first amendment to the original contract to reduce fire fuels and vegetation in various locations statewide. This amendment extends the termination date from June 12, 2019 to December 12, 2019 and increases the maximum amount from \$8,437,500 to \$11,937,500 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:	\$8,437,500.00	\$8,437,500.00	\$8,437,500.00	Yes - Action
2. Amount of current amendment (#1):	\$3,500,000.00	\$3,500,000.00	\$3,500,000.00	Yes - Action
3. New maximum contract amount:	\$11,937,500.00			
and/or the termination date of the original contract has changed to:	12/12/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction must be completed in various locations.

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):

Bordges Timber, Inc
Healthy Trees
Swaggart Enterprises, Inc

b. Solicitation Waiver: **Not Applicable**

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

This RFQ is being awarded to 21 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 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?

Yes If "Yes", please explain

The vendor is part of the North Lake Tahoe Fire Protection District.

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:

Non-profit Corporation

Interlocal Agreement

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	mstewa10	04/01/2019 11:18:05 AM
Division Approval	mstewa10	04/01/2019 11:18:09 AM
Department Approval	mstewa10	04/01/2019 11:18:12 AM
Contract Manager Approval	atayl10	04/04/2019 10:56:49 AM
Budget Analyst Approval	aurruty	04/23/2019 16:28:59 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: **21875**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Paul Bitar

Contractor Name: **Paul Bitar**Address: **2808 Saint Dizier Dr.**City/State/Zip: **Henderson, NV 89044**

Contact/Phone: Paul Bitar 702-321-6723

Vendor No.: T27042806

NV Business ID: NV20181819057

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 #: RM107

2. Contract start date:

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

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 30 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide dentistry services statewide.

6. NEW CONTRACT

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

7. What conditions require that this work be done?

The 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 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	mstewa10	05/02/2019 10:33:22 AM
Division Approval	mstewa10	05/02/2019 10:33:26 AM
Department Approval	mstewa10	05/02/2019 10:33:33 AM
Contract Manager Approval	mstewa10	05/02/2019 10:33:36 AM
Budget Analyst Approval	aurruty	05/13/2019 17:03:41 PM
BOE Agenda Approval	lfree1	05/14/2019 11:39:58 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21735**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Proud Moments ABA of Nevada

Contractor Name: **Proud Moments ABA of Nevada**Address: **200 Bloomfield Court**City/State/Zip: **Las Vegas, NV 89134**

Contact/Phone: Shimon Spielman 718-215-5311

Vendor No.: T27042723

NV Business ID: NV20181747893

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 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 30 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: **\$800,000.00****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:

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	04/11/2019 07:44:54 AM
Division Approval	jthom17	04/11/2019 07:44:58 AM
Department Approval	jthom17	04/11/2019 07:45:01 AM
Contract Manager Approval	rvradenb	04/11/2019 08:04:19 AM
Budget Analyst Approval	aurruty	04/25/2019 09:48:26 AM
BOE Agenda Approval	lfree1	04/25/2019 15:31:56 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20629**Amendment
Number: **1**Agency Name: **MSA MASTER SERVICE
AGREEMENTS**Legal Entity
Name: **WWB, Inc. dba ADVANCED HOME
HEALTH CARE**Agency Code: **MSA**Contractor Name: **WWB, Inc. dba ADVANCED HOME
HEALTH CARE**Appropriation Unit: **9999 - All Categories**Address: **2860 E. Flamingo Ave Suite C-3**Is budget authority
available?: **Yes**City/State/Zip **Las Vegas, NV 89121**

If "No" please explain: Not Applicable

Contact/Phone: **EDGAR JIMENEZ 702/405-3192**Vendor No.: **T27002427A**NV Business ID: **NV20021388559**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 #: **167-RM**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2018**
Examiner's approval?Anticipated BOE meeting date **05/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2022**
Termination Date:Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is the first amendment to the original contract which provides personal care services statewide. This amendment increases the maximum amount from \$200,000 to \$1,200,000 due to continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$200,000.00	\$200,000.00	\$200,000.00	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:	\$1,200,000.00			

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?

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 Health and Human Services. Agency is satisfied.

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 15:08:04 PM
Division Approval	jthom17	03/22/2019 15:08:07 PM
Department Approval	jthom17	03/22/2019 15:08:10 PM
Contract Manager Approval	rvradenb	05/13/2019 08:45:59 AM
Budget Analyst Approval	aurruty	05/13/2019 10:02:09 AM
BOE Agenda Approval	lfree1	05/14/2019 13:13:20 PM

WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - OFFICE OF THE CHIEF INFORMATION OFFICER	GARTNER, INC.	OTHER: COST ALLOCATION	\$168,988	
	Contract Description:	This is a new work plan under master services agreement #18964 which provides ongoing research and advisory services related to information technology. This work plan covers the Gartner for IT Executive Programs Leadership Team Plus service which provides various deliverables to advise and assist the State Chief Information Officer and State Chief Information Security Officer.				
		Term of Contract:	07/01/2019 - 06/30/2020	Contract # 21802		
2.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	GARTNER, INC.	OTHER: COST ALLOCATION	\$140,864	Professional Service
	Contract Description:	This is a new work plan under master services agreement #18964 which provides ongoing research and advisory services related to information technology. This work plan covers the Gartner for IT Executive Programs Leadership Team Plus service which provides various deliverables.				
		Term of Contract:	07/01/2019 - 06/30/2020	Contract # 21916		

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: **21802**Agency Name: **ADMIN - ENTERPRISE IT SERVICES**Agency Code: **180**Appropriation Unit: **1373-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**Contractor Name: **GARTNER, INC.**Address: **PO BOX 911319**City/State/Zip: **DALLAS, TX 75391-1319**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? **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 % Cost Allocation

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 Applicable3. Termination Date: **06/30/2020**Contract term: **1 year**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **IT Advisor Services**

5. Purpose of contract:

This is a new work plan under master services agreement #18964 which provides ongoing research and advisory services related to information technology. This work plan covers the Gartner for IT Executive Programs Leadership Team Plus service which provides various deliverables to advise and assist the State Chief Information Officer and State Chief Information Security Officer.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$168,988.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

A Team License Subscription will allow for the continuity of the team as a whole and allow access to the CIO level research. This provides the Leader with content to pass onto Team members to support specific messaging and ensure uniformity. This is not the case in a standalone environment. Team programs also allow for scaled down licensing options, as those do not exist in the standalone environment.

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

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.

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?

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:

DoA, Enterprise IT Services, 2015 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)?

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:

Michele Lynn, MA III Ph: 775-684-4707

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	05/01/2019 07:50:17 AM
Division Approval	ddav12	05/01/2019 07:50:23 AM
Department Approval	ddav12	05/01/2019 07:50:26 AM
Contract Manager Approval	ddav12	05/01/2019 07:50:30 AM
EITS Approval	daxtel1	05/03/2019 09:53:51 AM
Budget Analyst Approval	cmurph3	05/06/2019 13:51:32 PM
BOE Agenda Approval	cmurph3	05/06/2019 13:51:35 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: **21916**Agency Name: **DETR - ADMINISTRATIVE SERVICES**Agency Code: **908**Appropriation Unit: **3274-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**Contractor Name: **GARTNER, INC.**Address: **56 TOP GALLANT ROAD**City/State/Zip: **STAMFORD, CT 06904**Contact/Phone: **239/561-4815**Vendor No.: **PUR0005339A**NV Business ID: **NV19941112701**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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Cost Allocation

Agency Reference #: **3320-20-IDP**

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 Applicable3. Termination Date: **06/30/2020**Contract term: **1 year**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **MSA Work Plan**

5. Purpose of contract:

This is a new work plan under master services agreement #18964 which provides ongoing research and advisory services related to information technology. This work plan covers the Gartner for IT Executive Programs Leadership Team Plus service which provides various deliverables.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$140,864.00**

Payment for services will be made at the rate of \$0.00 per invoice

Other basis for payment: July 01, 2019 Net 30 \$140,864

II. JUSTIFICATION

7. What conditions require that this work be done?

DETR IDP is in need of continued independent review of the operations and department structure to develop long-term strategic planning.

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

DETR IDP does not have the expertise to perform this type of analysis and it needs to be independent.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

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:

Gartner has provided satisfactory services to the Enterprise Information Technology Services division since 2010.

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	aallen	05/06/2019 16:22:15 PM
Division Approval	kdesoci1	05/06/2019 16:29:28 PM
Department Approval	kdesoci1	05/06/2019 16:29:31 PM
Contract Manager Approval	aallen	05/07/2019 11:07:53 AM
Budget Analyst Approval	dbaughn	05/13/2019 09:23:45 AM
BOE Agenda Approval	tgreenam	05/14/2019 14:17:25 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	012	GOVERNOR'S OFFICE - NUCLEAR PROJECTS OFFICE	DEPARTMENT OF HEALTH AND HUMAN SERVICES - RADIATION CONTROL PROGRAM	FEDERAL	\$20,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing planning and operations activities associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada.				
	Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21911			
2.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	MARQUIS AURBACH COFFING, PC	OTHER: TORT CLAIM FUNDS	\$15,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides attorney representation for a defendant in a lawsuit against the State of Nevada, Board of Regents, University of Nevada Las Vegas, et al. This amendment increases the maximum amount from \$70,500 to \$85,500 due to an increased need for services.				
	Term of Contract:	08/28/2017 - 08/31/2021	Contract # 19193			
3.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	HIGH DESERT MICROIMAGING, INC.	GENERAL	\$20,675	
	Contract Description:	This is the first amendment to the original contract to provide maintenance for scanners owned by the Secretary of State for use with the eSOS Corporate Filing System. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the maximum amount from \$29,138 to \$49,813 due to the continued need for these services.				
	Term of Contract:	01/22/2018 - 06/30/2019	Contract # 19620			
4.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	PLURALSIGHT, LLC	GENERAL	\$17,970	
	Contract Description:	This is the first amendment to the original contract to provide technical training services and course content to Information Technology staff. This amendment extends the termination date from June 30, 2019, to June 30, 2020 and increases the maximum amount from \$16,777 to \$34,740 due to the continued need for these services.				
	Term of Contract:	05/25/2018 - 06/30/2020	Contract # 20157			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	RESOURCE CONCEPTS, INC.	BONDS	\$16,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the American with Disabilities Act (ADA) Site Upgrades and Expansion at the Northern Nevada Veterans Memorial Cemetery, to include design development, construction and bid documents, as well as construction administration services for the design and construction of ADA improvements to the site: CIP Project No. 17-S02-3; SPWD Contract No. 112619.				
	Term of Contract:	04/28/2019 - 06/30/2021	Contract # 21788			
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	ABSTRACT MASONRY RESTORATION, INC.	OTHER: AGENCY FUNDED CIP	\$18,828	Professional Service
	Contract Description:	This is a new contract to provide professional historic masonry consultation services for the Lost Museum Pueblo and Picnic Ramada CIP project, to include the documentation of the historic masonry and recommendations for the repair, restoration and/or preservation of each structure, as well as a rough order of magnitude cost estimate for the recommended work: CIP Project No. 19-A020; SPWD Contract No. 112570.				
	Term of Contract:	04/28/2019 - 06/30/2023	Contract # 21790			
7.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - COMPUTER FACILITY	GARRATT CALLAHAN, CO.	FEE: USER	\$25,440	Exempt
	Contract Description:	This is a new contract to provide ongoing repair and maintenance services for the cooling condenser tower and chemical treatment system equipment at the computer facility in Carson City.				
	Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21873			
8.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	MICRONET COMMUNICATIONS, INC.	FEE: USER	\$31,200	
	Contract Description:	This is a new contract to provide microwave site frequency protection and Federal Communications Commission license management services.				
	Term of Contract:	03/01/2019 - 07/01/2023	Contract # 21642			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	NAVAL FACILITIES ENGINEERING COMMAND	OTHER: REVENUE	\$19,000	
	Contract Description:	This is the second amendment to the original revenue contract which provides rack space at Austin Mountain in Lander County. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the maximum amount from \$29,864.24 to \$48,864.24 due to continued need for these services.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19158		
10.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	LEGACY HEALTH AND WELLNESS, LLC	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$24,900	
	Contract Description:	This is a new contract to provide behavioral intervention services to residents that are covered under Medicaid and to residents who are not qualified under Medicaid, but for which the facility chooses to provide these services.				
		Term of Contract:	07/02/2019 - 06/30/2023	Contract # 21820		
11.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	PINNACLE QUALITY INSIGHT	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$21,000	
	Contract Description:	This is a new contract to provide ongoing monthly customer satisfaction surveys.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21781		
12.	300	DEPARTMENT OF EDUCATION - CAREER AND TECHNICAL EDUCATION	CLARK COUNTY SCHOOL DISTRICT	OTHER: PRIVATE FUNDING	\$43,266	
	Contract Description:	This is a new interlocal agreement to provide an Information Technology (IT) pilot program to address labor force and skill gap needs and provide preparation for CompTIA A+ and/or Network + IT certifications to high school graduates who completed the IT Service and Support career pathway program and returning military service members who have IT experience.				
		Term of Contract:	05/03/2019 - 12/21/2019	Contract # 21555		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - STATE LIBRARY	STATE OF UTAH, STATE LIBRARY DIVISION	GENERAL	\$10,200	
	Contract Description:	This is a new interlocal agreement to provide Braille library services to the blind and physically handicapped as part of the Nevada Talking Book services.				
	Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21855			
14.	332	DEPARTMENT OF ADMINISTRATION - LIBRARY AND ARCHIVES - NEVADA STATE LIBRARY	WORLD BOOK, INC.	GENERAL	\$46,730	
	Contract Description:	This is the third amendment to the original contract which provides ongoing database access to the Advanced Reference Suite to meet the academic needs of patrons, the public, and public K-12 schools. This amendment extends the termination date from June 30, 2019 to December 31, 2019 and increases the maximum amount from \$373,840 to \$420,570 due to the continued need for these services.				
	Term of Contract:	07/01/2015 - 12/31/2019	Contract # 16598			
15.	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - PROBLEM GAMBLING	PROBLEM GAMBLING SOLUTIONS, INC.	OTHER: SLOT TAX	\$16,562	
	Contract Description:	This is the fifth amendment to the original contract which provides technical assistance to grantees and assists the Grant Management Unit, Advisory Committee on Problem Gambling (ACPG) and the ACPG groups. This amendment increases the maximum amount from \$247,406 to \$263,968 due to the increased need for these services.				
	Term of Contract:	07/01/2014 - 06/30/2019	Contract # 15814			
16.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	DANIEL C. MCARTHUR, LTD.	GENERAL	\$49,224	Professional Service
	Contract Description:	This is a new contract to provide audits of Community Based Living Arrangement provider billings.				
	Term of Contract:	05/10/2019 - 09/30/2019	Contract # 21514			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	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 FEES	\$14,162	
	Contract Description:	This is the first amendment to the original contract which provides ongoing funding for an academic faculty member to act and serve as the State Dental Health Officer as set forth in NRS 439.272. This amendment increases the maximum amount from \$430,033 to \$444,195 due to the continued need for these services.				
	Term of Contract:	10/01/2017 - 06/30/2019	Contract # 19237			
18.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	ESMERALDA COUNTY	OTHER: REVENUE	\$10,954	
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$20,954 to \$31,908 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19309			
19.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	NORTHWOODS CONSULTING PARTNERS, INC.	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$16,200	Sole Source
	Contract Description:	This is a new contract to provide server migration services for the Northwoods Compass application software from the state's existing SQL Server 2008 and Windows Server 2008 to Microsoft SQL 2016 and Windows Server 2016 servers.				
	Term of Contract:	05/09/2019 - 06/30/2019	Contract # 21765			
20.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - JUVENILE JUSTICE SERVICES	PREA AMERICA, LLC	GENERAL	\$15,425	
	Contract Description:	This is a new contract to provide a federally certified Prison Rape Elimination Act (PREA) auditor to conduct mandatory PREA audits at the three juvenile correctional facilities.				
	Term of Contract:	07/01/2019 - 06/30/2022	Contract # 21702			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL	\$13,549	
	Contract Description:	This is a new interlocal agreement to provide support to the Clark County Children's Mental Health Consortium.				
		Term of Contract:	04/25/2019 - 06/30/2019	Contract # 21688		
22.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	FM MARKETING, LLC	FEDERAL	\$46,300	Sole Source
	Contract Description:	This is the first amendment to the original contract that provides ongoing custom media lists for placement of a media advertising plan, follow-up with civic groups, non-profit education organizations for potential referral sources and to provide all forms of public relations. This amendment increases the maximum amount from \$50,000 to \$96,300 due to the continued need for these services.				
		Term of Contract:	12/04/2018 - 09/30/2019	Contract # 21256		
23.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	DESERT PARKWAY BEHAVIORAL, LLC	GENERAL	\$11,225	
	Contract Description:	This is a new contract for a seven day, acute psychiatric hospitalization of a youth referred by the Mobile Crisis Unit.				
		Term of Contract:	11/09/2018 - 06/30/2019	Contract # 21638		

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 - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	INTEGRATED MECHANICAL SERVICES, LLC	GENERAL 66% FEDERAL 34%	\$40,700	
	Contract Description:	This is a new contract to provide ongoing heating ventilation and air conditioning maintenance and repairs.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21750		
25.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	D&D PLUMBING, INC.	GENERAL	\$24,635	
	Contract Description:	This is a new contract to provide plumbing services required for the replacement of a water heater in Housing Unit 1 at Warm Springs Correctional Center.				
		Term of Contract:	05/02/2019 - 06/30/2019	Contract # 21748		
26.	440	DEPARTMENT OF CORRECTIONS - PIOCHE CONSERVATION CAMP	O'FLAHERTY PLUMBING & HEATING	GENERAL	\$18,467	
	Contract Description:	This is a new contract to provide for the replacement and installation of a boiler at the Pioche Conservation Camp.				
		Term of Contract:	03/01/2019 - 06/30/2019	Contract # 21822		
27.	440	DEPARTMENT OF CORRECTIONS - HIGH DESERT STATE PRISON	CHILL RITE, INC.	GENERAL	\$13,319	
	Contract Description:	This is a new contract to provide emergency service and repairs for existing Trane chillers, including an inoperative chiller at High Desert State Prison.				
		Term of Contract:	05/02/2019 - 06/30/2019	Contract # 21745		
28.	440	DEPARTMENT OF CORRECTIONS - INMATE WELFARE ACCOUNT	MATTHEW BENDER & COMPANY, INC.	OTHER: INMATE WELFARE FUND	\$41,020	
	Contract Description:	This is the third amendment to the original contract which provides specific legal materials and references to the inmate law libraries at seven correctional institutions. The amendment extends the termination date from June 30, 2019 to December 31, 2019 and increases the maximum amount from \$396,004 to \$437,024 due to the continued need for these services.				
		Term of Contract:	07/01/2014 - 12/31/2019	Contract # 15399		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	550	DEPARTMENT OF AGRICULTURE - AGRICULTURE ADMINISTRATION	SMG RENO FACILITIES	GENERAL	\$14,050	Sole Source
	Contract Description:	This is a new contract to provide ongoing assistance for participants in the annual Nevada Junior Livestock Show.				
		Term of Contract:	05/09/2019 - 12/31/2019	Contract # 21757		
30.	653	DEPARTMENT OF PUBLIC SAFETY - INVESTIGATION DIVISION	DR. DANIEL R. ZSIDO	OTHER: DEPARTMENT OF HEALTH AND HUMAN SERVICES CRISIS RESPONSE GRANT	\$10,500	
	Contract Description:	This is a new contract to provide opioid education and training to local law enforcement throughout the State.				
		Term of Contract:	04/28/2019 - 08/31/2019	Contract # 21796		
31.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	HEAVY EQUIPMENT TRAINING SYSTEMS	OTHER: STATE PARK MAINTENANCE	\$19,500	
	Contract Description:	This is a new contract to train park staff to train other park employees to use heavy equipment machinery.				
		Term of Contract:	05/21/2019 - 05/23/2019	Contract # 21922		
32.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - USGS CO-OP- NON-EXEC	UNITED STATES DEPARTMENT OF THE INTERIOR, U.S. GEOLOGICAL SURVEY	OTHER: WATER DISTRICT ASSESSMENT 63% FEDERAL 37%	\$48,190	
	Contract Description:	This is a new joint funding agreement for the ongoing operation and maintenance of a streamflow gaging station on Maggie Creek and a crest stage gage on Simon Creek.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21929		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	CITY OF RENO OBO THE RENO FIRE DEPARTMENT	OTHER: REVENUE	\$33,606	
		Contract Description: This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21938		
34.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	MASON VALLEY FIRE PROTECTION DISTRICT	OTHER: REVENUE	\$21,284	
		Contract Description: This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21940		
35.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	NORTH LYON COUNTY FIRE PROTECTION DISTRICT	OTHER: REVENUE	\$11,888	
		Contract Description: This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21824		
36.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	NYE COUNTY	OTHER: REVENUE	\$38,902	
		Contract Description: This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21944		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	SMITH VALLEY FIRE DISTRICT	OTHER: REVENUE	\$12,630	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21772		
38.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS	WEBSOFT DEVELOPERS, INC.	GENERAL	\$48,000	Exempt
	Contract Description:	This is a new contract to provide ongoing technical support and maintenance for the custom Land Management System application.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21747		
39.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - PROTECT LAKE TAHOE-NON-EXEC	TAHOE INSTITUTE FOR NATURALSCIENCE	BONDS	\$26,680	Sole Source
	Contract Description:	This is a new contract to conduct a two-year scientific study on how invasive white statin moths are affecting the success of birds attempting to nest in aspen forests at Lake Tahoe.				
		Term of Contract:	05/08/2019 - 06/30/2021	Contract # 21889		
40.	708	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - NEVADA NATURAL HERITAGE	NEVADA BUGS AND BUTTERFLIES	OTHER: NATURESERVE PROJECTS	\$19,599	
	Contract Description:	This is a new contract to provide field surveys to detect focal species at known locations and potential new occurrences with the intention of updating the data on rare taxa.				
		Term of Contract:	06/01/2019 - 12/31/2020	Contract # 21954		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
41.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – DESERT RESEARCH INSTITUTE	FEE: AIR PROGRAM 50% FEDERAL 50%	\$24,500	Exempt
	Contract Description:	This is a new interlocal agreement to provide laboratory and analytical services to identify and evaluate the chemical characterization related to observations of elevated ozone concentrations in rural portions of Nevada.				
		Term of Contract:	04/24/2019 - 03/31/2022	Contract # 21560		
42.	749	DEPARTMENT OF BUSINESS AND INDUSTRY - ATHLETIC COMMISSION	ALEJANDRO C. YBARRA	FEE: ATHLETIC COMMISSION GATE FEES 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$49,500	Exempt
	Contract Description:	This is a new contract to provide Chief Inspector services during weigh-ins and events.				
		Term of Contract:	05/20/2019 - 05/31/2021	Contract # 21695		
43.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	BULLS EYE TECHNICAL SERVICE	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$45,000	
	Contract Description:	This is a new contract to provide ongoing repair and maintenance of commercial kitchen appliances at any Southern Nevada Business Enterprise of Nevada location.				
		Term of Contract:	06/01/2019 - 06/30/2023	Contract # 21739		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - DISABILITY ADJUDICATION	MISSION CRITICAL SPECIALISTS, INC.	FEDERAL	\$19,015	
	Contract Description:	This is the first amendment to the original contract which provides ongoing maintenance service of the power distribution system, uninterruptible power system, and stationary battery system. This amendment increases the maximum amount from \$26,160 to \$45,185 due to the increased need for these services. This amendment also inserts the attachment "Provisions for Contracts under Federal Award" into Incorporated Documents due to new Federal requirements.				
	Term of Contract:	01/11/2017 - 12/31/2020	Contract # 18027			
45.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - RESEARCH & ANALYSIS	STATE OF MONTANA	FEDERAL	\$10,000	Exempt
	Contract Description:	This the fifth amendment to the original interlocal agreement which provides hardware, software, infrastructure and personnel to support both the labor market legacy system and the new replacement system. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$130,000 to \$140,000 due to the continued need for these services.				
	Term of Contract:	04/02/2014 - 06/30/2021	Contract # 15423			
46.	B005	LICENSING BOARDS AND COMMISSIONS - CHIROPRACTIC PHYSICIANS	ACCOUNTING SOLUTIONS, LLC	FEE: LICENSURE	\$10,000	
	Contract Description:	This is the first amendment to the original contract which provides bookkeeping and accounting services. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the maximum amount from \$9,000 to \$19,000 due to the continued need for these services.				
	Term of Contract:	01/22/2018 - 06/30/2020	Contract # 19578			
47.	B005	LICENSING BOARDS AND COMMISSIONS - CHIROPRACTIC PHYSICIANS	THE ADVANTAGE GROUP	FEE: LICENSURE	\$20,000	
	Contract Description:	This is the first amendment to the original contract which provides investigative services. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the maximum amount from \$20,000 to \$40,000 due to the continued need for these services.				
	Term of Contract:	06/11/2018 - 06/30/2020	Contract # 19983			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	B021	LICENSING BOARDS AND COMMISSIONS - ORIENTAL MEDICINE	THE ADVANTAGE GROUP	FEE: LICENSURE	\$25,000	
	Contract Description:	This is a new contract to provide investigative services.				
		Term of Contract:	05/10/2019 - 06/30/2020	Contract # 21949		
49.	B023	LICENSING BOARDS AND COMMISSIONS - PHYSICAL THERAPY EXAMINERS	K. NEENA LAXALT CONSULTING	FEE: LICENSURE	\$48,000	
	Contract Description:	This is a new contract to provide lobbyist services.				
		Term of Contract:	12/06/2018 - 12/31/2020	Contract # 21740		

