

Governor Brian Sandoval
Chairman

Paul Nicks
Clerk of the Board



Attorney General Adam Paul Laxalt
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: September 11, 2018, 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** (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)
3. **Approval of the August 14, 2018 Minutes** (For possible action)

4. Department of Administration – Victims of Crime Fiscal Year 2018 4th Quarter Report and Fiscal Year 2019 1st Quarter

Recommendation (For possible action)

Pursuant to NRS 217.260, the Department of Administration shall prepare and submit quarterly to the Board of Examiners, for its approval, estimates of available revenue in the Fund for the compensation of victims of crime, and the anticipated claim costs for the quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 4th quarter fiscal year 2018 Victims of Crime Program report states all approved claims were resolved totaling \$3,586,508.02 with \$1,923,528.98 paid out of the Victims of Crime Program account and \$1,662,979.04 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$6.9 million to help defray crime victims' medical costs.

Based on these projections, the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 1st quarter of fiscal year 2019.

5. Review and Consideration of Victims of Crime Appeals (2)

Pursuant to NRS 217.117, Section 3, the Board may review the cases and either render a decision within 15 days of the Board meeting or if the Board would like to hear the cases with the appellants present, it can schedule the cases to be heard at its next meeting. The Board may affirm, modify or reverse the decisions of the Appeals Officer.
(For discussion and possible action)

6. Request to Purchase State Vehicles (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:
Department of Conservation and Natural Resources – Division of State Parks	1	\$1,817
Department of Administration - Fleet Services Division	8	\$261,438
Total	9	\$263,255

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

A. Department of Corrections (5)

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Pamela Bellinger, a current Correctional Officer with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Ty Halverson, a current Correctional Sergeant with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Greg Ingham, a current Correctional Officer with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Russell Lyons, a current Correctional Caseworker I with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with David Tolotti, a current Correctional Sergeant with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

B. Secretary of State

Pursuant to NRS 333.705, subsection 1, the Secretary of State requests authority to contract with a former employee, Tracy Gillespie, through Manpower Temporary Services, Master Service Agreement #18404. Ms. Gillespie will be working from October 14, 2018 through June 30, 2019 on a part-time, as-needed basis.

C. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Reid Kaiser. HDR Engineering, Inc. plans to utilize Mr. Kaiser's expertise to assist in preparing final design plans and traffic analysis for the Centennial Bowl (US-95 NW Phase 3) Agreement. Mr. Kaiser will be compensated for working eight hours per month from September 11, 2018 through June 30, 2019.

8. Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account (For possible action)

Department of Conservation and Natural Resources Division of Water Resources – FY2019

Pursuant to NRS 532.230 (4), the Division requests an allocation of \$250,000 from the Interim Finance Committee General Fund Contingency Account to fund channel clearance activities in Fiscal Year 2019.

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
	Department of Administration		
1371	Administrative Services	\$2,108	
	