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: **21911**Agency Name: **NUCLEAR PROJECTS OFFICE**Agency Code: **012**Appropriation Unit: **1005-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NDPB - Radiation Control Program**Contractor Name: **NDPB - Radiation Control Program**Address: **675 Fairview Drive, Suite 218**City/State/Zip: **Carson City, NV 89701**Contact/Phone: **775-687-7540**

Vendor No.:

NV Business ID: **n/a**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.

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 **07/01/2019**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Waste Transport**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing planning and operations activities associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Reimbursement of actual expenses upon submittal of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

US Department of Energy plans to transport transuranic waste through Nevada.

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

The Nevada Department of Public and Behavioral Health Bureau of Preparedness, Assurance, Inspections and Statistics - Radiation Control Program is a state agency.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. 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:
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	bsuwe	05/06/2019 10:28:21 AM
Division Approval	bsuwe	05/06/2019 10:28:24 AM
Department Approval	bsuwe	05/06/2019 10:28:28 AM
Contract Manager Approval	bsuwe	05/06/2019 10:28:32 AM
Budget Analyst Approval	mtum1	05/14/2019 18:14:45 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: **19193** Amendment Number: **2**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **MARQUIS AURBACH COFFING PC**

Agency Code: **030** Contractor Name: **MARQUIS AURBACH COFFING PC**

Appropriation Unit: **1348-15** Address: **10001 PARK RUN DR**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89145-8857**

If "No" please explain: Not Applicable Contact/Phone: **CRAIG ANDERSON 702/942-2126**

Vendor No.: **T81035998**

NV Business ID: **NV19721001853**

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 % TORT CLAIM FUNDS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/28/2017**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **08/31/2021**Contract term: **4 years and 4 days**4. Type of contract: **Contract**Contract description: **Outside Counsel**

5. Purpose of contract:

This is the second amendment to the original contract which provides attorney representation for a defendant in a lawsuit against the State of Nevada, Board of Regents, University of Nevada Las Vegas, et al. This amendment increases the maximum amount from \$70,500 to \$85,500 due to an increased need for services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
a. Amendment 1:	\$25,500.00	\$25,500.00	\$70,500.00	Yes - Action
2. Amount of current amendment (#2):	\$15,000.00	\$15,000.00	\$15,000.00	Yes - Info
3. New maximum contract amount:	\$85,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Originally, the Office of the Attorney General was providing representation on this case; however, a potential conflict of interest had arisen between the defendants creating the need for outside counsel in August of 2016. Due to medical reasons, the original contractor was unable to continue this case and new counsel had to be obtained.

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

Due to the conflict of interest the Attorney General's Office cannot do 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: **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	cschonl1	04/24/2019 09:57:20 AM
Division Approval	cschonl1	04/24/2019 09:57:23 AM
Department Approval	cschonl1	04/24/2019 09:57:26 AM
Contract Manager Approval	cschonl1	04/24/2019 09:57:29 AM
Budget Analyst Approval	jrodrig9	04/28/2019 23:33:43 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: **19620**Amendment
Number: **1**Agency Name: **SECRETARY OF STATE'S OFFICE**Legal Entity
Name: **HIGH DESERT MICROIMAGING INC**Agency Code: **040**Contractor Name: **HIGH DESERT MICROIMAGING INC**Appropriation Unit: **1050-26**Address: **PO BOX 4697**Is budget authority
available?: **Yes**City/State/Zip **SPARKS, NV 89432**

If "No" please explain: Not Applicable

Contact/Phone: **Meg Miller 775-359-6980**Vendor No.: **PUR0000032A**NV Business ID: **NV19951110096**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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 **01/22/2018**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2019**Contract term: **1 year and 158 days**4. Type of contract: **Contract**Contract description: **Scanner Maintenance**

5. Purpose of contract:

This is the first amendment to the original contract to provide maintenance for scanners owned by the Secretary of State for use with the eSOS Corporate Filing System. This amendment extends the termination date from June 30, 2019 to June 30, 2020, and increases the maximum amount from \$29,138 to \$49,813, 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:	\$29,138.00	\$29,138.00	\$29,138.00	Yes - Info
2. Amount of current amendment (#1):	\$20,675.00	\$20,675.00	\$49,813.00	Yes - Info
3. New maximum contract amount:	\$49,813.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The eSOS Corporate Filing System requires the use of scanners to receive incoming corporate filing documents, work requests and payment instruments and uses the Pro Scan machines to convert the paper documents within the agency disaster recovery plan. The scanners will periodically require maintenance and service.

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

State employees within the Secretary of State or other State agencies are not specifically trained on the interface with Canon scanners and the eSOS Corporate Filing System and do not possess the technical knowledge to perform the required maintenance.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor guarantees service within 24 hours, has thorough knowledge of the business process of the Secretary of State's eSOS system and offered the best price.

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	shudder	05/03/2019 13:40:15 PM
Division Approval	shudder	05/03/2019 13:40:20 PM
Department Approval	shudder	05/03/2019 13:40:25 PM
Contract Manager Approval	shudder	05/03/2019 13:40:31 PM
Budget Analyst Approval	aurruty	05/14/2019 14:53:25 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: **20157** Amendment Number: **1**

Agency Name: **SECRETARY OF STATE'S OFFICE** Legal Entity Name: **PLURALSIGHT LLC**

Agency Code: **040** Contractor Name: **PLURALSIGHT LLC**

Appropriation Unit: **1050-26** Address: **DEPT CH 19719**

Is budget authority available?: **Yes** City/State/Zip: **PALATINE, IL 60055**

If "No" please explain: Not Applicable Contact/Phone: **Sarah Burns 801/784-9183**

Vendor No.: **T27029555A**

NV Business ID: **NV20011137059**

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.

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 **05/25/2018**

Anticipated BOE meeting date 05/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **2 years and 37 days**4. Type of contract: **Contract**Contract description: **Training Contract**

5. Purpose of contract:

This is the first amendment to the original contract to provide technical training services and course content to IT staff. This amendment extends the contract expiration date from June 30, 2019, to June 30, 2020, and to increases the total contract authority from \$16,777 to \$34,740 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:	\$16,770.00	\$16,770.00	\$16,770.00	Yes - Info
2. Amount of current amendment (#1):	\$17,970.00	\$17,970.00	\$34,740.00	Yes - Info
3. New maximum contract amount:	\$34,740.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

In order to maintain the skills we need here in the IT division to address changes agency needs related to evolving business conditions, evolving cyber security threats and remaining current with the latest techniques and available tools, the IT Division needs to have access to continuing education on a wide variety of technical topics. Topics include Application Development languages and techniques, Project Management, Cyber Security, System Administration, Database Administration and industry standards for operations and continuous improvement programs such as ITIL and Six-Sigma.

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

State employees have neither the expertise or time to complete the work 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?

Pluralsight offered the best combination of pricing per course and user and variety of course content we required.

d. Last bid date: 02/13/2018 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?

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	shudder	04/25/2019 14:40:05 PM
Division Approval	shudder	04/25/2019 14:40:11 PM
Department Approval	shudder	04/25/2019 14:40:16 PM

Contract Manager Approval
Budget Analyst Approval

svaldez
lfree1

04/25/2019 14:41:07 PM
04/29/2019 16:20:58 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: **21788**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1585-48**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RESOURCE CONCEPTS, INC.**Contractor Name: **RESOURCE CONCEPTS, INC.**Address: **340 N MINNESOTA ST.**City/State/Zip: **CARSON CITY, NV 89703-4152**Contact/Phone: **775-883-1600**Vendor No.: **T12785100**NV Business ID: **NV19781005208**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 #: **112619**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/28/2019**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 64 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 American with Disabilities Act (ADA) Site Upgrades and Expansion at the Northern Nevada Veterans Memorial Cemetery to include design development, construction and bid documents, as well as construction administration services to design and construct needed ADA improvements to the site: CIP Project No. 17-S02-3; SPWD Contract No. 112619.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

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?

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:

Rife, Michale, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/24/2019 09:42:10 AM
Division Approval	Imars1	04/24/2019 09:42:14 AM
Department Approval	Imars1	04/24/2019 09:42:17 AM
Contract Manager Approval	Imars1	04/24/2019 09:42:20 AM
Budget Analyst Approval	jrodrig9	04/28/2019 22:59:23 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: **21790**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 1352, expenditure category 14, Property Claims.

Legal Entity Name: **ABSTRACT MASONRY RESTORATION, INC.**Contractor Name: **ABSTRACT MASONRY RESTORATION, INC.**Address: **681 S. 4050 West**City/State/Zip: **SALT LAKE CITY, UT 89104-4417**Contact/Phone: **801-505-4977**Vendor No.: **T32002089**NV Business ID: **NV20001354979**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 #: **112570**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/28/2019**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **4 years and 64 days**4. Type of contract: **Contract**Contract description: **Miscellaneous**

5. Purpose of contract:

This is a new contract to provide professional historic masonry consultation services for the Lost Museum Pueblo and Picnic Ramada Refinish Agency CIP project to include the documentation of the historic masonry and recommendations for the repair, restoration and/or preservation of each structure, as well as a rough order of magnitude cost estimate for the recommended work: CIP Project No. 19-A020; SPWD Contract No. 112570.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,828.00**

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 Commissioning, Surveying and other Miscellaneous 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?

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:

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	04/24/2019 10:36:49 AM
Division Approval	Imars1	04/24/2019 10:36:52 AM
Department Approval	Imars1	04/24/2019 10:36:55 AM
Contract Manager Approval	Imars1	04/24/2019 10:36:58 AM
Budget Analyst Approval	jrodrig9	04/28/2019 21:29:27 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: **21873**Agency Name: **ADMIN - ENTERPRISE IT SERVICES**Agency Code: **180**Appropriation Unit: **1385-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARRATT CALLAHAN CO**Contractor Name: **GARRATT CALLAHAN CO**Address: **50 INGOLD RD**City/State/Zip: **BURLINGAME, CA 94010-2206**Contact/Phone: **Marshall Todd 650-697-5811**Vendor No.: **T81091351**NV Business ID: **NV20121688270**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 %	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 **07/01/2019**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Repair & Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing repair and maintenance services for the cooling condenser tower and chemical treatment system equipment at the computer facility in Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,440.00**

Payment for services will be made at the rate of \$530.00 per months for 48 months

II. JUSTIFICATION

7. What conditions require that this work be done?

The mainframe computer system, related components, and computer servers will not function without the proper temperature and humidity. The State is responsible for repairs to the computers if damage is caused by the environment in the computer room.

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

State employees are not trained in water treatment equipment and do not have access to the laboratories required for water/deposit analysis.

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):

Culligan Water Systems No Response
Cisco Air Systems No Response
Carrier Corp No Response
Mechanical Products Nevada NO Response
Halgoen Systems No Response
Thermal Care No Response

b. Solicitation Waiver: **Not Applicable**

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

NAC 333.150(2)(a) & (b)(6) , 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. Essentially, these ongoing requirements are contemplated as a part of the initial procurement, ensuring taxpayer dollars were spent in good faith and it is reasonable to expect the State to maintain, in good working order, any system acquired as result of spending those dollars.
This is the only vendor that responded.

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:

Garratt Callahan has been the contractor for Enterprise Information Technology Services since 2007 and the 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:

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:

John Hannah, Computer Facility Technician Ph: 775-684-4343

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	05/07/2019 09:22:31 AM
Division Approval	ddav12	05/07/2019 09:22:36 AM
Department Approval	ddav12	05/07/2019 09:22:39 AM
Contract Manager Approval	ddav12	05/07/2019 09:50:06 AM
Budget Analyst Approval	cmurph3	05/08/2019 15:01:40 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: **21642**Agency Name: **ADMIN - ENTERPRISE IT SERVICES**Agency Code: **180**Appropriation Unit: **1388-08**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MICRONET COMMUNICATIONS, INC.**Contractor Name: **MICRONET COMMUNICATIONS, INC.**Address: **720 F AVENUE SUITE 100**City/State/Zip: **PLANO, TX 75074**Contact/Phone: **972-422-7200**Vendor No.: **T27006787**NV Business ID: **Not Applicable**To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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 % 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 **03/01/2019**Anticipated BOE meeting date **06/2019**Retroactive? **Yes**

If "Yes", please explain

It is imperative to continue Frequency Protection and Federal Communications Commission Services for the State of Nevada. With the recent staff changes, it was not known that this contract had expired on February 28, 2019. This resulted in a late submission for the request for renewal. We respectfully request a retroactive date of March 1, 2019.

3. Termination Date: **07/01/2023**Contract term: **4 years and 122 days**4. Type of contract: **Contract**Contract description: **Frequency Protection**

5. Purpose of contract:

This is a new contract to provide microwave site frequency protection and Federal Communications Commission license management services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,200.00**

Payment for services will be made at the rate of \$7,800.00 per Year

II. JUSTIFICATION

7. What conditions require that this work be done?

This service will provide FCC licensing and Frequency Protection services to prevent frequency interference at Enterprise Information Technology Services Microwave sites, all part of the Public Safety Communications grid. It will protect licensed channels from being inadvertently licensed by other entities or loss of licensing from failure to renew expiring licenses with the FCC. Enterprise Information Technology Services currently holds 285 FCC licenses for their mountain top site use for Public Safety and other State agency needs.

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

State employees are not equipped to provide these services nor does the State have such equipment to allow employees to provide these services on an ongoing basis.

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):

Comsearch Microwave
Micronet Communications
Radyn, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Results from each vendor showed that Micronet is able to meet all of the criteria required for this specific needs of Enterprise Information Technology Services.

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:

Enterprise Information Technology Services currently has Frequency Protection services through Micronet and have been associated with them for at least eleven years. Micronet continues to be satisfactory in their work and quality of services provided to Enterprise Information Technology Services.

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

Not applicable

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.

Not Applicable

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.

Not applicable

19. Agency Field Contract Monitor:

Patrick Sheehan, ITM II, Manager Ph: 775-684-5854

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

ddav12

03/22/2019 07:57:41 AM

Division Approval

ddav12

04/26/2019 12:34:37 PM

Department Approval

ddav12

04/26/2019 12:34:40 PM

Contract Manager Approval

ddav12

04/30/2019 14:00:30 PM

Steve Sisolak
Governor



Deonne Contine
Director
Michael Dietrich
Chief Information Officer
David Haws
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Enterprise I.T. Services Division

100 N. Stewart Street, Suite 100 | Carson City, NV 89701
Phone: (775) 684-5800

March 28, 2019

MEMORANDUM

To: Contracts Unit

From: Patrick Sheehan, IT Manager II
Enterprise Information Technology Services

Purpose: **Justification for Retroactive Contract**

The attached contract with Micronet Communications, Inc. is submitted for approval. It is imperative to continue Frequency Protection and FCC License Services for the State of Nevada.

The agency takes its contract process serious and with the recent staff changes, it was not known that this contract had already expired on February 28, 2019. This resulted in the late submission of the request for renewal; we anticipate being timelier in the future and respectfully request retroactive approval of this contract to March 1, 2019.

I appreciate your time and assistance. Should you have questions please call me at (775) 684-5854 or email to pmsheehan@admin.nv.gov.

Sincerely,

Patrick Sheehan

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: **19158** Amendment Number: **2**

Agency Name: **ADMIN - ENTERPRISE IT SERVICES** Legal Entity Name: **NAVAL FACILITIES ENGINEERING COMMAND**

Agency Code: **180** Contractor Name: **NAVAL FACILITIES ENGINEERING COMMAND**

Appropriation Unit: **1388-00** Address: **SOUTHWEST-REAL ESTATE DEPT
1220 PACIFIC HIGHWAY**

Is budget authority available?: **Yes** City/State/Zip: **SAN DIEGO, CA 92132**

If "No" please explain: Not Applicable Contact/Phone: **LORNA TIMOG 619/532-1164**

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

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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 % Revenue

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 null/null

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Revenue Contract**Contract description: **Rack Space Rental**

5. Purpose of contract:

This is the second amendment to the original revenue contract which provides rack space at Austin Mountain in Lander County. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the maximum amount from \$29,864.24 to \$48,864.24 due to continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$14,932.12	\$14,932.12	\$14,932.12	Yes - Info
a. Amendment 1:	\$14,932.12	\$14,932.12	\$29,864.24	Yes - Info
2. Amount of current amendment (#2):	\$19,000.00	\$19,000.00	\$48,864.24	Yes - Info
3. New maximum contract amount:	\$48,864.24			

II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

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

Revenue 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?

Not Applicable

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:

We have had ongoing revenue contracts with Naval Facilities Engineering Command Southwest, Real Estate Department for many years and other mountain top sites, all 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	ddav12	04/26/2019 11:25:52 AM
Division Approval	ddav12	04/26/2019 11:25:58 AM
Department Approval	ddav12	04/26/2019 11:26:04 AM
Contract Manager Approval	ascott	04/29/2019 11:15:18 AM
Budget Analyst Approval	cmurph3	05/06/2019 08:37:04 AM

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: **21820**

Agency Name:	DEPARTMENT OF VETERANS SERVICES	Legal Entity Name:	LEGACY HEALTH AND WELLNESS LLC
Agency Code:	240	Contractor Name:	LEGACY HEALTH AND WELLNESS LLC
Appropriation Unit:	2561-13	Address:	911 N BUFFALO DR UNIT 213
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89128-0381
If "No" please explain:	Not Applicable	Contact/Phone:	Rande Paige 702-942-1774
		Vendor No.:	T27032348
		NV Business ID:	NV20121511137

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	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/02/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **3 years and 364 days**4. Type of contract: **Contract**Contract description: **Psychological Serv.**

5. Purpose of contract:

This is a new contract to provide behavioral intervention services to residents covered under Medicaid and to residents who are not qualified under Medicaid, but the facility chooses to provide these services on a facility pay basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,900.00**

Other basis for payment: At a cost in accordance with the resident's Medicaid, Medicare, or third-party insurance, or as deemed reasonable by law. Payment received from third-party payers shall constitute, and be accepted as, payment in full for services rendered, except when the third-party payer requires the resident to pay any co-insurance, co-payment, or deductible. Any expenses assigned to Southern Nevada State Veterans Home shall be billed monthly, and paid per State of Nevada policies.

II. JUSTIFICATION

7. What conditions require that this work be done?

Residents of SNSVH require help with mental problems, as well as counseling services.

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

There are not State employees available to provide 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?

Experience with long-term care facilities. Can work under Medicaid payment guidelines.

d. Last bid date: 04/01/2019 Anticipated re-bid date: 03/01/2023

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:

Vendor has provided services to NDVS in the past and those 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:

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	agarland	04/26/2019 15:13:02 PM
Division Approval	agarland	04/26/2019 15:13:07 PM
Department Approval	agarland	04/26/2019 15:13:10 PM
Contract Manager Approval	agarland	04/26/2019 15:13:14 PM
Budget Analyst Approval	bmacke1	05/21/2019 10:30:30 AM

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: **21781**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Agency Code: **240**Appropriation Unit: **2561-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Pinnacle Quality Insight

Contractor Name: **Pinnacle Quality Insight**Address: **5505 S. 900 E., Suite 200**City/State/Zip: **Las Vegas, NV 84117**

Contact/Phone: Stan Magleby 801-293-0700

Vendor No.: T27020379

NV Business ID: NV20101432040

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	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **QI Surveys**

5. Purpose of contract:

This is a new contract to provide ongoing monthly customer satisfaction surveys, which provide the SNSVH with information on the level of satisfaction by residents and families and compare those statistics to national nursing home quality indicators.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,000.00**

Payment for services will be made at the rate of \$425.40 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

In order to maintain a safe, orderly, and comfortable environment for the residents of the facility, the Home will conduct monthly quality service surveys with residents.

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

No State Agencies or employees are available to do 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?

Best price and working knowledge of state veterans homes.

d. Last bid date: 04/17/2019 Anticipated re-bid date: 04/17/2023

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:

NDVS and 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:

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	agarland	04/23/2019 14:44:29 PM
Division Approval	agarland	04/23/2019 14:44:33 PM
Department Approval	agarland	04/23/2019 14:44:36 PM
Contract Manager Approval	agarland	04/23/2019 14:44:39 PM
Budget Analyst Approval	bmacke1	05/02/2019 09:54:37 AM

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: **21555**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2676-50**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CLARK COUNTY SCHOOL DISTRICT**Contractor Name: **CLARK COUNTY SCHOOL DISTRICT**Address: **VEGAS PBS KLVXDT
3050 E FLAMINGO RD**City/State/Zip: **LAS VEGAS, NV 89121**Contact/Phone: **TOM AXTELL Ext 5429 702/799-1010**Vendor No.: **T40231800X**NV Business ID: **N/A - GOV 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.

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

Agency Reference #: **300**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/03/2019**Anticipated BOE meeting date **04/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/21/2019**Contract term: **232 days**4. Type of contract: **Interlocal Agreement**Contract description: **WORK-BASED WORKSHOP**

5. Purpose of contract:

This is a new interlocal agreement to provide an IT pilot program to address labor force and skill gap needs and provide preparation for CompTIA A+ and/or Network + IT certifications to high school graduates who completed the IT Service and Support career pathway program and returning military service members who have IT experience.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,266.00**

Other basis for payment: billable upon invoice for work completed as outlined in the Scope of Work

II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Private New Skills for Youth Grant objective Rigor/Quality Pathways. This program will address a current skill gap and lack of certification programs available to high school graduates or military service allowing students to gain a critical workplace skill in order to continue their career pathway. There is a current demand for skilled workers within cybersecurity as jobs in IT are expected to grow by 25% over the next 20 years and jobs in cybersecurity are forecasted to grow by 30% over the next 5 years.

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

NDE does not have the capacity to facilitate; it is common practice that outside entities with expertise in subject matter conducts this type of 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?

This was the only contractor from the three requested bids that had the training we need.

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-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	amccalla	04/10/2019 13:38:01 PM
Division Approval	amccalla	04/10/2019 13:38:03 PM
Department Approval	amccalla	04/10/2019 13:38:07 PM
Contract Manager Approval	amccalla	04/10/2019 13:38:10 PM
Budget Analyst Approval	cbrekken	05/03/2019 09:37:18 AM

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: **21855**

Agency Name:	ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	Legal Entity Name:	STATE OF UTAH, STATE LIBRARY DIV.
Agency Code:	332	Contractor Name:	STATE OF UTAH, STATE LIBRARY DIV.
Appropriation Unit:	2891-04	Address:	250 NORTH 1950 WEST, SUITE A
Is budget authority available?:	Yes	City/State/Zip	SALT LAKE CITY, UT 84116-7901
If "No" please explain:	Not Applicable	Contact/Phone:	801-715-6720
		Vendor No.:	T27000866N
		NV Business ID:	GOVERNMENTAL ENTITY

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.

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 #: ASD 2832052

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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Braille Services**

5. Purpose of contract:

This is a new interlocal agreement to provide Braille library services to the blind and physically handicapped of Nevada as part of the Nevada Talking Book services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,200.00**

Payment for services will be made at the rate of \$85.00 per hour

Other basis for payment: FY2020, \$2,550.00; FY2021, \$2,550.00; FY2022, \$2,550.00 and FY2023, \$2,550.00

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide services to the blind, visually or physically handicapped individuals who read braille.

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

Nevada does not have the resources to publish and house books written in Braille.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?

The National Library of Congress has certified certain locations throughout the United States to provide unique services to libraries for the blind and physically handicapped which meet all ADA rules and regulations. Nevada falls under Utah as the service provider.

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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Hope Williams, NV Talking Book Librarian Ph: 775-684-3381

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/30/2019 14:44:48 PM
Division Approval	ssands	04/30/2019 14:44:53 PM
Department Approval	ssands	04/30/2019 14:44:56 PM
Contract Manager Approval	ssands	04/30/2019 14:44:59 PM
Budget Analyst Approval	mtum1	05/14/2019 16:14:25 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: **16598** Amendment Number: **3**

Agency Name: **ADMIN - NEVADA STATE LIBRARY AND ARCHIVES** Legal Entity Name: **WORLD BOOK, INC.**

Agency Code: **332** Contractor Name: **WORLD BOOK, INC.**

Appropriation Unit: **2891-28** Address: **233 N MICHIGAN AVE STE 2000**

Is budget authority available?: **Yes** City/State/Zip: **CHICAGO, IL 60601-5805**

If "No" please explain: Not Applicable Contact/Phone: **800/975-3250**

Vendor No.: **T81036850**

NV Business ID: **NV20131101514**

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

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

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

Agency Reference #: **RFP #1116**

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 **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **4 years and 184 days**4. Type of contract: **Contract**Contract description: **K-12 Encyclopedias**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing database access to the Advanced Reference Suite to meet the academic needs of patrons, the public, and public K-12 schools. This amendment extends the termination date from June 30, 2019 to December 31, 2019 and increases the maximum amount from \$373,840.00 to \$420,570.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$186,920.00	\$186,920.00	\$186,920.00	Yes - Action
a. Amendment 1:	\$93,460.00	\$93,460.00	\$93,460.00	Yes - Action
b. Amendment 2:	\$93,460.00	\$93,460.00	\$93,460.00	Yes - Action
2. Amount of current amendment (#3):	\$46,730.00	\$46,730.00	\$46,730.00	Yes - Info
3. New maximum contract amount:	\$420,570.00			
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?

It is in the best interest of the state to continue to provide its citizens and students access via libraries and the internet

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

The state does not have licensed databases

9. Were quotes or proposals solicited?

Yes

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

No

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor received the top scores by an evaluation committee.

d. Last bid date: 02/12/2015 Anticipated re-bid date: 02/01/2017

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:

FY2014-2015 - NSLA - 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	ssands	05/07/2019 09:33:46 AM
Division Approval	ssands	05/07/2019 09:33:52 AM
Department Approval	ssands	05/07/2019 09:33:58 AM

Contract Manager Approval
Budget Analyst Approval

ssands
mtum1

05/09/2019 11:46:54 AM
05/14/2019 18:30:35 PM

State of Nevada
Department of Administration

Purchasing Division

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



Steve Sisolak
Governor

Deonne Contine
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval #:	276

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

	Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:			
	State Agency:		Nevada State Library, Archives and Public Records	
	Contact Name(s) and Titles:		Sulin Jones	
	Telephone Number(s):		775-684-3340	
	Email Address(s):		sulinjones@admin.nv.gov	

2	Contractor Information:			
	Contractor:		World Book, Inc	
	Contact Name:		Loranne Shields	
	Address:		180 N. LaSalle St. Ste 900, Chicago, IL 60601	
	Phone Number:		312-729-5576	
	Email Address:		LS Shields@worldbook.com	

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:				
	CETS #:				
	Contract "not to exceed amount":		\$		
	Contract term:		Start date:		End date:

4	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:		1116	
	Quote, solicitation # if applicable:			
	Waiver, provide number:			
	Other:			

5	Current contract information:					
	CETS #:		16598			
	Initial contract "not to exceed amount":		\$ 186,920			
	Contract term:		Start date:		End date:	
			07/01/2015		06/30/2017	

Rec'd
05/02/19

6	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	<i>Year 3 extension</i>	280,380	06/30/2018
	2	<i>Year 4 extension</i>	373,840	06/30/2019

7	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
	3	<i>Extend contract for up to 6 months, with provision to cancel with 30 days notice upon award of new contract.</i>	<i>\$420,570 (7,788 per month for up to 6 months)</i>	12/31/2019

8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):			
	<i>The current RFP for statewide educational databases was cancelled due to 2020-21 budget uncertainties. These uncertainties were resolved when the State Library’s budget was closed, but it was advised that the database scope of work be slightly amended before the was RFP reopened.</i>			

9	What are the potential consequences to the State if the contract extension request is denied?			
	<i>If the contract extension is denied, the current educational databases will expire and there will be nothing to fill in the gap while the RFP process is re-started and a new contract awarded. Nevadans, specifically students who use this database, will not have access to quality, trusted learning resources that have proven essential to their educational achievements.</i>			

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.

Tammy A. Westergaard
Signature of Agency Representative Initiating Request

Tammy A. Westergaard
Print Name of Agency Representative Initiating Request

4-29-19
Date

[Signature]
Signature of Agency Head Authorizing Request

5/1/19

Tim Colegrove
Print Name of Agency Head Authorizing Request

Date

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

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

Signed:

Kevin D. Doty
Administrator, Purchasing Division or Designee

5/3/19
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: **15814** Amendment Number: **5**

Agency Name: **DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE** Legal Entity Name: **PROBLEM GAMBLING SOLUTIONS**

Agency Code: **400** Contractor Name: **PROBLEM GAMBLING SOLUTIONS**

Appropriation Unit: **3200-19** Address: **1602 S.W. WESTWOOD DRIVE**

Is budget authority available?: **Yes** City/State/Zip: **PORTLAND, OR 97239**

If "No" please explain: Not Applicable Contact/Phone: **DR. JEFF MAROTTA 503-706-1197**

Vendor No.: **T27018160**

NV Business ID: **NV20101605733**

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 % SLOT TAX

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2014**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides technical assistance to grantees and assists the Grant Management Unit, Advisory Committee on Problem Gambling (ACPG) and the ACPG groups. This amendment increases the maximum amount from \$247,406 to \$263,968 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$41,000.00	\$41,000.00	\$41,000.00	Yes - Info
a. Amendment 1:	\$41,000.00	\$41,000.00	\$82,000.00	Yes - Action
b. Amendment 2:	\$92,526.00	\$92,526.00	\$92,526.00	Yes - Action
c. Amendment 3:	\$41,000.00	\$41,000.00	\$41,000.00	Yes - Info
d. Amendment 4:	\$31,880.00	\$31,880.00	\$72,880.00	Yes - Action
2. Amount of current amendment (#5):	\$16,562.00	\$16,562.00	\$16,562.00	Yes - Info
3. New maximum contract amount:	\$263,968.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The contractor led an effort in FY11 to develop a Strategic Treatment Plan and establish a fee-for-service payment system for grants supported by the Revolving Account for Problem Gambling. Both projects were implemented July 1, 2011, and have increased the overall cost-effectiveness of efforts to address problem gambling behaviors in Nevada. The contractor continues to work closely with DHHS and grantees for the clinical component associated with our providers. This amendment is necessary to continue services until the FY20-23 contract (containing a sole source waiver) is approved in an upcoming Board of Examiners Meeting.

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 expertise necessary for 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):

Problem Gambling Solutions

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

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

This was the only vendor who was able to provide a response. The other vendors indicated their inability to provide a proposal or did not provide a response at all.

- d. Last bid date: 04/21/2014 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 currently has a contract with the Department of Health and Human Services Grants Management Unit and the 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:

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

Budget Account Approval

User

mlockyer

Signature Date

04/17/2019 10:43:37 AM

Division Approval	mlockyer	04/26/2019 15:23:21 PM
Department Approval	mwinebar	04/26/2019 15:36:08 PM
Contract Manager Approval	mlockyer	04/26/2019 15:38:42 PM
Budget Analyst Approval	bwooldri	05/06/2019 14:05:33 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: **21514**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Daniel C. McArthur, LTD.
Agency Code:	406	Contractor Name:	Daniel C. McArthur, LTD.
Appropriation Unit:	3161-04	Address:	501 S. Rancho Drive Suite E 30
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89106
If "No" please explain:	Not Applicable	Contact/Phone:	Daniel C. McArthur 7023859619
		Vendor No.:	T29041660
		NV Business ID:	NV19931036110
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 %

Agency Reference #: C 16995

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2019**Contract term: **143 days**4. Type of contract: **Contract**Contract description: **Auditing Services**

5. Purpose of contract:

This is a new contract to provide audits of Community Based Living Arrangement provider billings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,224.00**

Other basis for payment: Installments payable upon receipt of invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

To satisfy Legislative Counsel Bureau audit requirements and attempt to recover funds for duplicate billing.

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 accounting expertise to identify duplicate billings and provide comprehensive reports of funds to be recovered.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 Applicableb. 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	rmorse	03/06/2019 15:19:25 PM
Division Approval	rmorse	03/06/2019 15:19:28 PM
Department Approval	mwinebar	04/25/2019 12:06:23 PM
Contract Manager Approval	rmorse	04/26/2019 08:35:05 AM
Budget Analyst Approval	afrantz	05/10/2019 07:52:03 AM

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: **19237**Amendment
Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **Board of Regents, NSHE obo University
of Nevada, Las Vegas**Agency Code: **406**Contractor Name: **Board of Regents, NSHE obo
University of Nevada, Las Vegas**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 702-774-2573**Vendor No.: **D35000813**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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 fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **C 16188**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/01/2017**
Examiner's approval?Anticipated BOE meeting date **04/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2019**
Termination Date:Contract term: **1 year and 272 days**4. Type of contract: **Interlocal Agreement**Contract description: **State Dental Officer**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing funding for an academic faculty member to act and serve as the State Dental Health Officer as set forth in NRS 439.272. This amendment increases the maximum amount from \$430,033 to \$444,195 due to the addition of travel costs associated with this position..

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$430,033.00	\$430,033.00	\$430,033.00	Yes - Action
2. Amount of current amendment (#1):	\$14,162.00	\$14,162.00	\$14,162.00	Yes - Info
3. New maximum contract amount:	\$444,195.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will fund the position of State of Nevada Dental Health Officer 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:

The NRS requires that the State employ a State Dental Health Officer and the division does not have an employee that meets the requirements necessary for this position.

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 15:56:29 PM
Division Approval	rmorse	04/09/2019 15:56:31 PM
Department Approval	mwinebar	04/25/2019 08:16:00 AM
Contract Manager Approval	rmorse	04/26/2019 08:13:32 AM
Budget Analyst Approval	afrantz	05/10/2019 11:44:22 AM

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: **19309**Amendment Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Legal Entity Name: **Esmeralda County**Agency Code: **406**Contractor Name: **Esmeralda County**Appropriation Unit: **3224-00**Address: **233 Crock Street**Is budget authority available?: **Yes**City/State/Zip: **GOLDFIELD, NV 89013**

If "No" please explain: Not Applicable

Contact/Phone: **Kelly Egan 775-423-4092**Vendor No.: **T81000318**NV Business ID: **Governmental Entity**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 % Revenue

Agency Reference #: **C 16125**

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 Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Family Services**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides individual and family health services utilizing the state's community health nurses and adds the new county assessment to the scope of work. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$20,954 to \$31,908 due to the two year extension of the term.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,954.00	\$20,954.00	\$20,954.00	Yes - Info
2. Amount of current amendment (#1):	\$10,954.00	\$10,954.00	\$31,908.00	Yes - Info
3. New maximum contract amount:	\$31,908.00			
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 Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to the county.

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 state and counties provide services to each other on a continuous basis - 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	03/26/2019 15:56:53 PM
Division Approval	rmorse	03/26/2019 15:56:56 PM
Department Approval	mwinebar	04/26/2019 16:11:00 PM
Contract Manager Approval	rmorse	05/03/2019 10:31:40 AM
Budget Analyst Approval	afrantz	05/14/2019 11:07:24 AM

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: **21765**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Agency Code: **407**Appropriation Unit: **3238-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NORTHWOODS CONSULTING PARTNERS, INC.**Contractor Name: **NORTHWOODS CONSULTING PARTNERS, INC.**Address: **5815 WALL ST.**City/State/Zip: **DUBLIN, OH 43017-3264**Contact/Phone: **Aric Blythe 614-707-5140**Vendor No.: **PUR0005151**NV Business ID: **NV20091493328**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 %

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 **05/09/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **52 days**4. Type of contract: **Contract**Contract description: **Compass Migration**

5. Purpose of contract:

This is a new contract to provide server migration services for the Northwoods Compass application software from the state's existing SQL Server 2008 and Windows Server 2008 to Microsoft SQL 2016 and Windows Server 2016 servers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,200.00**

Payment for services will be made at the rate of \$225.00 per Unit Cost

Other basis for payment: Actual per Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The current Compass application software needs to be migrated by January 2020 otherwise the servers will become unsupported forcing the DWSS to remove them from the State network, impacting the Child Support Enforcement Program.

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

Northwoods Consulting Partners is the sole manufacturer and source of support for all Compass software. Because the software is owned and controlled by Northwoods, no other entity is permitted to provide enhancements, upgrades, or support services.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 190404

Approval Date: 04/18/2019

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

Northwoods Consulting Partners is the sole manufacturer and source of support for all Compass software. Because the software is owned and controlled by Northwoods, no other entity is permitted to provide enhancements, upgrades, or support services.

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 under contract with the DWSS and providing satisfactory services.

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:

John Taft, Chief, Information Services Ph: (775) 684-0576

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	04/24/2019 14:04:30 PM
Division Approval	bberry	05/02/2019 14:47:40 PM
Department Approval	mwinebar	05/07/2019 08:48:26 AM
Contract Manager Approval	mpomerle	05/07/2019 09:08:15 AM
EITS Approval	daxtel1	05/07/2019 09:35:43 AM
Budget Analyst Approval	laaron	05/09/2019 14:30:16 PM

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#:	190404

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: DWSS		
	Contact Name and Title	Phone Number	Email Address
	John Taft	775-684-0576	jtaft@dwss.nv.gov
	Taj Riojas	775-486-1420	triojas@dwss.nv.gov

	Vendor Information:	
1b	Identify Vendor:	Northwoods Consulting Partners, Inc.
	Contact Name:	Aric Blythe
	Address:	5815 Wall Street Dublin, OH 43017
	Telephone Number:	614-707-5140
	Email Address:	aric.blythe@teamnorthwoods.com

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	Sole
	Professional Service Exemption:	

	Contract Information:			
1d	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#		

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	TBD	End Date:	6/30/2019

1f	Funding:	
	State Appropriated:	X
	Federal Funds:	X
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$16,200

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<p>DWSS requires a services contract to finalize the migration of Compass Pilot software on our Windows 2008 servers to new 2016 Windows Servers. Windows Server 2008's end of life support is January of 2020.</p> <p>Service Description Nevada Division of Welfare and Supportive Services (Nevada DWSS) is seeking assistance with migrating Compass application software from the State's existing Microsoft SQL Server 2008 and Windows Server 2008 servers to new Microsoft SQL 2016 and Windows Server 2016 servers.</p> <p>Project Scope Northwoods upgrade team and engineers will be working with DWSS IS to install Compass Pilot on new Windows 2016 servers and migrating SQL Database servers from 2008 to 2016.</p> <ul style="list-style-type: none"> • Number of sites: 1 • Number of Compass servers: 8 virtual servers (3 production, 2 UAT, 2 DEV, 1 DEV/UAT SQL) <p>To accomplish this objective, Northwoods will provide Nevada DWSS with server migration services and system testing which includes the following tasks:</p> <ul style="list-style-type: none"> • Develop server migration tasks • Provide DWSS with recommended server configurations and documentation • Backup SQL databases from the previous servers • Restore SQL databases to the new server environments • Install Compass software on the new server environments • Recreate all of the previous servers' SQL maintenance jobs on the new server environments. • Recreate all SQL jobs associated with Compass software data imports • Modify Nevada DWSS' existing workstation deployment scripts, creating new links for Compass software, installing required application files, removing outdated application files, and removing and replacing existing printers. • Perform system testing, ensuring Compass software functions as intended in the new server environments. • Document and provide Nevada DWSS with any Compass software configuration changes. • Meet with the Nevada DWSS Project Manager to review Work Order closeout and acceptance procedures. • Formally close out the work order after DWSS accepts the project completion form
3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p>DWSS has standardized on Compass Pilot as our statewide GUI application that works with FileNet to provide virtual document access for child support cases throughout the state of Nevada. Northwoods is the sole vendor and support service for this product.</p>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	This single-vendor path provides lowest risk and cost for DWSS in this project. Northwoods is the sole vendor of this product and is the only one that can support Compass Pilot.

5	Were alternative services or commodities evaluated? Check One.	Yes:		No:	X
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities, and compatibility.				
	b. <u>If not</u> , why were alternatives not evaluated?				
As stated in #3 and #4 above they are the only vendor who can perform the services needed for this migration. They are also uniquely positioned to provide the migration and functional analysis because they are the vendor for all aspects of the solution.					

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	No:	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>					
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>	
	<i>March 15, 2012</i>	<i>March 15, 2014</i>	<i>\$450,000</i>	<i>Implementation of Phase II of the Compass Project for product enhancement.</i>	<i>Waiver #120305</i>	
	<i>August 02, 2012</i>	<i>Ongoing</i>	<i>\$</i>	<i>Assignment and Assumption of Compass Software License and Software Maintenance Agreement from Clark County, Nevada to The State of Nevada through the Division of Welfare and Supportive Services.</i>	<i>Assignment and Assumption Agreement</i>	
	<i>October 20, 2009</i>	<i>August 02, 2012</i>	<i>\$1,348,846.25</i>	<i>Professional Services and Software for Child Support Enforcement Automation Project procured by Clark County, Nevada. Resulted in entering into a Compass Software End User License Agreement with Northwoods Consulting Partners, Inc.</i>	<i>RFP# 601670-09</i>	

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<p>Northwoods is the sole manufacturer and source of support for all Compass software components and, as the only vendor, they are uniquely positioned to provide the most cost-effective consulting services based on the solution architecture. Per the Sole Source Verification letter from Northwoods dated April 18, 2018 (see attached) and Section 2.d of the Compass Software Support Agreement, the software suite is owned and controlled by Northwoods only. Therefore, Northwoods does not permit another entity to provide enhancements, upgrades, or support services.</p> <p>Were the waiver request denied, the State would incur substantial expenses going out to bid to find a vendor that provides a solution architecture software that is comparable to what DWSS already has in place. Selecting another vendor would essentially mean that DWSS staff would start from the beginning, requiring the vendor to receive extensive training on the Child Support Enforcement case management system complexities and federal program requirements. The amount time and effort it would take to implement new software and refine the process would be significant, especially when considering that the DWSS already has a streamlined solution (Compass) in place.</p> <p>Finally, if the Compass application software is not migrated by January 2020, the servers will become unsupported forcing the DWSS to remove them from the State network. This would be detrimental to the Child Support Enforcement Program.</p>

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?
	<p>The assignment and assumption of the Compass Software License and Software Maintenance Agreement from Clark County to the State of Nevada occurred in 2012. Since then, the DWSS actively engages with consulting services from multiple vendors on a regular basis and the costs proposed are in-line with engagements of similar complexity and scope.</p>

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>				
	<p>The DWSS will continue ongoing software licensing and maintenance with Northwoods on a yearly basis until we no longer utilize this software as they are the only vendor who can perform the services needed for this migration and ongoing support services.</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

John Taft

Print Name of Agency Representative Initiating Request

4/1/19

Date

Signature of Agency Head Authorizing Request

Steve H. Fisher

4/1/19

Print Name of Agency Head Authorizing Request

4/1/19

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.**

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

4-18-2019

Date

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: **21702**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	PREA America, LLC
Agency Code:	409	Contractor Name:	PREA America, LLC
Appropriation Unit:	1383-04	Address:	PO Box 1473
Is budget authority available?:	Yes	City/State/Zip	Raton, NM 87740
If "No" please explain:	Not Applicable	Contact/Phone:	Tom Kovach 405-945-1951
		Vendor No.:	
		NV Business ID:	NV20191299075
To what State Fiscal Year(s) will the contract be charged?	2020-2022		

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.

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 **07/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **PREA Audits**

5. Purpose of contract:

This is a new contract to provide a federally certified Prison Rape Elimination Act (PREA) auditor to conduct mandatory PREA audits at the three juvenile correctional facilities within the agency.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,425.00**

Other basis for payment: As outlined in Section 4 Consideration

II. JUSTIFICATION

7. What conditions require that this work be done?

The Prison Rape Elimination Act (PREA) is a federal law (28 C.F.R. Part 115). Under PREA Standard � 115.401, the agency and all state-run correctional facilities must have an audit by a certified auditor every three (3) years, to ensure compliance with the law.

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

The State does not have any employees that are federally certified PREA auditors.

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):

DRB Consulting, LLC
JAK Correctional Consulting Services, LLC
PREA America
Jager Adsit Associates, LLC

b. Solicitation Waiver: **Not Applicable**

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

This was the lowest priced vendor to respond.

d. Last bid date: 02/25/2019 Anticipated re-bid date: 02/25/2022

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:

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:

Jennifer Simeo, PREA Coordinator Ph: 775-687-2276

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	04/26/2019 14:13:11 PM
Division Approval	knielsen	04/29/2019 16:00:28 PM
Department Approval	mwinebar	04/30/2019 15:01:27 PM
Contract Manager Approval	sknigge	04/30/2019 16:30:34 PM
Budget Analyst Approval	afrantz	05/03/2019 12:18:42 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21688**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3145-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-UNLV**Contractor Name: **BOARD OF REGENTS-UNLV**Address: **UNLV OFFICE OF Contoller
4505 S MARYLAND PKWY MS 1005**City/State/Zip: **LAS VEGAS, NV 89154-1005**Contact/Phone: **Amanda Haboush 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.

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 **04/25/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **66 days**4. Type of contract: **Interlocal Agreement**Contract description: **Consortium Support**

5. Purpose of contract:

This is a new interlocal agreement to provide support to the Clark County Children's Mental Health Consortium.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,548.60**

Other basis for payment: As detailed in Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

The work to be conducted by each of the Regional Consortia is in NRS 433B.333. Each body needs administrative/professional assistance in conducting business.

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

These bodies are not state run. They have specific needs and they have the power to determine if they need specialty work done.

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 Applicableb. 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

8%

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 Agreement 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:

UNLV has been under contract with the Division in the past and is also 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 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:

Kristesn Rivas, Clinical Program Planner 2 Ph: 775-688-376

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmason	04/02/2019 11:42:09 AM
Division Approval	knielsen	04/23/2019 09:50:08 AM
Department Approval	mwinebar	04/25/2019 09:44:03 AM
Contract Manager Approval	sknigge	04/25/2019 12:07:18 PM
Budget Analyst Approval	afrantz	04/25/2019 14:19:03 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21256** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **FM MARKETING, LLC**

Agency Code: **409** Contractor Name: **FM MARKETING, LLC**

Appropriation Unit: **3229-42** Address: **7473 W LAKE MEAD BLVD STE 100**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89128-0265**

If "No" please explain: Not Applicable Contact/Phone: **Susan Somers 702/249-9900**

Vendor No.: **T29040933**

NV Business ID: **NV20041045342**

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? **No** or b. other effective date **12/04/2018**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **09/30/2019**

Termination Date:

Contract term: **299 days**4. Type of contract: **Contract**Contract description: **Media Campaign**

5. Purpose of contract:

This is the first amendment to the original contract that provides ongoing custom media lists for placement of a media advertising plan; follow-up with civic groups, non-profit education organizations for potential referral sources and to provide all forms of public relations. This amendment increases the maximum amount from \$50,000 to \$96,300 to allow for the continuation of the media campaign through the summer of 2019.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Action
2. Amount of current amendment (#1):	\$46,300.00	\$46,300.00	\$46,300.00	Yes - Info
3. New maximum contract amount:	\$96,300.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

A shortage of Foster Homes in rural Nevada causes children to be placed outside of their community of origin. A comprehensive media campaign coupled with collaborative outreach by courts and community partnership will yield homes in rural Nevada and enhance efforts to keep children in their schools and communities when they must be removed from their parents due to safety reasons.

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

State agencies do not have the expertise to undertake launching a media campaign.

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 #: 180607

Approval Date: 06/29/2018

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

FM Marketing developed DCFS' media campaign in 2014. This contract is a continuation of that existing campaign.

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:

Contractor has been under contract with the Division since 2014 and service provided 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:

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	knielsen	04/19/2019 11:30:28 AM
Division Approval	knielsen	04/19/2019 11:30:31 AM
Department Approval	sjohnso9	04/22/2019 09:13:58 AM
Contract Manager Approval	sknigge	04/22/2019 15:47:26 PM
Budget Analyst Approval	afrantz	04/25/2019 15:32:05 PM

State of Nevada
Department of Administration

Purchasing Division

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



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:

Approval#: **180607**

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: DCFS		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Maria Hickey</i>	<i>684-1975</i>	<i>mhickey@dcfs.nv.gov</i>
	<i>Betsey Crumrine</i>	<i>684-1979</i>	<i>bcrumrine@dcfs.nv.gov</i>

Vendor Information:	
1b	Identify Vendor: FM Marketing, LLC
	Contact Name: Susan Somers
	Address: 7473 West Lake Mead, Suite 100 Las Vegas NV 89128
	Telephone Number: (702) 227-8700 or cell (702) 249-9900
	Email Address: susan@fmmnpr.com

Type of Waiver Requested -- Check the appropriate type:	
1c	Sole or Single Source: X single source
	Professional Service Exemption:

Contract Information:				
1d	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#		

Term:			
1e	One (1) Time Purchase:		
	Contract:	Start Date: Upon Approval	End Date: June 30, 2022

Funding:		
1f	State Appropriated:	
	Federal Funds:	
	Grant Funds:	Title XX
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$49,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Create custom media lists for placement of media plan/advertising; follow up with civic groups, non-profits and education organizations that DCFS has presented panel discussions to recruit/create awareness for potential referral sources; provide public relations services, such as writing & distributing press releases, media alerts, place radio, TV, print and online media, schedule for TV and radio interviews, news stories, briefs, sound bites, online submissions and listings, promote upcoming foster parent training and events, coordinate media interviews, photo shoots, media training in rural Nevada communities; provide updated content for Childs Journey Home, Facebook page, Instagram or twitter messaging.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>This media campaign was developed in 2014, FM Marketing knows DCFS and the rural region and has the expertise to reproduce our advertising and/or place the media with the most effective outlets available.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>This advertising campaign was developed including print, media, and radio content in 2014. To put this out to bid would mean starting over and creating something different, and we would lose the recognize-ability that we already have with the print material that now defines our "brand" and message. The service provider developed relationships with media outlets in rural Nevada and we want to capitalize on those relationships where available.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>		
	b. <i>If not, why were alternatives not evaluated?</i>		
	<i>This advertising campaign was developed including print, media, and radio content in 2014. To put this out to bid would mean starting over and creating something different, and we would lose the recognize-ability that we already have with the print material that now defines our "brand" and message. The service provider developed relationships with media outlets in rural Nevada and we want to capitalize on those relationships where available.</i>		

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 ALL previous waivers MUST accompany this request.			Yes: <input type="checkbox"/>	<input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>					
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)	
	July 1, 2014	September 30, 2014	\$60,175.00	Create media plan and positive awareness opportunities in rural	See attached	

				<i>Nevada communities by using developed media lists, create and publicize DCFS message through press releases, radio, TV, print & online media, billboards and content for DCFS facebook page, Childs Journey Home, etc.</i>	
	<i>October 1, 2014</i>	<i>September 30, 2015</i>	<i>\$93,525.00</i>	<i>Same as above, this was an amendment.</i>	
			<i>\$</i>		
			<i>\$</i>		
			<i>\$</i>		

	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
<i>7</i>	<i>This advertising campaign was developed including print, media, and radio content in 2014 at a substantial cost. To put this out to bid would mean starting over and creating something different, and we would lose the recognize-ability that we already have with the print material that now defines our "brand" and message.</i>

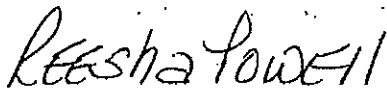
	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
<i>8</i>	<i>FM Marketing created this media plan in 2014 and having done so, they have everything needed to recreate the plan, with enhancements where requested, in an effective and timely manner.</i>

	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:	
<i>9</i>	<i>a. If yes, please provide details regarding future obligations or needs.</i> <i>If the Division of Child and Family Services has future funding available to use these print, media, and radio materials again we need to do so. It is vital to keep the need for foster/relative/adoptive resource homes for rural children in the forefront in all rural communities. The need to keep children in their community and schools of origin is in the best interest for the children and their parents.</i>				

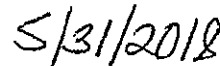
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



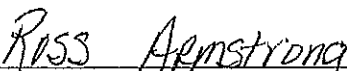
Agency Representative Initiating Request



Print Name of Agency Representative Initiating Request



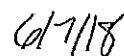
Date



Signature of Agency Head Authorizing Request



Print Name of Agency Head Authorizing Request



Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Signed:



Administrator, Purchasing Division or Designee



Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21638**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	DESERT PARKWAY BEHAVIORAL, LLC
Agency Code:	409	Contractor Name:	DESERT PARKWAY BEHAVIORAL, LLC
Appropriation Unit:	3646-16	Address:	HEALTHCARE HOSPITAL 3247 S MARYLAND PKWY LAS VEGAS, NV 89109-2412
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89109-2412
If "No" please explain:	Not Applicable	Contact/Phone:	Tristan Ivy 702/776-3513
		Vendor No.:	T29035238
		NV Business ID:	NV20121200392

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 **11/09/2018**

Anticipated BOE meeting date 06/2019

Retroactive? **Yes**

If "Yes", please explain

This was for the emergency psychiatric hospitalization of a youth referred by the Mobile Crisis Response Team. Previously, the agency had a provider agreement with Desert Parkway Hospital but when the decision was made to move away from provider agreements, this provider had yet to finalize the new Master Service Agreement contract. A retroactive request is necessary and could not have been prevented. Having an MSA in place with this vendor will avoid the need for future retroactive requests.

3. Termination Date: **06/30/2019**Contract term: **232 days**4. Type of contract: **Contract**Contract description: **Psyc Hospitalization**

5. Purpose of contract:

This is a new contract for a seven (7) day, acute psychiatric hospitalization of a youth referred by the Mobile Crisis Unit.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,225.00**

Other basis for payment: 7 day stay plus therapy and supply charges

II. JUSTIFICATION

7. What conditions require that this work be done?

The Mobile Crisis Response Team assessed the patient and determined the client needed hospitalization.

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

Desert Willow Treatment Center did not have the space for this client

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This was an emergency psychiatric hospitalization.

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:

Yes. The contractor has been under a provide agreement with the Division since 2015. 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:

Barbra Burke, Program Officer I Ph: 702-486-8064

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	04/02/2019 16:52:27 PM
Division Approval	knielsen	04/22/2019 10:11:36 AM
Department Approval	sjohnso9	04/22/2019 14:46:22 PM
Contract Manager Approval	sknigge	04/22/2019 15:42:40 PM
Budget Analyst Approval	afrantz	04/25/2019 14:10:45 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

Date: April 19, 2019

To: Aaron Frantz, Executive Branch Budget Officer I
Governor's Finance Office, Budget Division

Through: Mark Winebarger, Administrative Services Officer IV
Department of Health and Human Services, Director's Office

From: Katrina Nielsen, Administrative Services Officer IV
Division of Child and Family Services

Re: Retroactive Contract with Desert Parkway Hospital

The retroactive contract for Desert Parkway would need to be retroactive to ensure coverage for client services provided from 11/09/18 through 11/16/18.

The Mobile Crisis Response Team for Southern Nevada Child and Adolescent Services responded to two (2) crisis incidents, which resulted in each client's acute hospitalization at a provider that does not currently have an agreement with the State of Nevada. The clients were hospitalized at the Desert Parkway Hospital, which totaled 13 days of acute care. Currently, the agency only has one agreement finalized with an acute hospitalization provider and clinical staff were unable to access a bed with this provider during the course of responding to these emergencies.

Previously, the agency had a provider agreement with Desert Parkway Hospital but when the decision was made to move away from provider agreements to an RFQ process, this provider has yet to finalize the new MSA contract. They are going through the RFQ process with the State Purchasing Division. It has been a difficult transition for clinical staff who need access to place clients in acute hospitalization beds with only one provider when there is a limited amount of beds available and the distance of the provider can create a hardship on the client's families.

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: **21750**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	INTEGRATED MECHANICAL SERVICES, LLC
Agency Code:	409	Contractor Name:	INTEGRATED MECHANICAL SERVICES, LLC
Appropriation Unit:	3646-07	Address:	LLC DBA EVOLUTION AIR COND 121 INDUSTRIAL PARK RD STE 105
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89015-6605
If "No" please explain:	Not Applicable	Contact/Phone:	Dennis Cope 702/912-1525
		Vendor No.:	T27037202
		NV Business ID:	NV20111413709

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.

X	General Funds	66.00 %	Fees	0.00 %
X	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 Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing HVAC maintenance and repairs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,700.00**

Other basis for payment: \$18,144 for maintenance; \$22,556 for unforeseen repairs

II. JUSTIFICATION

7. What conditions require that this work be done?

Routine preventative maintenance services are required to ensure the equipment remains in good working condition.

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

No state employees have the needed expertise and no State agency provides 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):

Discount Air Conditioning & Heating
Sierra Air Conditioning & Heating
Evolution Air Conditioningb. Solicitation Waiver: **Not Applicable**

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

This was the only vendor to respond.

d. Last bid date: 03/04/2019 Anticipated re-bid date: 03/06/2023

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:

Yes the vendor has been 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:

Barbra Burke, Program Officer 1 Ph: 702-486-8064

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	04/30/2019 14:15:23 PM
Division Approval	knielsen	04/30/2019 14:15:45 PM
Department Approval	mwinebar	05/01/2019 10:46:12 AM
Contract Manager Approval	knielsen	05/01/2019 17:08:32 PM
Budget Analyst Approval	afrantz	05/03/2019 13:46:55 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: **21748**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3710-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **D&D Plumbing Inc.**Contractor Name: **D&D Plumbing Inc.**Address: **1655 Greg Street**City/State/Zip: **Sparks, NV 89431-5916**Contact/Phone: **Waylon Lowery 775-358-2378**

Vendor No.:

NV Business ID: **NV19801005060**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 #: **371619M022**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/02/2019**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **59 days**4. Type of contract: **Contract**Contract description: **Replace Water Heater**

5. Purpose of contract:

This is a new contract to provide services to replace a water heater in Housing Unit 1 at Warm Springs Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,635.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Only one of two water heaters are currently operational, reducing the hot water available for showers below satisfactory levels, especially given the cooler temperatures.

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

NDOC does not have the qualifications or expertise necessary 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):

HTA Plumbers
BCS
D&D Plumbing
Savage and Sons
Ira Hansen & Sons

b. Solicitation Waiver: **Not Applicable**

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

Lowest price and most responsive supplier, per our informal solicitation.

d. Last bid date: 04/12/2019 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amonro1	04/19/2019 09:10:32 AM
Division Approval	amonro1	04/19/2019 09:10:35 AM
Department Approval	amonro1	04/19/2019 09:10:40 AM
Contract Manager Approval	vfajota	04/19/2019 10:57:21 AM
Budget Analyst Approval	bmacke1	05/02/2019 08:39:06 AM

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: **21822**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3723-95**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: O'Flaherty Plumbing & Heating

Contractor Name: **O'Flaherty Plumbing & Heating**Address: **965 Pioche Way**City/State/Zip: **Ely, NV 89301-3135**

Contact/Phone: John O'Flaherty 775-289-2801

Vendor No.: PUR0002815

NV Business ID: NV19781000068

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 #: 440

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 06/2019

Retroactive? **Yes**

If "Yes", please explain

This work was originally approved under contract 21152, which terminated February 28, 2019. However, due to weather delays, the work could not be completed within the original contract term. Work was completed during the month of March, when weather allowed. This contract is required to ensure timely payment to the contractor. There is no contract cost increase for this contract.

3. Termination Date: **06/30/2019**Contract term: **120 days**4. Type of contract: **Contract**Contract description: **Boiler Replacement**

5. Purpose of contract:

This is a new contract to provide for the replacement and installation of one boiler located at Pioche Conservation Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,467.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The boiler at Pioche was not functioning properly, requiring replacement. The prior approved contract #21152 expired prior to completion of work, due to weather delays.

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

No other State agency provides this service. State employees are not certified to install the boiler.

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):

O'Flaherty Heating and Plumbing
RF MacDonald

b. Solicitation Waiver: **Not Applicable**

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

Only two vendors responded to the solicitation for services. O'Flaherty was the lowest most responsible 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?

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	cjackson	04/30/2019 10:36:15 AM
Division Approval	amonro1	05/01/2019 10:19:11 AM
Department Approval	sewart	05/02/2019 09:57:22 AM
Contract Manager Approval	vfajota	05/03/2019 09:19:44 AM
Budget Analyst Approval	bmacke1	05/16/2019 15:19:53 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: **21745**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3762-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Chill Rite Inc HVAC & Mechanical**Contractor Name: **Chill Rite Inc HVAC & Mechanical**Address: **6295 McLeod Dr. Ste 1**City/State/Zip: **Las Vegas, NV 89120-4097**Contact/Phone: **Steve Robledo 702-456-6200**Vendor No.: **T27042453**NV Business ID: **NV19941128460**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 **05/02/2019**Anticipated BOE meeting date **05/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **59 days**4. Type of contract: **Contract**Contract description: **Chiller repair**

5. Purpose of contract:

This is a new contract to provide emergency service and repairs for existing Trane chillers, including inoperative chiller at High Desert State Prison.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,319.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Only 2 chillers on-site. One chiller is leaking and requires this repair. If maintenance is not performed on the second chiller, the facility will be at critical risk of being without proper cooling as temperatures rise to 100+ degrees, negatively impacting the infirmary, administration, security operations, education, gate house and Prison Industries.

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

HDSP staff is not adequately staffed or equipped 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):

**Chill Rite, Inc.
Harris Company
Ryan Mechanical**b. Solicitation Waiver: **Not Applicable**

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

Chill Rite was initially the only responsive quote out of three quote requests and has provided reliable support at this location for the last 10 years.

d. Last bid date: 04/12/2019 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amonro1	04/25/2019 15:44:06 PM
Division Approval	amonro1	04/25/2019 15:44:09 PM
Department Approval	amonro1	04/25/2019 15:44:12 PM
Contract Manager Approval	vfajota	04/26/2019 12:52:59 PM
Budget Analyst Approval	bmacke1	05/02/2019 08:17:59 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: **15399** Amendment Number: **3**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **Matthew Bender & Company, Inc.**

Agency Code: **440** Contractor Name: **Matthew Bender & Company, Inc.**

Appropriation Unit: **3763-16** Address: **DBA LexisNexis Matthew Bender**

Is budget authority available?: **Yes** City/State/Zip: **Albany, NY 12204**

If "No" please explain: Not Applicable Contact/Phone: **Veronica Vrancuta 916/380-8729**

Vendor No.: **T80994758**

NV Business ID: **NV20101752753**

To what State Fiscal Year(s) will the contract be charged? **2015-2020**

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 % 3763 - Inmate Welfare Fund

Agency Reference #: **RFP 2054**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2014**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **5 years and 184 days**4. Type of contract: **Contract**Contract description: **Legal Research Svs**

5. Purpose of contract:

This is the third amendment to the original contract which provides specific legal materials and references to the inmate law libraries at seven correctional institutions. These libraries must provide specific legal materials and references to inmates. The materials are updated monthly as new legal rulings become available. The vendor will prepare and deliver products and updates to all seven institutions for the term of the contract. The amendment extends the termination date from 06/30/19 to 12/31/19 and increases the maximum amount from \$396,004.00 to \$437,024.00 due to the continued need for these services, while we complete a RFP through State Purchasing.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$313,964.00	\$313,964.00	\$313,964.00	Yes - Action
a. Amendment 1:	\$41,020.00	\$41,020.00	\$41,020.00	Yes - Info
b. Amendment 2:	\$41,020.00	\$41,020.00	\$82,040.00	Yes - Action
2. Amount of current amendment (#3):	\$41,020.00	\$41,020.00	\$41,020.00	Yes - Info
3. New maximum contract amount:	\$437,024.00			
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?

The Nevada Department of Corrections (NDOC) is obligated to maintain current legal materials and updates in all seven (7) of their correctional institution law libraries.

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

Historically the Department has outsourced the legal resource research services to ensure prompt and current law library resources to incarcerated inmates.

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 #2054, 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: 01/14/2014 Anticipated re-bid date: 07/31/2019

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:

Nevada Department of Corrections - 2010 to current. Service has been determined 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:
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

Budget Account Approval

User

amonro1

Signature Date

05/07/2019 13:15:50 PM

Division Approval	amonro1	05/07/2019 13:15:55 PM
Department Approval	sewart	05/07/2019 13:25:55 PM
Contract Manager Approval	vfajota	05/07/2019 13:38:23 PM
Budget Analyst Approval	bmacke1	05/20/2019 13:09:11 PM

State of Nevada
Department of Administration

Purchasing Division

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



Steve Sisolak
Governor

Deonne Contine
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval #:	269

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:	Department of Corrections		
	Contact Name(s) and Titles:	Alicia Roman, Contracts Manager; Shontae Williams, Management Analyst III		
	Telephone Number(s):	(775) 887-333 'OR' (775)887-3144		
	Email Address(s):	aroman@doc.nv.gov 'AND' shwilliams@doc.nv.gov		

2	Contractor Information:			
	Contractor:	Matthew Bender & Co., Inc., dba LexisNexis Matthew Bender		
	Contact Name:	Kim Shields, Esq.		
	Address:	1275 Broadway, Albany, NY 12204		
	Phone Number:	(573) 673-4230		
	Email Address:	Kim.shields@lexisnexis.com		

3	Ongoing relationship disclosure – List all previous contract information: *N/A*			
	Procurement method:			
	CETS #:			
	Contract "not to exceed amount":	\$		
	Contract term:	Start date: mm/dd/yy		End date: mm/dd/yy

4	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:	2054		
	Quote, solicitation # if applicable:	N/A		
	Waiver, provide number:	N/A		
	Other:	N/A		

5	Current contract information:			
	CETS #:	15399		
	Initial contract "not to exceed amount":	\$396,004.00		
	Contract term:	Start date: mm/dd/yy	07/01/14	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
6	1	<i>Extend the current term of the contract for six months through 12/31/18 to allow for the facilitation of either a joinder with a NASPO MSA or the facilitation and completion of a RFP.</i>	\$352,984.00	12/31/18
	2	<i>Extend the current term of the contract for six months through 06/30/19 to allow for the facilitation of a State Purchasing RFP.</i>	\$396,004.00	06/30/19

	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	3	<i>Extend the current term of the contract from 06/30/19 to 12/31/19 to allow time for Annette Morfin on behalf of State Purchasing to facilitate a RFP and execute a new contract that will continue ongoing services to provide specific legal materials and references to the inmate law libraries at seven correctional institutions. These libraries must specific legal materials and references to inmates. The materials are updated monthly as new legal rulings become available. The vendor prepares and delivers products and updates to all seven institution forthe term of the contract.</i>	\$437,024.00	12/31/19

8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):			
	<i>To prevent a lapse in service to allow time for Annette Morfin on behalf of State Purchasing to facilitate a RFP and execute a new contract.</i>			

9	What are the potential consequences to the State if the contract extension request is denied?			
	The DOC is obligated by Nevada State Policy to maintain current legal materials and updates in all of their correctional institution law libraries for incarcerated inmates. Denial of this request would deny the inmates access to legal materials resulting in inmate grievances and possible lawsuits filed against the State.			

Shontae Williams

Signature of Agency Representative Initiating Request

Shontae Williams, Management Analyst III

Print Name of Agency Representative Initiating Request

3/27/19

Date

John Borrowman, Deputy Director Support Services

Signature of Agency Head Authorizing Request

John Borrowman
Print Name of Agency Head Authorizing Request

3/29/19

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:

[Signature]
Administrator, Purchasing Division or Designee

4-11-2019

Date

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: **21757**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **4554-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SMG Reno Facilities**Contractor Name: **SMG Reno Facilities**Address: **4590 S. Virginia Street**City/State/Zip: **Reno, NV 89502**Contact/Phone: **Michael Day 775-827-7621**Vendor No.: **T27042831**NV Business ID: **NV20151521481**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 **05/09/2019**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2019**Contract term: **236 days**4. Type of contract: **Contract**Contract description: **NJLSB**

5. Purpose of contract:

This is a new contract to provide ongoing assistance for participants in the annual Nevada Junior Livestock Show.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,050.00**

Payment for services will be made at the rate of \$14,050.00 per Invoice #4080

Other basis for payment: A single invoice has been presented for arena rents for this years show.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Agriculture (NDA) is mandated to promote the advancement and protection of Nevada's Agriculture and related industries. The Nevada Junior Livestock Show provides an opportunity to promote excellence in livestock production.

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

The Nevada Junior Livestock Show Board is in charge of supervising the Nevada Junior Livestock Show per NRS 563.

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 #: 190502

Approval Date: 05/09/2019

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

There is no other vendor providing the services for the Nevada Junior Livestock Show.

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

Foreign Limited-Liability Company

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	bbe1	04/29/2019 10:05:26 AM
Division Approval	bbe1	04/29/2019 10:05:29 AM
Department Approval	bbe1	04/29/2019 10:05:32 AM
Contract Manager Approval	melli2	05/09/2019 15:58:39 PM
Budget Analyst Approval	mtum1	05/09/2019 16:11:51 PM

State of Nevada
Department of Administration

Purchasing Division

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



Steve Sisolak
Governor

Deonne E. Contine
Director

Kevin D. Doty
Acting Administrator

Purchasing Use Only:

Approval#:

190502

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: Agriculture		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Elizabeth Watson	775-353-3741	e-watson@agri.nv.gov

1b	Vendor Information:	
	Identify Vendor:	SMG Reno Facilities
	Contact Name:	Michael Day
	Address:	4590 S. Virginia Street, Reno, NV 89502
	Telephone Number:	775-827-7621
	Email Address:	Michael.day@renotahoeSMG

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	Sole
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#21757		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	Upon BOE approval	End Date: 12/31/2019

1f	Funding:	
	State Appropriated:	X
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$14,050.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	The Nevada Department of Agriculture (NDA) provides ongoing financial assistance to the Nevada Junior Livestock Show Board each year in the amount of \$20,000.00. This contract is for \$14,050.00 which is a portion of the annual amount.

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	The Livestock Event Center has contracted with SMG to provide management services for all of their events. There is no other vendor providing services at this location. The Nevada Junior Livestock Show is having their annual event at the Livestock Event Center. NDA has agreed to provide financial assistance to the Nevada Junior Livestock Show Board by providing necessary funding for this contract.

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

5	Were alternative services or commodities evaluated? Check One.	Yes:		No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	SMG is the entity that has been contracted to manage the Livestock Events Center where the Nevada Junior Livestock Show has been scheduled in May 2019.				

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:	<input checked="" type="checkbox"/>	No:	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>			
	11/07/14	06/30/15	\$20,000.00	Financial Assistance	None			
			\$					
			\$					
			\$					
			\$					

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>The Nevada Department of Agriculture would not be supporting this agriculture event as it has intended and the Nevada Junior Livestock Board does not have the financial ability to fund this event.</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>N/A</p>
---	--

9	<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:	<i>X</i>	No:	
	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>				
	<p><i>The Nevada Department of Agriculture provides this financial support on an annual basis.</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

05/09/19

Jerry Williams-Conrad

Print Name of Agency Representative Initiating Request

5/9/19
Date

Signature of Agency Head Authorizing Request

Jennifer Ott

Print Name of Agency Head Authorizing Request

5/9/19
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.**

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:

Ken D. Doty
Administrator, Purchasing Division or Designee

5/9/19
Date

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: **21796**Agency Name: **DPS-INVESTIGATION DIVISION**Agency Code: **653**Appropriation Unit: **3743-41**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Dr. Daniel R. Zsido

Contractor Name: **Dr. Daniel R. Zsido**Address: **13890 88th Ave N.**City/State/Zip: **Seminole, FL 33776**

Contact/Phone: Dan Zsido 727-214-4922

Vendor No.:

NV Business ID: NA

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 % DHHS Grant Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/28/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2019**Contract term: **125 days**4. Type of contract: **Contract**Contract description: **Opioid Training**

5. Purpose of contract:

This is a new contract to provide Opioid education and training to local law enforcement throughout the State.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,500.00**

Payment for services will be made at the rate of \$8,000.00 per Week

Other basis for payment: Week includes Elko, Reno and Vegas training classes

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Health and Human Services has provided grant funds for the Investigation Division to facilitate law enforcement training throughout the State on combating the Opioid Crisis in Nevada.

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

No employee of the State of Nevada has the expertise to conduct this training course.

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 Applicableb. Solicitation Waiver: **Not Applicable**

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

This is a specialized training course required as terms of the grant from DHHS.

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)?

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mcar2	04/25/2019 14:44:16 PM
Division Approval	nkephart	04/25/2019 15:23:17 PM
Department Approval	cboegle	04/25/2019 15:58:55 PM
Contract Manager Approval	cboegle	04/25/2019 15:58:58 PM
Budget Analyst Approval	jrodrig9	04/28/2019 23:06:42 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21922**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4605-06**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Heavy Equipment Training Systems

Contractor Name: **Heavy Equipment Training Systems**Address: **8485 W. Sunset Road Suite 300**City/State/Zip: **Las Vegas, NV 89113**

Contact/Phone: Cory Albano 928-542-0759

Vendor No.:

NV Business ID: NV20041233095

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 % State Park Maintenance

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/21/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/23/2019**Contract term: **2 days**4. Type of contract: **Contract**Contract description: **Equipment Training**

5. Purpose of contract:

This is a new contract to train park staff to train other park employees to use heavy equipment machinery.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

State Parks has heavy machinery and need employees trained to operate that equipment and train others.

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

We don't have a trainer to do this currently.

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):

United Rentals
ATS Specialized LLCb. Solicitation Waiver: **Not Applicable**

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

Lowest 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?

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:

Holly Holwager, Safety Representative Ph: 775-684-2783

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/07/2019 12:58:20 PM
Division Approval	sdecrona	05/07/2019 12:58:23 PM
Department Approval	sdecrona	05/07/2019 13:43:11 PM
Contract Manager Approval	sdecrona	05/13/2019 13:17:27 PM
Budget Analyst Approval	cpalme2	05/16/2019 10:28:44 AM

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: **21929**Agency Name: **DCNR - DIVISION OF WATER RESOURCES**Agency Code: **705**Appropriation Unit: **4157-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: United States Department of the Interior, U.S. Geological Survey

Contractor Name: **United States Department of the Interior, U.S. Geological Survey**Address: **2730 N. Deer Run Road**City/State/Zip: **Carson City, NV 89701**

Contact/Phone: Seven N. Berris 775-887-7693

Vendor No.: T80838030

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.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	37.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	63.00 % Water District Assessment

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Cooperative Agreement**Contract description: **Maggie Cr. JFA**

5. Purpose of contract:

This is a new joint funding agreement for the ongoing operation and maintenance of a streamflow gaging station on Maggie Creek and a crest stage gage on Simon Creek. Discharge data are collected, reviewed and made available in the annual publication "Water-Resources Data - Nevada" and upon the U.S. Geological Survey web site.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,190.00**

Payment for services will be made at the rate of \$6,024.00 per Quarter

Other basis for payment: The State of Nevada's portion is \$30,360 and the U.S. Geological Survey's portion is \$17,830.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a program monitoring streamflow discharge for Maggie and Simon Creeks for possible impacts from activities of major water users in the area.

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

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and 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?

The U.S. Geological Survey has the necessary equipment in place and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the U.S. Geological Survey under NRS 532.170.

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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Levi Kryder, Professional Engineer Ph: 775-684-2800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	05/08/2019 13:17:55 PM
Division Approval	kbradle1	05/08/2019 13:17:57 PM
Department Approval	kwilliam	05/14/2019 14:13:35 PM
Contract Manager Approval	kwilliam	05/14/2019 15:19:18 PM
Budget Analyst Approval	cpalme2	05/15/2019 15:25:44 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: **21938**

Agency Name:	DCNR - FORESTRY DIVISION	Legal Entity Name:	City of Reno on Behalf of the Reno Fire Department
Agency Code:	706	Contractor Name:	City of Reno on Behalf of the Reno Fire Department
Appropriation Unit:	4194-00	Address:	1 E. 1st Street, 4th Floor
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89501
If "No" please explain:	Not Applicable	Contact/Phone:	775-334-2300
		Vendor No.:	
		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.

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

Agency Reference #: **NDF 19-043**

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,606.00**

Payment for services will be made at the rate of \$4,200.75 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and the Reno Fire Department will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Boullier, Ron, State Fire Program Manger Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	05/09/2019 11:18:53 AM
Division Approval	dprather	05/09/2019 14:37:23 PM
Department Approval	dprather	05/09/2019 14:37:29 PM
Contract Manager Approval	jcoope8	05/09/2019 17:11:51 PM
Budget Analyst Approval	cpalme2	05/15/2019 07:52:58 AM

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: **21940**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Mason Valley Fire Protection District**Contractor Name: **Mason Valley Fire Protection District**Address: **118 S Main Street**City/State/Zip: **Yerington, NV 89447**Contact/Phone: **775-463-2261**

Vendor No.:

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.

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

Agency Reference #: **NDF 19-041**

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,284.00**

Payment for services will be made at the rate of \$2,660.50 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Mason Valley Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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:

Mason Valley Fire Protection District is currently under contract for the Wildland Fire Protection Program and has been under contract since July, 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 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:

Boullier, Ron, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	05/09/2019 11:16:00 AM
Division Approval	dprather	05/09/2019 14:38:17 PM
Department Approval	dprather	05/09/2019 14:38:22 PM
Contract Manager Approval	jcoope8	05/09/2019 17:12:12 PM
Budget Analyst Approval	cpalme2	05/15/2019 07:52:25 AM

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: **21824**

Agency Name:	DCNR - FORESTRY DIVISION	Legal Entity Name:	NORTH LYON COUNTY FIRE PROTECTION DISTRICT
Agency Code:	706	Contractor Name:	NORTH LYON COUNTY FIRE PROTECTION DISTRICT
Appropriation Unit:	4194-00	Address:	195 E MAIN STREET
Is budget authority available?:	Yes	City/State/Zip	FERNLEY, NV 89408
If "No" please explain:	Not Applicable	Contact/Phone:	775/575-3310
		Vendor No.:	T29011435
		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.

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

Agency Reference #: **NDF19-038**

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,888.00**

Payment for services will be made at the rate of \$1,486.00 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and North Lyon County Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Nevada Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable.

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:

North Lyon County Fire Protection District is currently under contract for the Wildland Fire Protection Program and has been under contract since July, 2013. The current contract expires June 30, 2019.

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:

Boullier, Ron, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	05/01/2019 16:33:43 PM
Division Approval	dprather	05/02/2019 07:57:53 AM
Department Approval	dprather	05/02/2019 07:57:57 AM
Contract Manager Approval	jcoope8	05/09/2019 15:12:36 PM
Budget Analyst Approval	cpalme2	05/15/2019 07:51:38 AM

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: **21944**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Nye County

Contractor Name: **Nye County**Address: **300 N. Highway 160**City/State/Zip: **Pahrump, NV 89060**

Contact/Phone: 775-727-5658

Vendor No.:

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.

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

Agency Reference #: NDF 19-045

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,902.00**

Payment for services will be made at the rate of \$4,862.75 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Nye County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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?

Not Applicable

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:

Nye County is currently under contract for the Wildland Fire Protection Program and has been under contract since January, 2014. The current contract expires June 30, 2019.

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:

Boullier, Ron, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	05/09/2019 15:38:31 PM
Division Approval	dgree6	05/09/2019 15:45:12 PM
Department Approval	kkester	05/09/2019 17:16:30 PM
Contract Manager Approval	jcoope8	05/09/2019 17:17:23 PM
Budget Analyst Approval	cpalme2	05/15/2019 07:52:42 AM

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: **21772**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SMITH VALLEY FIRE DISTRICT**Contractor Name: **SMITH VALLEY FIRE DISTRICT**Address: **ONE HARDIE LANE**City/State/Zip: **SMITH, NV 89430**Contact/Phone: **775/465-2577**Vendor No.: **T29014327**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.

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

Agency Reference #: **NDF19-035**

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 Applicable3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **Wildlife Fire Protec**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing services under the Wildland Fire Protection Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,630.00**

Payment for services will be made at the rate of \$1,578.75 per Quarter

Other basis for payment: Payable in advance on the first each quarter beginning July 1, 2019 for State Fiscal Year 2020 and 2021.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and the Smith Valley Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will payment to the Division.

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?

Not Applicable

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:

Smith Valley Fire Protection District is currently under contract for the Wildland Fire Protection Program and has been under contract since July 2013. The current contract expires June 30, 2019.

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:

Boullier, Ron, State Fire Protection Manager Ph: 775.684.2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	04/25/2019 11:29:59 AM
Division Approval	dprather	04/26/2019 09:42:37 AM
Department Approval	dprather	04/26/2019 09:42:41 AM
Contract Manager Approval	jcoope8	05/09/2019 15:38:59 PM
Budget Analyst Approval	cpalme2	05/15/2019 07:52:08 AM

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: **21747**Agency Name: **DCNR - STATE LANDS**Agency Code: **707**Appropriation Unit: **4173-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WEBSOFT DEVELOPERS INC**Contractor Name: **WEBSOFT DEVELOPERS INC**Address: **2020 RESEARCH PARK DR STE 140**City/State/Zip: **DAVIS, CA 95618-6150**Contact/Phone: **530/759-8754**Vendor No.: **PUR0004383**NV Business ID: **NV20121454363**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.

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 **07/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **LMS Maintenance**

5. Purpose of contract:

This is a new contract for the agency's Land Management System (LMS) to provide ongoing technical support and maintenance for the custom LMS application. WebSoft Developers will provide technical support in response to specific priority based inquiries as well as software maintenance by way of patches, updates, and upgrades to LMS and any connected third party software up to the limit of support hours.

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 \$200.00 per hr. not to exceed 60 hrs annually

Other basis for payment: Quarterly payments based on billable hours within the quarter. Payable within 30 days of receipt of invoice. Not to exceed \$12,000 per year for a total of 4 years.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Land Management System (LMS) is not only a digital document archive for land records, it is the primary system used to issue permits, track billing and generate reports for various functions of the agency's responsibilities to fulfill its mission. Due to the critical nature of the application, ongoing support from the developer is essential and most cost effective.

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

Technical support for the LMS requires the services of an expert application developer. The skills required for maintenance and module upgrades include .NET application development, advanced knowledge of SQL Server protocols and relational database design. The agency does not have the skillset in-house to perform the tasks in this contract.

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):

WebSoft Developers Inc.

b. Solicitation Waiver: **Not Applicable**

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

Per State Purchasing, SAM 0326 (8) does not require a Solicitation Waiver for ongoing system maintenance services.

As the developer of the application, WebSoft maintains the technical knowledge and understanding of the system design allowing for quick response and resolution to reported issues. Websoft has provided maintenance since the implementation of the system and is familiar with the agency's business processes.

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:

The contract has provided these services to the agency since 2008/2009 when the system was deployed. Services has been ongoing 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:

Grahame Ross, BPAIII Ph: 775-684-2727

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	04/16/2019 15:58:41 PM
Division Approval	bre00	04/16/2019 15:58:45 PM
Department Approval	kwilliam	04/24/2019 09:40:24 AM
Contract Manager Approval	bre00	04/24/2019 10:09:44 AM
EITS Approval	daxtel1	04/24/2019 15:25:49 PM
Budget Analyst Approval	cpalme2	05/09/2019 13:32:52 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: **21889**Agency Name: **DCNR - STATE LANDS**Agency Code: **707**Appropriation Unit: **4206-37**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TAHOE INSTITUTE FOR NATURALSCIENCE**Contractor Name: **TAHOE INSTITUTE FOR NATURALSCIENCE**Address: **948 INCLINE WAY**City/State/Zip: **INCLINE VILLAGE, NV 89451-9527**Contact/Phone: **WILL RICHARDSON 530/412-2792**Vendor No.: **T32006582**NV Business ID: **NV20101258657**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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **2 years and 54 days**4. Type of contract: **Contract**Contract description: **NTRT Bird Nest Study**

5. Purpose of contract:

This is a new contract to conduct a two-year scientific study on how invasive white statin moths are affecting the success of birds attempting to nest in aspen forests at Lake Tahoe. This project will provide much needed information to help make appropriate management decisions regarding the invasive moth in the future.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,680.00**

Other basis for payment: Payment for services will be paid on a quarterly basis as deliverables are received.

II. JUSTIFICATION

7. What conditions require that this work be done?

The invasive White Satin Moth first appeared at Lake Tahoe in the early 2010s and has since caused defoliation annually in up to 226 acres of aspen within Lake Tahoe Nevada State Park. The effects on annual defoliation on bird nesting success have not been studied in North America, but the consequences could be severe for some species. This issue demands our attention so that we are better prepared to manage our aspen forests in light of a non-native pest that will likely be part of the Lake Tahoe environment forever.

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

The workload for this project requires 40-hour work-weeks over a 2-3 month time period for the next two years. The Nevada Tahoe Resource Team personnel do not have adequate time to assume this additional workload

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 #: 190403

Approval Date: 04/11/2019

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

The principal contact for TINS, Dr. Will Richardson, conducted bird nest monitoring at six aspen sites in the Lake Tahoe Basin, including Marlette Lake, Glenbrook Creek, and Logan House Creek, from 2003-2006, which was prior to the white satin moth infestation. This type of "pre-infestation" data is an essential baseline of nesting success, spanning the entire vertical range of nesting heights and substrates of the bird community within the Lake Tahoe's aspen. TINS is thus in a unique position to study the effects of the current moth infestation on avian nesting success due to their intimate knowledge of the methods, locations, and intricacies of the previously-collected data. Furthermore, Dr. Richardson is the foremost expert on bird ecology in aspen stands at Lake Tahoe. They are also uniquely qualified for this contract because they are committing 40-hours per week during the bird nesting season over the next two years, which is a time commitment unlikely to be met by any other 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?

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:

Mark Enders, Biologist III Ph: 775-684-2742

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	05/02/2019 14:28:59 PM
Division Approval	bre00	05/02/2019 14:29:02 PM
Department Approval	kwilliam	05/03/2019 17:40:16 PM
Contract Manager Approval	bre00	05/06/2019 08:10:20 AM
Budget Analyst Approval	cpalme2	05/08/2019 11:24:25 AM

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: **21954**Agency Name: **DCNR - NATURAL HERITAGE**Agency Code: **708**Appropriation Unit: **4101-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Nevada Bugs and Butterflies

Contractor Name: **Nevada Bugs and Butterflies**Address: **850 Old Ophir Rd.**City/State/Zip: **Washoe Valley, NV 89704**

Contact/Phone: Kevin Burls 440-315-4676

Vendor No.:

NV Business ID: NV20121315737

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 % NATURESERVE PROJECTS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2019**

Anticipated BOE meeting date 06/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2020**Contract term: **1 year and 214 days**4. Type of contract: **Contract**Contract description: **Butterfly Surveys**

5. Purpose of contract:

This is a new contract to provide field surveys to detect focal species at known locations and potential new occurrences with the intention of updating the data on as many rare taxa as possible during the project period.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,599.00**

Other basis for payment: Monthly invoice for services rendered, with final invoice submitted on or before December 31, 2020 with Final Report.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Natural Heritage Program (NNHP) is the only entity in the state that tracks the known locations and conservation status of native insect species at risk of extinction in the state. There are 22 species or subspecies of blue butterflies (lycaenid butterflies, family Lycaenidae) on our At-risk Tracking List and four on our Watch List. Many of these taxa have very outdated data because they haven't been surveyed for in many years (sometimes decades).

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

NNHP has limited staff capacity and expertise with these taxa to adequately survey for them. We are seeking a contractor that meets the qualifications to assist us in updating the native insect data in our statewide 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):

b. Solicitation Waiver: **Not Applicable**

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

Nevada Bugs and Butterflies is able to conduct necessary fields surveys within the specified time frames.

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

Indirect Cost Rate (10%) = \$1,781

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:

Kristin Szabo, Administrator Ph: 775-684-2901

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mspear2	05/13/2019 11:25:22 AM
Division Approval	mspear2	05/13/2019 11:25:29 AM
Department Approval	kwilliam	05/13/2019 11:57:52 AM
Contract Manager Approval	mspear2	05/14/2019 14:17:49 PM
Budget Analyst Approval	cpalme2	05/16/2019 11:04:20 AM

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: **21560**

Agency Name:	DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO DRI
Agency Code:	709	Contractor Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO DRI
Appropriation Unit:	3185-19	Address:	2215 RAGGIO PARKWAY
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89512-1095
If "No" please explain:	Not Applicable	Contact/Phone:	775/673-7482
		Vendor No.:	D35000802
		NV Business ID:	Governmental Entity

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	50.00 % Air Program
X Federal Funds	50.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP# 19-033**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/24/2019**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2022**Contract term: **2 years and 342 days**4. Type of contract: **Interlocal Agreement**Contract description: **Laboratory Services**

5. Purpose of contract:

This is a new interlocal agreement to provide laboratory and analytical services to identify and evaluate the chemical characterization related to observations of elevated ozone concentrations in rural portions of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

There are areas throughout the state that are approaching EPA's regulated air quality standards. By sampling we are able to determine mitigation efforts before federal regulations are mandated to the State of Nevada.

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

The state does not have the personnel or resource to effectively sample the filters.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

NRS 332.195 which allows the State of Nevada to join or use contracts of local governments located within or outside the State with the authorization of the contracting 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?

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:

NDEP had a contract with DRI that expired on December 31, 2018. All work completed under this contract was 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 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	rbusto	04/04/2019 10:03:23 AM
Division Approval	ddragon1	04/15/2019 16:59:48 PM
Department Approval	jkinde1	04/16/2019 09:56:53 AM
Contract Manager Approval	mgowe1	04/16/2019 10:34:28 AM
Budget Analyst Approval	cpalme2	04/24/2019 11:36:45 AM

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: **21695**Agency Name: **B&I - ATHLETIC COMMISSION**Agency Code: **749**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Alejandro C. Ybarra**Contractor Name: **Alejandro C. Ybarra**Address: **6387 Bold Regatta Court**City/State/Zip: **Las Vegas, NV 89139**Contact/Phone: **Alex Ybarra 702-931-1991**Vendor No.: **T81023618**NV Business ID: **NV20151158439**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	90.00 % Athletic Commission Gate Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % Ticket Surcharge (Amateur Program)

Agency Reference #: **CI-AY2019**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/20/2019**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2021**Contract term: **2 years and 12 days**4. Type of contract: **Contract**Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract to provide Chief Inspector Services during Athletic Commission weigh-ins and events. The contractor has previously held the position of Chief Inspector and will replace the incumbent, who is stepping down from the Chief Inspector position at the end of May 2019. This appointment has the support of the Executive Director and Athletic Commission.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00**

Payment for services will be made at the rate of \$2,000.00 per Month

Other basis for payment: Plus not to exceed \$1,500 for travel for the term of the contract.

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 would incur overtime in trying to fulfill these obligations.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

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

The Vendor has knowledge of the rules and regulations of unarmed combat and has been previously contracted with the Athletic Commission.

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	04/18/2019 16:13:01 PM
Division Approval	avance	04/18/2019 16:13:05 PM
Department Approval	jhanse4	05/07/2019 11:51:47 AM
Contract Manager Approval	avance	05/07/2019 13:40:50 PM
Budget Analyst Approval	aurruty	05/20/2019 16:38:23 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: **21739**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Bulls Eye Technical Service**Contractor Name: **Bulls Eye Technical Service**Address: **3021 S. Valley View Blvd
Suite 111**City/State/Zip: **Las Vegas, NV 89102**Contact/Phone: **Brian Bresee 702-658-4454**Vendor No.: **T29024622**NV Business ID: **NV20031239700**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 % Business Enterprise Set-Aside

Agency Reference #: **3315-23-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2019**Anticipated BOE meeting date **05/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **2019 Bulls Eye**

5. Purpose of contract:

This is a new contract to provide ongoing repair and maintenance of commercial kitchen appliances at any Southern Nevada Business Enterprise of Nevada (BEN) location.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Years 1-2: Standard Rate- \$90/hr. (M-F 8:00am-4:30pm); Non-Standard Rate-\$135/hr. (All other non-holiday hours); Holiday Rates-\$180/hr. Years 3-4: Standard Rate- \$95/hr. (M-F 8:00am-4:30pm); Non-Standard Rate-\$142.50/hr. (All other non-holiday hours); Holiday Rates-\$190/hr. Parts/Materials shall be invoiced at no more than full factory list price. Detailed invoices payable only upon approval by authorized BEN staff. Total contract not to exceed \$45,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

BEN facilities require ongoing commercial kitchen equipment repair and maintenance in order to prevent interruption of services and to adhere to state and local health codes.

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

State employees are not skilled, licensed or qualified to maintain the 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):

HiTech
Tech24
Bulls Eye

b. Solicitation Waiver: **Not Applicable**

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

Only qualified vendor to submit a proposal

d. Last bid date: 03/20/2019 Anticipated re-bid date: 02/01/2023

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 vendor has provided satisfactory service to BEN since 2010.

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	kdesoci1	05/13/2019 09:47:52 AM
Division Approval	kdesoci1	05/13/2019 09:47:54 AM
Department Approval	kdesoci1	05/13/2019 09:47:59 AM
Contract Manager Approval	mjohns43	05/13/2019 15:11:00 PM
Budget Analyst Approval	dbaughn	05/15/2019 14:18:59 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: **18027**Amendment
Number: **1**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3269-04**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: **Mission Critical Specialists**Contractor Name: **Mission Critical Specialists**Address: **6080 Enterprise Drive
Suite A**City/State/Zip: **Diamond Spring, CA 95619**Contact/Phone: **Lori Plamondon 530-748-3069**Vendor No.: **T27040742**NV Business ID: **NV20161585881**To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **2086-21-BDA**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **01/11/2017**
Examiner's approval?Anticipated BOE meeting date **05/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2020**
Termination Date:Contract term: **3 years and 355 days**4. Type of contract: **Contract**Contract description: **BDA UPS Maintenance**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing preventative maintenance service of the power distribution system; uninterruptible power system; and stationary battery system located at the Bureau of Disability Adjudication office in Carson City. This amendment adds Equipment Replacement Quotes to the Contractor Response and increases the maximum amount from \$26,160.00 to \$45,185.00 due to the need to replace current and future failing parts in the system and due to the Social Security Administration requirement that the system be maintained at peak efficiency. This amendment also inserts the attachment "Provisions for Contracts under Federal Award" into Incorporated Documents due to new Federal requirements.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$26,160.00	\$26,160.00	\$26,160.00	Yes - Info
2. Amount of current amendment (#1):	\$19,015.00	\$19,015.00	\$45,175.00	Yes - Info
3. New maximum contract amount:	\$45,175.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal Social Security Administration guidelines for the Bureau of Disability Adjudication specify that UPS Systems be in good working order to prevent threats of security and data loss.

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 knowledge and expertise of the UPS System, the training required to maintain the UPS System, or authorization to perform the work according to the manufacturer's specifications.

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):

Mission Critical
Grove Madsen
Emerson Networks
Jantech

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

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

Lowest cost of qualified vendors.

- d. Last bid date: 07/18/2016 Anticipated re-bid date: 06/01/2020

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?

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	bmartin7	03/27/2019 08:28:52 AM
Division Approval	aallen	05/14/2019 15:50:54 PM

Department Approval	aallen	05/14/2019 15:50:57 PM
Contract Manager Approval	aallen	05/14/2019 15:51:00 PM
EITS Approval	mlynn	05/16/2019 16:42:58 PM
Budget Analyst Approval	dbaughn	05/17/2019 14:54:14 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: **15423**Amendment Number: **5**Agency Name: **DETR - ADMINISTRATIVE SERVICES**Legal Entity Name: **MONTANA, STATE OF**Agency Code: **908**Contractor Name: **MONTANA, STATE OF**Appropriation Unit: **3273-26**Address: **STATE INFORMATION TECH SVCS
125 N ROBERTS ST RM 229**Is budget authority available?: **Yes**City/State/Zip: **HELENA, MT 59601-4558**

If "No" please explain: Not Applicable

Contact/Phone: **Cindy Nelson 406/444-2735**Vendor No.: **T80959245E**NV Business ID: **Government Entity**To what State Fiscal Year(s) will the contract be charged? **2014-2021**

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 #: **1884-15-R&A**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/02/2014**Anticipated BOE meeting date **06/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2019**Contract term: **7 years and 91 days**4. Type of contract: **Interlocal Agreement**Contract description: **Web/Database Hosting**

5. Purpose of contract:

This the fifth amendment to the original interlocal agreement which provides hardware, software, infrastructure and personnel to the Department of Employment, Training and Rehabilitation (DETR) to support both the labor market legacy system known as Workforce Informer as well as the new replacement system know as LMInformer. This amendment extends the termination date from June 30, 2019 to June 30, 2021 and increases the maximum amount from \$130,000 to \$140,000 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:	\$29,373.65	\$29,373.65	\$29,373.65	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$29,373.65	No
b. Amendment 2:	\$18,859.04	\$18,859.04	\$48,232.69	Yes - Info
c. Amendment 3:	\$66,318.00	\$66,318.04	\$114,550.69	Yes - Action
d. Amendment 4:	\$15,449.31	\$15,449.35	\$15,449.00	Yes - Info
2. Amount of current amendment (#5):	\$10,000.00	\$10,000.00	\$25,449.00	Yes - Info
3. New maximum contract amount:	\$140,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The U.S. Department of Labor designated the State of Montana, Department of Administration as the hosting entity for the Workforce Informer web sites on behalf of the Labor Market Information Consortium, which consists of 15 states including Nevada.

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

The state does not possess the hardware, software, infrastructure, or trained personnel to host this particular interactive web site.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Interlocal agreement with another public entity.

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:

State of Montana, Department of Administration has provided services to the Department of Employment, Training and Rehabilitation since July 2011 and service 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 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

Budget Account Approval

User

jbende2

Signature Date

03/12/2019 09:23:21 AM

Division Approval	kdesoci1	05/07/2019 08:59:06 AM
Department Approval	kdesoci1	05/07/2019 08:59:18 AM
Contract Manager Approval	aallen	05/15/2019 14:46:36 PM
EITS Approval	daxtel1	05/17/2019 14:29:24 PM
Budget Analyst Approval	dbaughn	05/17/2019 15:25:11 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19578** Amendment Number: **1**

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **Accounting Solutions LLC**

Agency Code: **BDC** Contractor Name: **Accounting Solutions LLC**

Appropriation Unit: **B005 - All Categories** Address: **204 N. Minnesota, Suite C**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89701**

If "No" please explain: **Not Applicable** Contact/Phone: **775-841-7878**

Vendor No.:

NV Business ID: **NV20051014311**

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 %	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 **01/22/2018**

Anticipated BOE meeting date **06/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2019**

Termination Date:

Contract term: **2 years and 159 days**

4. Type of contract: **Contract**

Contract description: **Accountant**

5. Purpose of contract:

This is the first amendment to the original contract which provides bookkeeping and accounting services. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the maximum amount from \$9,000 to \$19,000 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:	\$9,000.00	\$9,000.00	\$9,000.00	No
2. Amount of current amendment (#1):	\$10,000.00	\$19,000.00	\$19,000.00	Yes - Info
3. New maximum contract amount:	\$19,000.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires an outside party to assist the Board with its payroll and financials.

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

There is not accounting expertise within the Board.

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jstrand1	04/29/2019 11:09:55 AM
Division Approval	jstrand1	04/29/2019 11:09:59 AM
Department Approval	jstrand1	04/29/2019 11:10:08 AM
Contract Manager Approval	jstrand1	05/03/2019 11:24:56 AM
Budget Analyst Approval	lfree1	05/10/2019 14:45:50 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: **19983** Amendment Number: **1**

Legal Entity Name: **The Advantage Group**

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Contractor Name: **The Advantage Group**

Agency Code: **BDC** Address: **475 Hill Street, Suite B**

Appropriation Unit: **B005 - All Categories** City/State/Zip: **Reno, NV 89501**

Is budget authority available?: **Yes** Contact/Phone: **Taco Prins 775-829-1777**

If "No" please explain: **Not Applicable** Vendor No.:

NV Business ID: **NV1993123286**

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 %	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 **06/11/2018**

Anticipated BOE meeting date **06/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

4. Type of contract: **Contract**

Contract description: **Investigations**

5. Purpose of contract:

This is the first amendment to the original contract which provides investigative services required by the Board. This amendment extends the termination date from June 30, 2019 to June 30, 2020 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:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires an outside party to assist the Board with complex investigations.

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 qualifications to conduct complex investigations.

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 Advantage Group was more cost effective.

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	jstrand1	04/29/2019 11:07:45 AM
Division Approval	jstrand1	04/29/2019 11:07:49 AM
Department Approval	jstrand1	04/29/2019 11:07:52 AM
Contract Manager Approval	jstrand1	05/03/2019 11:21:33 AM
Budget Analyst Approval	lfree1	05/10/2019 14:45:04 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: **21949**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B021 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **THE ADVANTAGE GROUP**Contractor Name: **THE ADVANTAGE GROUP**Address: **475 Hill Street, #B**City/State/Zip: **RENO, NV 89501**Contact/Phone: **Taco Prins 775/829-1777**Vendor No.: **T80969642**NV Business ID: **NV19931023286**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 % licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **Board of Oriental Medicine**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2019**Anticipated BOE meeting date **05/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **1 year and 52 days**4. Type of contract: **Contract**Contract description: **Investigations**

5. Purpose of contract:

This is a new contract to provide investigative services for the board.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$65.00 per hour

Other basis for payment: plus travel expenses

II. JUSTIFICATION

7. What conditions require that this work be done?

An investigator is necessary to investigate complaints against licensees and the unauthorized practice of Oriental Medicine by non-licensees

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

The Executive Director is the only employee at the Board and she is untrained to conduct investigations and has no experience conducting investigations9. 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?

No other company applied. Also, this vendor has experience doing investigations for other Boards (Massage Board, Chiropractic Board, DO Board) and can conduct investigations statewide.

d. Last bid date: 04/09/2019 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 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:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mlok	05/10/2019 14:09:06 PM
Division Approval	mlok	05/10/2019 14:09:18 PM
Department Approval	mlok	05/10/2019 14:09:23 PM
Contract Manager Approval	mlok	05/10/2019 14:09:28 PM
Budget Analyst Approval	lfree1	05/10/2019 14:23:02 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: **21740**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	K. Neena Laxalt Consulting
Agency Code:	BDC	Contractor Name:	K. Neena Laxalt Consulting
Appropriation Unit:	B023 - All Categories	Address:	10883 Rushing Flume Dr.
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89521
If "No" please explain:	Not Applicable	Contact/Phone:	Neena Laxalt 775-762-1864
		Vendor No.:	
		NV Business ID:	NV2010366023

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 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/06/2018**

Anticipated BOE meeting date 06/2019

Retroactive? **Yes**

If "Yes", please explain

The Board approved the contract retroactive to December 6 2018 as the Board was in need if immediate assistance in preparation for the 2019 Legislative Session. The Board's Deputy Attorney General legal counsel approved the contract in December, 2018 however the Board was unable to obtain approval and signature of all parties until March 10, 2019.

3. Termination Date: **12/31/2020**Contract term: **2 years and 26 days**4. Type of contract: **Contract**Contract description: **Lobbyist Services**

5. Purpose of contract:

This is a new contract to provide lobbyist services.

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 \$2,000.00 per Month

Other basis for payment: Installments payable at the beginning of each month prior to service

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 640.050 provides the Board's authority for staffing and to employ professional consultants - the Board has determined that expertise in legislative processes is necessary to the functions of the Board.

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

NRS 640.050 - the Board must obtain its own services, there are no employees of the Board who can perform the services requested.

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?

The vendor was willing to begin work immediately and has experience providing services to regulatory Boards.

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:

Various State Regulatory 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	lp310000	04/11/2019 14:55:56 PM
Division Approval	lp310000	04/11/2019 14:56:03 PM
Department Approval	lp310000	04/11/2019 14:56:08 PM
Contract Manager Approval	lp310000	05/07/2019 11:02:56 AM
Budget Analyst Approval	lfree1	05/07/2019 15:54:15 PM

Board Members

SHURISE SMITH, PT, MSPT, CBIS
Chairperson

BRIAN J. FEARNLEY, PT, MPT
Vice Chairperson

JENNIFER NASH, PT, DPT
Secretary-Treasurer

REBECCA CHEEMA, PT
Board Member

EATHAN O'BRYAN
Public Member

STATE OF NEVADA

STEVE SISOLAK
Governor



PHYSICAL THERAPY BOARD

3291 N. Buffalo Dr, Suite 100
Las Vegas, NV 89129

Staff

CHARLES D. HARVEY, MPA
Executive Director

MURIEL MORIN-MENDES
Licensing Coordinator

CHELSEA WILSON
Administrative Assistant

DANIELLE DEVINE
Administrative Assistant

To: Governor's Finance Office

From: Charles D. Harvey, Executive Director

A handwritten signature in black ink, appearing to be "CDH", written over the "From:" line.

Date: May 6, 2019

Subject: Contract with Kathleen Laxalt, K. Neena Laxalt Consulting
Retroactive 12/6/2018 through 12/31/2020

I serve as the Executive Director of the Nevada Physical Therapy Board. At its March 1, 2019 Board meeting, the Board approved a retroactive contract with Neena Laxalt, for Governmental Lobbying Services from December 6, 2018 through December 31, 2020.

The Board intended to extend its previous contract with Ms. Laxalt, however, the Board was unable to put this contract on a Board meeting agenda for discussion and possible action prior to the December 2018 expiration. Ms. Laxalt has continued to provide lobbying services leading up to and during the 2019 session of the Nevada Legislature.

The Board will re-visit its contract with Ms. Laxalt for Lobbyist services in September 2020.

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: May 13, 2019

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

From: Lynnette Aaron, Executive Branch Budget Officer
Governor's Finance Office, 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:

FISCAL YEAR 2019 – 3rd QUARTER OVERTIME REPORT

Agenda Item Write-up:

Fiscal year 2019 third quarter overtime report by department.

Additional Information:

As of the third quarter of fiscal year 2019, overtime pay and accrued compensatory leave accounted for a total of approximately \$35.55 million, or 4.47% of total pay, a 5.6% decrease from fiscal year 2018.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for 3rd quarter FY19 accounted for 89.4% of the total:

1. Department of Health & Human Services – \$3.15 million
2. Department of Corrections – \$3.01 million
3. Department of Transportation – \$2.12 million
4. Department of Public Safety – \$1.74 million
5. Department of Veterans Service – \$212k

The 5 agencies with the highest percentage of overtime and accrued comp time as a share of total pay for 3rd quarter FY19 were:

- 1. Department of Corrections – 8.3%
- 2. Department of Public Safety – 8.2%
- 3. Adjutant General – 8.0%
- 4. Department of Transportation – 8.0%
- 5. Department of Veterans Service – 7.5%

At the Department of Corrections, overtime and comp time decreased by \$213,000 (-6.6%) from the prior quarter, and continued to be driven by the large correctional centers and medical personnel. Overtime and comp time for 3rd quarter FY19 were highest at these 7 locations, which accounted for 86.6% of the total overtime for the department:


- 1. High Desert State Prison – \$779k
- 2. Ely State Prison – \$642k
- 3. Northern Nevada Correctional Center– \$385k
- 4. Lovelock Correctional Center – \$251k
- 5. Southern Desert Correctional Center – \$246k
- 6. Florence McClure Women's Correctional Center – \$155k
- 7. Prison Medical – \$149k

By event code, the highest four causes accounted for 87.0% of the overtime:

- 1. Covering annual and military leave – \$1.30 million
- 2. Covering holiday shifts – \$693k
- 3. Hospital coverage – \$493k
- 4. Workload – \$129k

At the Department of Health and Human Services, overtime was driven by Public & Behavioral Health (\$1.23 million - primarily in Southern Nevada Adult Mental Health (\$771k) and Facility for the Mental Offender (\$302k) budget accounts), Child and Family Services (\$667k) and Welfare & Supportive Services (\$658k). By event code, the highest four causes accounted for 72.1% of the overtime:

- 1. Covering vacant shifts – \$754k
- 2. Reducing backlog – \$652k
- 3. Covering 24 hour shifts – \$546k
- 4. Covering holiday shifts – \$317k

REVIEWED: 

INFO ITEM: _____

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2019 SUMMARY (QTR 3)
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, June 11, 2019

CUMULATIVE STATEWIDE TOTALS (QTR 3)

	2017	2018	2019
BASE PAY	\$691,703,358	\$724,728,461	\$759,664,094
OVERTIME PAY + ACCRUED COMP	\$35,213,394	\$37,661,074	\$35,554,206
TOTAL PAY	\$726,916,752	\$762,389,535	\$795,218,300
OT/COMP AS A SHARE OF TOTAL PAY	4.84%	4.94%	4.47%

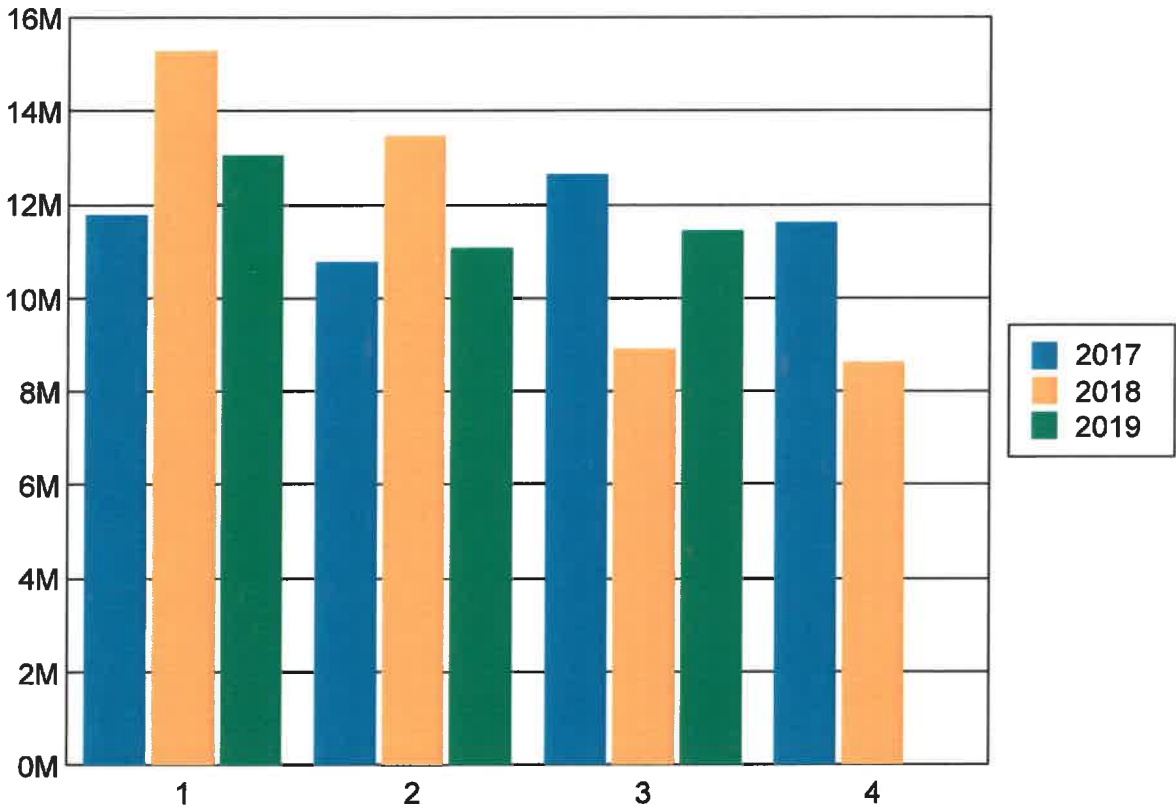
Highest OT/Comp expenditures in dollars

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$3,147,002	4.31%
44	DEPARTMENT OF CORRECTIONS	\$3,010,819	8.32%
80	DEPARTMENT OF TRANSPORTATION	\$2,120,109	7.95%
65	DEPARTMENT OF PUBLIC SAFETY	\$1,735,491	8.23%
24	DEPARTMENT OF VETERANS SERVICE	\$211,523	7.48%

Highest percentages of OT/Comp as a share of Total Pay

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$3,010,819	8.32%
65	DEPARTMENT OF PUBLIC SAFETY	\$1,735,491	8.23%
43	ADJUTANT GENERAL	\$96,301	7.97%
80	DEPARTMENT OF TRANSPORTATION	\$2,120,109	7.95%
24	DEPARTMENT OF VETERANS SERVICE	\$211,523	7.48%

Statewide OT/Comp Distribution by Quarter



	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
2017	\$223,222,245	\$220,013,829	\$248,467,283	\$250,067,764
2018	\$231,058,901	\$261,111,795	\$232,557,766	\$264,761,546
2019	\$242,666,415	\$274,858,508	\$242,139,172	\$0

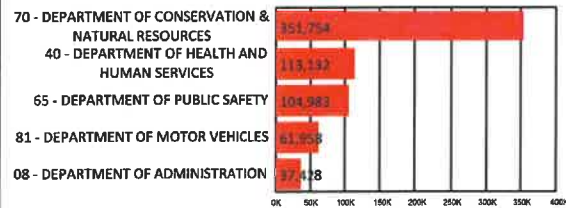
OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2019 QUARTERLY ANALYSIS vs FY2018
NEVADA DEPARTMENT OF ADMINISTRATION
Tuesday, June 11, 2019

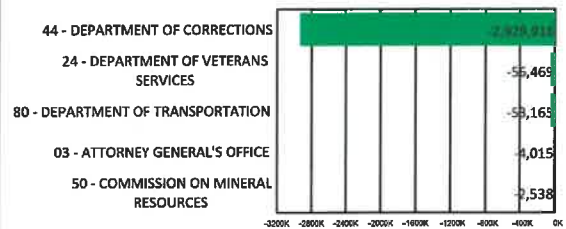


FY2019 - QTR1

Greatest increases in OT/Comp expenditures vs FY2018

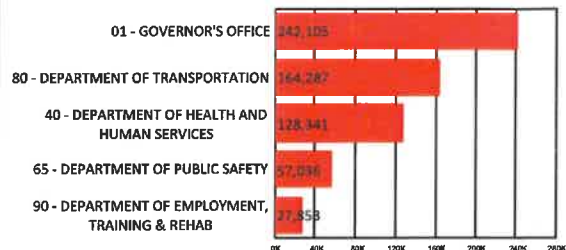


Greatest reductions in OT/Comp expenditure vs FY2018

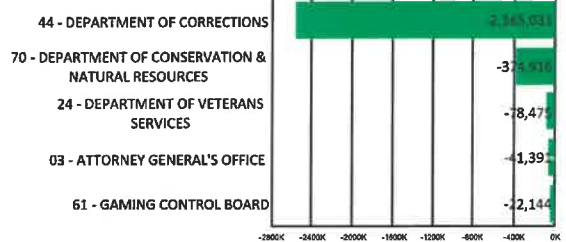


FY2019 - QTR2

Greatest increases in OT/Comp expenditures vs FY2018

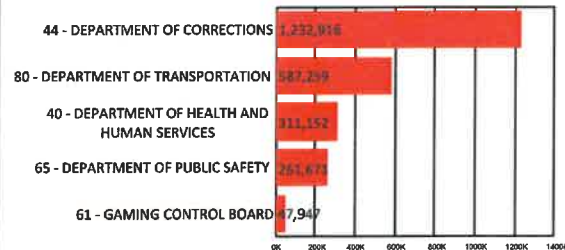


Greatest reductions in OT/Comp expenditure vs FY2018

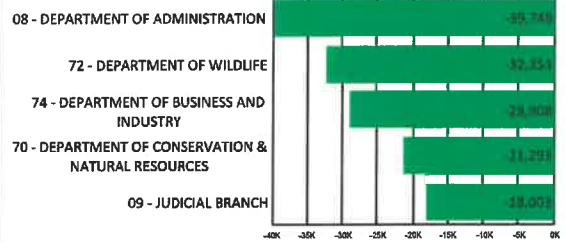


FY2019 - QTR3

Greatest increases in OT/Comp expenditures vs FY2018



Greatest reductions in OT/Comp expenditure vs FY2018



FY2019 - QTR4

Greatest increases in OT/Comp expenditures vs FY2018

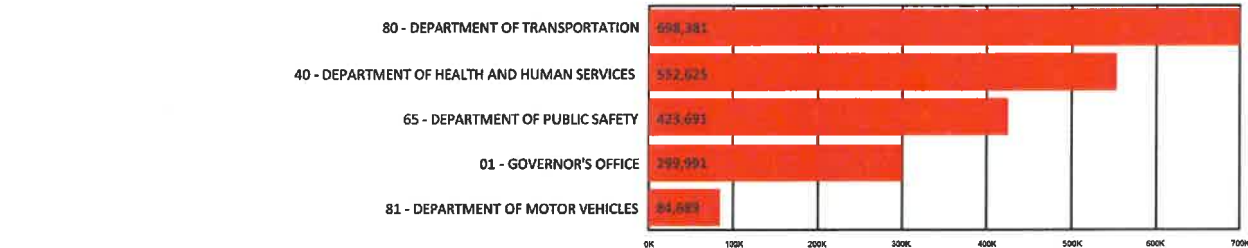
No Data Available

Greatest reductions in OT/Comp expenditure vs FY2018

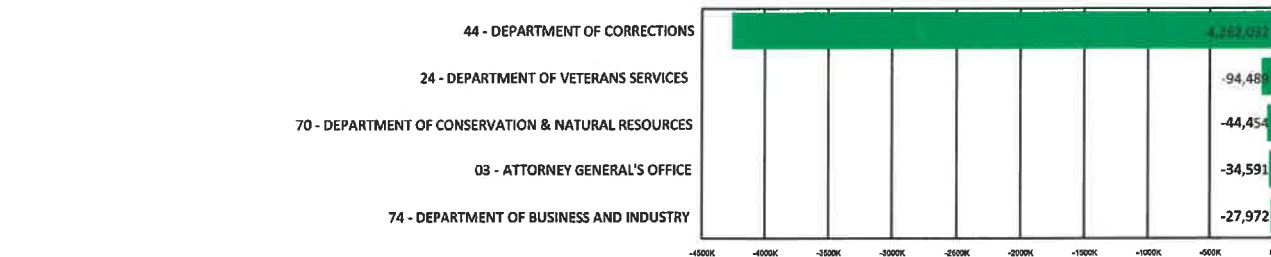
No Data Available

FY2019 - YEAR-TO-DATE TOTALS

Greatest increases in OT/Comp expenditures vs FY2018



Greatest reductions in OT/Comp expenditure vs FY2018



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2019 QUARTERLY DETAILED ANALYSIS

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, June 11, 2019



	FY2019QTR1				FY2019QTR2				FY2019QTR3				FY2019 QTR1-QTR3			
	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2018	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2018	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2018	Overtime Pay and Accrued Comp (YTD)	Total Pay (YTD)	OT/Comp as a Share of Total Pay (YTD)	Difference in OT Pay/Comp versus FY2018 (YTD)
01 - GOVERNOR'S OFFICE	\$35,865	\$1,540,285	2.33%	\$35,565	\$242,404	\$2,006,817	12.08%	\$242,105	\$22,394	\$1,553,400	1.44%	\$22,321	\$300,662.99	\$5,100,501.32	5.89%	\$299,991
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$79,060	0.00%	\$0	\$0	\$88,164	0.00%	\$0	\$0	\$72,385	0.00%	\$0	\$0.00	\$239,609.33	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$16,585	\$6,292,314	0.26%	\$-4,015	\$25,140	\$7,223,916	0.35%	\$-41,391	\$25,867	\$6,165,831	0.42%	\$10,815	\$67,592.55	\$19,682,061.03	0.34%	\$-34,591
04 - SECRETARY OF STATE'S OFFICE	\$5,525	\$1,674,793	0.33%	\$1,977	\$19,320	\$1,967,352	0.98%	\$18,956	\$22,341	\$1,714,338	1.30%	\$21,424	\$47,186.00	\$5,356,482.78	0.88%	\$42,356
05 - TREASURER'S OFFICE	\$362	\$585,477	0.06%	\$-946	\$2,430	\$694,474	0.35%	\$634	\$1,337	\$641,577	0.21%	\$-948	\$4,128.72	\$1,921,527.05	0.21%	\$-1,260
06 - CONTROLLER'S OFFICE	\$7,116	\$663,171	1.07%	\$-385	\$53,111	\$822,630	6.46%	\$13,815	\$9,263	\$656,587	1.41%	\$6,095	\$69,489.69	\$2,142,387.97	3.24%	\$19,524
08 - DEPARTMENT OF ADMINISTRATION	\$164,298	\$7,883,383	2.08%	\$37,428	\$100,783	\$8,967,610	1.12%	\$-4,755	\$147,380	\$7,752,079	1.90%	\$-39,748	\$412,460.77	\$24,603,071.68	1.68%	\$-7,075
09 - JUDICIAL BRANCH	\$2,506	\$6,862,408	0.04%	\$446	\$3,949	\$7,982,398	0.05%	\$1,600	\$1,188	\$6,836,363	0.02%	\$-18,003	\$7,643.27	\$21,681,169.42	0.04%	\$-15,957
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$8,083	\$1,526,336	0.53%	\$2,988	\$13,570	\$1,760,118	0.77%	\$-2,091	\$4,537	\$1,508,320	0.30%	\$-199	\$26,190.05	\$4,794,774.24	0.55%	\$697
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$666,628	0.00%	\$0	\$0	\$773,125	0.00%	\$0	\$0	\$709,128	0.00%	\$0	\$0.00	\$2,148,881.22	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$48,120	\$4,808,467	1.00%	\$12,623	\$38,304	\$5,710,078	0.67%	\$26,053	\$77,868	\$4,975,752	1.56%	\$24,537	\$164,292.21	\$15,494,296.56	1.06%	\$63,213
15 - COMMISSION ON ETHICS	\$0	\$100,787	0.00%	\$0	\$0	\$133,694	0.00%	\$0	\$0	\$114,595	0.00%	\$0	\$0.00	\$349,076.80	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$96,983	0.00%	\$0	\$0	\$114,493	0.00%	\$0	\$0	\$99,782	0.00%	\$0	\$0.00	\$311,258.12	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$217	\$228,617	0.09%	\$217	\$662	\$252,200	0.26%	\$-211	\$144	\$231,378	0.06%	\$144	\$1,022.53	\$712,195.57	0.14%	\$150
24 - DEPARTMENT OF VETERANS SERVICES	\$176,032	\$2,786,419	6.32%	\$-56,469	\$230,185	\$3,269,995	7.04%	\$-78,475	\$211,523	\$2,828,554	7.48%	\$40,456	\$617,741.13	\$8,884,968.18	6.95%	\$-94,489
30 - DEPARTMENT OF EDUCATION	\$78,691	\$2,553,559	3.08%	\$14,087	\$44,075	\$2,996,448	1.47%	\$3,261	\$56,711	\$2,602,924	2.18%	\$2,547	\$179,477.30	\$8,152,931.68	2.20%	\$19,896
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$12,176	\$294,250	4.14%	\$10,651	\$145	\$336,992	0.04%	\$145	\$5,228	\$250,609	2.09%	\$5,228	\$17,549.81	\$881,851.57	1.99%	\$16,024
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,926,799	\$71,510,141	4.09%	\$113,132	\$3,087,082	\$82,311,807	3.75%	\$128,341	\$3,147,002	\$72,985,403	4.31%	\$311,152	\$9,160,882.94	\$26,807,350.25	4.04%	\$552,625
43 - ADJUTANT GENERAL	\$63,467	\$1,311,973	4.84%	\$4,279	\$63,301	\$1,278,010	4.95%	\$4,831	\$96,301	\$1,208,777	7.97%	\$44,493	\$223,067.88	\$3,798,759.69	5.87%	\$53,603
44 - DEPARTMENT OF CORRECTIONS	\$2,842,482	\$36,419,540	7.80%	\$-2,929,916	\$3,224,085	\$42,306,344	7.62%	\$-2,565,031	\$3,010,819	\$36,185,951	8.32%	\$1,232,916	\$9,077,385.69	\$14,911,835.20	7.90%	\$-4,262,032
50 - COMMISSION ON MINERAL RESOURCES	\$16,458	\$212,274	7.75%	\$-2,538	\$43	\$194,809	0.02%	\$-358	\$4,687	\$185,850	2.52%	\$-2,781	\$21,187.47	\$592,933.63	3.57%	\$-5,677
55 - DEPARTMENT OF AGRICULTURE	\$37,783	\$1,802,872	2.10%	\$17,893	\$16,495	\$2,013,686	0.82%	\$-106	\$15,272	\$1,701,291	0.90%	\$-5,104	\$69,550.37	\$5,517,848.59	1.26%	\$12,683
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,849,658	0.00%	\$0	\$0	\$2,196,122	0.00%	\$0	\$0	\$1,865,252	0.00%	\$0	\$0.00	\$5,911,031.42	0.00%	\$0
61 - GAMING CONTROL BOARD	\$156,413	\$5,929,203	2.64%	\$-1,868	\$144,617	\$7,017,229	2.06%	\$-22,144	\$180,448	\$6,145,521	2.94%	\$47,947	\$481,478.58	\$19,091,953.21	2.52%	\$23,935
65 - DEPARTMENT OF PUBLIC SAFETY	\$2,331,149	\$21,707,085	10.74%	\$104,983	\$1,881,634	\$24,317,815	7.74%	\$57,036	\$1,735,491	\$21,078,364	8.23%	\$261,671	\$5,948,274.35	\$67,103,263.49	8.86%	\$423,691
69 - COLORADO RIVER COMMISSION	\$445	\$697,940	0.06%	\$-374	\$2,080	\$798,584	0.26%	\$-37	\$10,318	\$679,821	1.52%	\$7,847	\$12,843.14	\$2,176,344.01	0.59%	\$7,436
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$2,250,466	\$12,742,674	17.66%	\$351,754	\$313,197	\$11,238,644	2.79%	\$-374,916	\$65,483	\$9,517,866	0.69%	\$-21,293	\$2,629,146.26	\$33,499,183.08	7.85%	\$-44,454
72 - DEPARTMENT OF WILDLIFE	\$72,956	\$3,659,052	1.99%	\$18,763	\$67,555	\$4,091,939	1.65%	\$9,467	\$75,488	\$3,560,781	2.12%	\$-32,353	\$215,999.38	\$11,311,771.92	1.91%	\$-4,122
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$68,571	\$8,580,789	0.80%	\$14,504	\$41,422	\$10,033,744	0.41%	\$-13,568	\$36,058	\$8,636,344	0.42%	\$-28,908	\$146,051.82	\$27,250,876.14	0.54%	\$-27,972
80 - DEPARTMENT OF TRANSPORTATION	\$1,339,231	\$26,214,466	5.11%	\$-53,165	\$1,211,065	\$26,295,622	4.61%	\$164,287	\$2,120,109	\$26,664,358	7.95%	\$587,259	\$4,670,404.84	\$79,174,445.75	5.90%	\$698,381
81 - DEPARTMENT OF MOTOR VEHICLES	\$195,222	\$12,837,085	1.52%	\$61,958	\$160,023	\$14,954,430	1.07%	\$17,355	\$197,974	\$12,957,619	1.53%	\$5,376	\$553,218.89	\$40,749,133.10	1.36%	\$84,689
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$191,008	\$10,936,485	1.75%	\$7,163	\$88,314	\$11,014,334	0.80%	\$27,853	\$149,213	\$10,849,643	1.38%	\$36,110	\$428,534.94	\$32,800,461.27	1.31%	\$71,125
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$439,202	0.00%	\$0	\$0	\$508,825	0.00%	\$0	\$742	\$427,109	0.17%	\$742	\$742.02	\$1,375,136.01	0.05%	\$742
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$221,069	0.00%	\$0	\$0	\$261,053	0.00%	\$0	\$0	\$206,807	0.00%	\$0	\$0.00	\$688,928.80	0.00%	\$0
Total	\$13,048,027	\$255,714,442	5.10%	\$-2,239,266	\$11,074,993	\$285,933,501	3.87%	\$-2,387,344	\$11,431,186	\$253,570,358	4.51%	\$2,519,741	\$35,554,206	\$795,218,300	4.47%	\$-2,106,868

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2019 COMPARATIVE YEAR-TO_DATE ANALYSIS (QTR1-QTR3) VS FY2017-FY2018

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, June 11, 2019



	FY 2017 QTR1-QTR3				FY 2018 QTR1-QTR3				FY 2019 QTR1-QTR3			
	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year
01 - GOVERNOR'S OFFICE	\$225,663	\$4,058,629	5.56%	\$222,261	\$672	\$4,618,399	0.01%	\$-224,991	\$300,663	\$5,100,501	5.89%	\$299,991
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$246,415	0.00%	\$0	\$0	\$228,331	0.00%	\$0	\$0	\$239,609	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$53,949	\$18,808,912	0.29%	\$13,986	\$102,183	\$19,223,308	0.53%	\$48,235	\$67,593	\$19,682,061	0.34%	\$-34,591
04 - SECRETARY OF STATE'S OFFICE	\$30,362	\$4,758,612	0.64%	\$15,679	\$4,830	\$5,166,557	0.09%	\$-25,532	\$47,186	\$5,356,483	0.88%	\$42,356
05 - TREASURER'S OFFICE	\$4,940	\$1,888,923	0.26%	\$-9,058	\$5,389	\$1,835,722	0.29%	\$449	\$4,129	\$1,921,527	0.21%	\$-1,260
06 - CONTROLLER'S OFFICE	\$62,555	\$1,938,786	3.23%	\$7,754	\$49,965	\$2,021,370	2.47%	\$-12,590	\$69,490	\$2,142,388	3.24%	\$19,524
08 - DEPARTMENT OF ADMINISTRATION	\$355,128	\$21,733,527	1.63%	\$139,002	\$419,536	\$23,137,705	1.81%	\$64,408	\$412,461	\$24,603,072	1.68%	\$-7,075
09 - JUDICIAL BRANCH	\$12,665	\$20,437,749	0.06%	\$7,670	\$23,600	\$21,078,195	0.11%	\$10,935	\$7,643	\$21,681,169	0.04%	\$-15,957
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$23,104	\$4,330,986	0.53%	\$10,799	\$25,493	\$4,725,784	0.54%	\$2,388	\$26,190	\$4,794,774	0.55%	\$697
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$2,203,691	0.00%	\$0	\$0	\$2,268,411	0.00%	\$0	\$0	\$2,148,881	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$133,701	\$12,609,591	1.06%	\$56,612	\$101,079	\$14,234,705	0.71%	\$-32,621	\$164,292	\$15,494,297	1.06%	\$63,213
15 - COMMISSION ON ETHICS	\$0	\$313,749	0.00%	\$0	\$0	\$344,330	0.00%	\$0	\$0	\$349,077	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$306,757	0.00%	\$0	\$0	\$308,144	0.00%	\$0	\$0	\$311,258	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$0	0.00%	\$0	\$873	\$674,944	0.13%	\$283	\$1,023	\$712,196	0.14%	\$150
23 - COMMISSION ON PEACE OFFICERS STANDARDS & TRAINING	\$590	\$637,141	0.09%	\$-1,639	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0
24 - DEPARTMENT OF VETERANS SERVICES	\$868,855	\$8,042,078	10.80%	\$364,358	\$712,230	\$8,500,535	8.38%	\$-156,625	\$617,741	\$8,884,968	6.95%	\$-94,489
30 - DEPARTMENT OF EDUCATION	\$123,101	\$7,270,831	1.69%	\$67,871	\$159,582	\$7,340,095	2.17%	\$36,481	\$179,477	\$8,152,932	2.20%	\$19,896
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$7,300	\$588,040	1.24%	\$3,941	\$1,526	\$614,947	0.25%	\$-5,774	\$17,550	\$881,852	1.99%	\$16,024
36 - COMMISSION ON POSTSECONDARY EDUCATION	\$0	\$149,575	0.00%	\$-2,580	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$8,023,877	\$205,568,821	3.90%	\$779,610	\$8,608,258	\$213,249,119	4.04%	\$584,381	\$9,160,883	\$226,807,350	4.04%	\$552,625
43 - ADJUTANT GENERAL	\$154,566	\$4,182,506	3.70%	\$-17,792	\$169,465	\$3,527,696	4.80%	\$14,899	\$223,068	\$3,798,760	5.87%	\$53,603
44 - DEPARTMENT OF CORRECTIONS	\$10,937,914	\$107,277,480	10.20%	\$2,715,118	\$13,339,418	\$116,979,776	11.40%	\$2,401,503	\$9,077,386	\$114,911,835	7.90%	\$-4,262,032
50 - COMMISSION ON MINERAL RESOURCES	\$18,740	\$515,960	3.63%	\$-354	\$26,865	\$611,887	4.39%	\$8,125	\$21,187	\$592,934	3.57%	\$-5,677
55 - DEPARTMENT OF AGRICULTURE	\$83,247	\$5,273,966	1.58%	\$3,236	\$56,867	\$5,292,299	1.07%	\$-26,380	\$69,550	\$5,517,849	1.26%	\$12,683
58 - PUBLIC UTILITIES COMMISSION	\$0	\$4,965,134	0.00%	\$0	\$0	\$5,401,406	0.00%	\$0	\$0	\$5,911,031	0.00%	\$0
61 - GAMING CONTROL BOARD	\$382,681	\$18,069,502	2.12%	\$47,343	\$457,544	\$18,335,044	2.50%	\$74,862	\$481,479	\$19,091,953	2.52%	\$23,935
65 - DEPARTMENT OF PUBLIC SAFETY	\$5,509,137	\$60,952,036	9.04%	\$791,332	\$5,524,584	\$63,947,683	8.64%	\$15,447	\$5,948,274	\$67,103,263	8.86%	\$423,691
69 - COLORADO RIVER COMMISSION	\$6,644	\$2,005,349	0.33%	\$-1,594	\$5,407	\$2,060,591	0.26%	\$-1,237	\$12,843	\$2,176,344	0.59%	\$7,436
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$2,761,998	\$29,944,420	9.22%	\$1,370,162	\$2,673,601	\$31,502,927	8.49%	\$-88,397	\$2,629,146	\$33,499,183	7.85%	\$-44,454
72 - DEPARTMENT OF WILDLIFE	\$185,501	\$10,486,107	1.77%	\$-47,145	\$220,122	\$10,760,714	2.05%	\$34,621	\$215,999	\$11,311,772	1.91%	\$-4,122
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$235,245	\$25,033,875	0.94%	\$62,442	\$174,024	\$26,021,607	0.67%	\$-61,221	\$146,052	\$27,250,876	0.54%	\$-27,972
80 - DEPARTMENT OF TRANSPORTATION	\$4,441,052	\$72,733,310	6.11%	\$1,228,290	\$3,972,024	\$75,395,125	5.27%	\$-469,029	\$4,670,405	\$79,174,446	5.90%	\$698,381
81 - DEPARTMENT OF MOTOR VEHICLES	\$319,752	\$37,196,583	0.86%	\$57,486	\$468,530	\$39,178,716	1.20%	\$148,779	\$553,219	\$40,749,133	1.36%	\$84,689
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$246,853	\$30,550,613	0.81%	\$-201,908	\$357,410	\$31,939,837	1.12%	\$110,556	\$428,535	\$32,800,461	1.31%	\$71,125
92 - DEFERRED COMPENSATION	\$48	\$66,280	0.07%	\$48	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$0	0.00%	\$0	\$0	\$1,208,213	0.00%	\$0	\$742	\$1,375,136	0.05%	\$742
95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$0	\$1,159,525	0.00%	\$0	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$4,226	\$611,297	0.69%	\$-2,507	\$0	\$655,414	0.00%	\$-4,226	\$0	\$688,929	0.00%	\$0
Total	\$35,213,394	726,916,752.37	4.84%	\$7,680,422	\$37,661,074	762,389,535.45	4.94%	\$2,447,728	\$35,554,206	795,218,300.08	4.47%	\$-2,106,868

440 DEPARTMENT OF CORRECTIONS

FY2019 - 3rd Quarter													FY2019 - 2nd Quarter			
													Total Dollars FY19.			
Code		Organization	Base Pay	Accrued Comp	Dollars	Paid Overtime	Dollars	Total Hours	Total Dollars	Total Hours	Total Dollars	Total Hours	2nd QTR	Difference		
				Hours		Hours										
3706	HR-PRISON MEDICAL CARE	\$ 4,527,942.81	697:28:00	\$ 23,996.69	2747:40:00	\$ 124,601.30	3445:08:00	\$ 148,597.99	4774:48:00	\$ 209,663.17	\$ (61,065.16)					
3708	HR-OFFENDERS STORE FUND	\$ 445,436.38	0:00	\$ -	247:15:00	\$ 9,016.42	247:15:00	\$ 9,016.42	209:05:00	\$ 7,487.58	\$ 1,528.84					
3710	HR-DIRECTORS OFFICE	\$ 2,374,502.74	522:17:00	\$ 17,969.47	1850:38:00	\$ 94,682.38	2372:55:00	\$ 112,551.65	4081:46:00	\$ 54,003.05	\$ 58,548.80					
3711	HR-CORRECTIONAL PROGRAMS	\$ 1,169,999.38	81:45:00	\$ 1,665.97	94:30:00	\$ 4,222.65	176:15:00	\$ 5,889.62	110:36:00	\$ 1,480:30:00	\$ 12,893.79	\$ (7,004.17)				
3715	HR-SO NEVADA CORRECTIONAL CTR	\$ 17,001.60	0:00	\$ -	18:40	\$ 991.77	18:40	\$ 991.77	0:00	\$ -	\$ 991.77					
3716	HR-WARM SPRINGS CORRECTCL CTR	\$ 1,418,331.36	191:00:00	\$ 5,008.22	1764:45:00	\$ 50,601.10	1955:45:00	\$ 55,609.32	3022:10:00	\$ 87,422.76	\$ (31,813.44)					
3717	HR-NO NEVADA CORRECTCL CENTER	\$ 3,085,578.75	899:00:00	\$ 23,081.30	9733:42:00	\$ 392,101.85	10632:42	\$ 385,183.15	14071:09	\$ 486,181.32	\$ (100,998.17)					
3719	HR-PRISON INDUSTRY	\$ 204,091.06	9:58	\$ 270.60	146:00:00	\$ 6,799.04	155:58:00	\$ 7,009.64	175:08:00	\$ 7,678.79	\$ (689.15)					
3722	HR-STEWART CONSERVATION CAMP	\$ 176,465.32	48:00:00	\$ 1,303.84	236:30:00	\$ 8,260.53	283:30:00	\$ 9,564.37	1692:30:00	\$ 71,996.52	\$ (62,432.15)					
3723	HR-PIOCHE CONSERVATION CAMP	\$ 212,039.30	80:00:00	\$ 1,922.08	173:15:00	\$ 4,168.52	253:15:00	\$ 6,090.60	359:30:00	\$ 9,427.16	\$ (3,356.56)					
3724	HR-NO NV TRANSITIONAL HOUSING	\$ 150,094.32	0:00	\$ -	168:30:00	\$ 6,247.23	168:30:00	\$ 6,247.23	255:00:00	\$ 9,386.68	\$ (3,141.45)					
3725	HR-THREE LAKES VLY CANSRVTN CAMP	\$ 241,636.22	40:00:00	\$ 1,033.04	422:30:00	\$ 13,467.38	462:30:00	\$ 14,500.42	805:45:00	\$ 24,705.60	\$ (10,203.08)					
3727	HR-PRISON RANCH	\$ 57,935.44	0:00	\$ -	147:00:00	\$ 4,122.47	147:00:00	\$ 4,122.47	199:00:00	\$ 5,492.61	\$ (1,370.14)					
3728	HR-SO DESERT CORRECTIONAL CTR	\$ 3,173,630.22	479:45:00	\$ 12,805.03	6897:43:00	\$ 233,474.01	7377:28:00	\$ 246,279.04	7612:57:00	\$ 227,116.87	\$ 19,162.17					
3739	HR-KWELLS CONSERVATION CAMP	\$ 139,018.92	108:30:00	\$ 2,889.74	786:20:00	\$ 31,364.04	894:50:00	\$ 34,243.78	564:01:00	\$ 18,543.12	\$ 15,700.66					
3741	HR-HUMBOLDT CONSERVATION CAMP	\$ 141,623.60	48:00:00	\$ 1,221.04	908:00:00	\$ 38,719.66	956:00:00	\$ 39,940.70	1076:00:00	\$ 45,652.99	\$ (5,712.29)					
3747	HR-ELY CONSERVATION CAMP	\$ 135,408.80	0:00	\$ -	501:30:00	\$ 19,567.90	501:30:00	\$ 19,567.90	793:30:00	\$ 30,846.66	\$ (11,278.76)					
3748	HR-JEAN CONSERVATION CAMP	\$ 179,928.08	24:00:00	\$ 671.12	211:40:00	\$ 6,597.22	236:40:00	\$ 7,288.34	355:45:00	\$ 10,823.50	\$ (3,555.16)					
3751	HR-ELY STATE PRISON	\$ 3,177,051.03	594:30:00	\$ 15,877.59	15944:16	\$ 625,926.93	16538:46	\$ 641,814.55	19830:23	\$ 720,735.34	\$ (78,920.79)					
3752	HR-CARLIN CONSERVATION CAMP	\$ 136,542.40	8:00	\$ 310.24	619:50:00	\$ 21,153.36	619:50:00	\$ 21,153.36	695:00:00	\$ 23,806.02	\$ (2,652.66)					
3754	HR-TONOPAH CONSERVATION CAMP	\$ 128,165.28	0:00	\$ -	619:50:00	\$ 21,153.36	619:50:00	\$ 21,153.36	695:00:00	\$ 23,806.02	\$ (2,652.66)					
3759	HR-LOVELOCK CORRECTIONAL CTR	\$ 2,820,045.37	535:00:00	\$ 14,291.67	6402:00:00	\$ 236,870.45	6937:00:00	\$ 69,370.00	9370:44:00	\$ 320,798.80	\$ (69,636.48)					
3760	HR-CASA GRANDE TRANS HOUSING	\$ 386,732.80	70:00:00	\$ 1,819.62	282:00:00	\$ 8,089.24	352:00:00	\$ 9,908.86	555:30:00	\$ 19,234.42	\$ (9,325.56)					
3761	HR-F MCCLURE WOMENS COR CTR	\$ 2,091,467.81	482:45:00	\$ 12,569.13	4141:35:00	\$ 142,780.58	4624:20:00	\$ 155,349.71	6244:38:00	\$ 159,663.23	\$ (4,313.52)					
3762	HR-HIGH DESERT STATE PRISON	\$ 6,371,712.41	788:46:00	\$ 20,412.92	21289:05	\$ 758,888.02	22057:51	\$ 779,300.94	18965:07	\$ 595,529.32	\$ 183,771.62					
3763	HR-INMATE WELFARE ACCOUNT	\$ 232,730.91	33:45:00	\$ 860.40	28:00:00	\$ 637.01	61:45:00	\$ 61.45	200:38:00	\$ 4,312.42	\$ (2,995.01)					
		\$ 33,175,132.31	5742:29:00	\$ 159,700.51	76682:54	\$ 2,851,118.02	82425:23	\$ 3,070,818.93	94019:44	\$ 3,224,085.13	\$ (213,266.20)					
														-6.6%		
Top 7 Correctional Centers (including Prison Medical)																
3762	HR-HIGH DESERT STATE PRISON	\$ 6,371,712.41	788:46:00	\$ 20,412.92	21289:05	\$ 758,888.02	22057:51	\$ 779,300.94								
3751	HR-ELY STATE PRISON	\$ 3,177,051.03	594:30:00	\$ 15,877.59	15944:16	\$ 625,936.96	16538:46	\$ 641,814.55								
3717	HR-NO NEVADA CORRECTCL CENTER	\$ 3,085,578.75	899:00:00	\$ 23,081.30	9733:42:00	\$ 392,101.85	10632:42	\$ 385,183.15								
3759	HR-LOVELOCK CORRECTIONAL CTR	\$ 2,820,045.37	535:00:00	\$ 14,291.67	6402:00:00	\$ 236,870.45	6937:00:00	\$ 69,370.00								
3738	HR-SO DESERT CORRECTIONAL CTR	\$ 3,173,630.22	479:45:00	\$ 12,805.03	6897:43:00	\$ 233,474.01	7377:28:00	\$ 246,279.04								
3761	HR-F MCCLURE WOMENS COR CTR	\$ 2,091,467.81	482:45:00	\$ 12,569.13	4141:35:00	\$ 142,780.58	4624:20:00	\$ 155,349.71								
3706	HR-PRISON MEDICAL CARE	\$ 4,527,942.81	697:28:00	\$ 23,996.69	2747:40:00	\$ 124,601.30	3445:08:00	\$ 148,597.99								
									\$ 2,607,687.70		\$ 86.6%					

Agency:

FY2019 - 3rd Quarter

[illegible]

Dept	(All)	Row Labels	Sum of Total Dollars
Row Labels	Sum of Total OT Code Dollars		
COVER-VACANT	\$ 754,465.72	406	\$ 1,228,205.18
BACKLOG REDU	\$ 652,430.89	HR-SO NEV ADULT MENTAL HEALTH	\$ 771,324.32
COVER-24 HR	\$ 545,596.77	HR-FAC FOR MENTAL OFFENDER	\$ 301,928.47
COVER-HOL/WK	\$ 316,710.08	HR-NNV ADULT MENTAL HEALTH SVC	\$ 94,623.95
WORKLOAD	\$ 250,656.20	HR-HEALTH CARE FACILITY REG	\$ 38,500.97
COVER-SICK	\$ 121,533.90	HR-OFF OF STATE HEALTH ADMIN	\$ 10,835.87
TRAINING	\$ 73,570.20	HR-HEALTH ALERT NETWORK	\$ 4,437.44
CLIENT SVCS	\$ 71,243.81	HR-BEHAVIORAL HEALTH PREV & TR	\$ 2,919.15
AGNCY DEFINE	\$ 68,058.76	HR-BEHAVIORAL HEALTH ADMINSTR	\$ 1,489.47
INVESTIGATE	\$ 38,277.43	HR-RADIATION CONTROL PROGRAM	\$ 789.80
PROGRAM DEAD	\$ 38,189.25	HR-CHILD CARE SERVICES	\$ 559.02
EMERGENCIES	\$ 35,186.25	HR-HEALTH STATISTICS&PLANNING	\$ 446.87
TRAVEL	\$ 30,686.81	HR-IMMUNIZATION PROGRAM	\$ 243.59
ACCT/FISCAL	\$ 29,178.37	HR-ENVIRONMENTAL HEALTH SRVCS	\$ 106.26
OFFICE SPprt	\$ 25,887.72	HR-MATERNAL CHILD HEALTH SRVC	\$ -
COVER-AL/MIL	\$ 24,564.12	HR-CHRONIC DISEASE	\$ -
BUDGET PREP	\$ 16,075.11	HR-WIC FOOD SUPPLEMENT	\$ -
SPECIAL EVNT	\$ 15,167.32	HR-CANCER CONTROL REGISTRY	\$ -
SITE REPAIR	\$ 8,628.59	(blank)	
COVER-TRAIN	\$ 6,113.58	HR-COMMUNITY HEALTH SERVICES	\$ -
MEETINGS	\$ 5,724.50	HR-HHS HD BIOSTATS & EPIDMILG	\$ -
STAFF MEET	\$ 5,502.34	HR-EMERGENCY MEDICAL SERVICES	\$ -
ACCIDENTS	\$ 3,492.82	HR- MARIJUANA HEALTH REGISTRY	\$ -
COURT	\$ 1,784.42	HR-COMMUNICABLE DISEASES	\$ -
ADMIN SUPprt	\$ 1,784.22	HR-HHS DPBH RURAL CLINICS	\$ -
COVER-INJURY	\$ 1,596.53	409	\$ 666,945.52
PERSONNEL	\$ 1,488.28	HR-SO NEV CHILD & ADLSCNT SVCS	\$ 172,956.99
ADMIN	\$ 1,179.36	HR-NEVADA YOUTH TRAINING CTR	\$ 157,828.33
CLIENT MEET	\$ 882.38	HR-CALIENTE YOUTH CENTER	\$ 126,619.66
(blank)	\$ 615.40	HR-SUMMIT VIEW YOUTH CENTER	\$ 82,681.73
TRAIN-PERSON	\$ 376.14	HR-RURAL CHILD WELFARE	\$ 81,642.10
WORKSHOPS	\$ 243.23	HR-NO NEV CHILD & ADLSCNT SVCS	\$ 22,933.41
CONFERENCES	\$ 111.21	HR-YOUTH PAROLE SERVICES	\$ 10,842.93
Grand Total	\$ 3,147,001.71	HR-CHILDREN/YOUTH/FAMILY ADMIN	\$ 10,696.43
		HR-UNITY/SACWIS	\$ 743.94
1 COVER-VACANT	\$ 754,465.72	(blank)	
2 BACKLOG REDU	\$ 652,430.89	HR-COMMUNITY JUV JUSTICE PRG	\$ -
3 COVER-24 HR	\$ 545,596.77	407	\$ 657,962.10
4 COVER-HOL/WK	\$ 316,710.08	HR-WELFARE FIELD SERVICES	\$ 648,500.01
	\$ 2,269,203.46	HR-WELFARE ADMINISTRATION	\$ 9,462.09
	72.1%	(blank)	
		HR-CHILD SPprt ENFORCEMNT PROG	\$ -
		HR-CHILD CARE ASSIST & DEVEL	\$ -
		HR-ENERGY ASSISTANCE - WELFARE	\$ -
		402	\$ 512,778.06
		HR-DESERT REGIONAL CENTER	\$ 460,022.11
		HR-AGING FEDERAL PROG & ADMIN	\$ 41,949.87
		HR-SIERRA REGIONAL CENTER	\$ 8,875.48
		HR-RURAL REGIONAL CENTER	\$ 1,441.08
		HR-COMMUNITY BASED SERVICES	\$ 489.52
		(blank)	
		HR-SENIOR RX AND DISABILITY RX	\$ -
		HR-EARLY INTERVENTION SVCS	\$ -
		403	\$ 65,155.55
		HR-HEALTH CARE FIN & POLICY	\$ 65,155.55
		(blank)	
		400	\$ 15,955.30
		HR-ADMINISTRATION	\$ 11,541.48
		HR-GRANTS MANAGEMENT UNIT	\$ 2,813.83
		HR-DEVELOPMENTAL DISABILITIES	\$ 1,425.51
		HR-IDEA PART C COMPLIANCE	\$ 174.48
		HR-CONSUMER HEALTH ASSISTANCE	\$ -
		(blank)	
		HR-PUBLIC DEFENDER	\$ -
		Grand Total	\$ 3,147,001.71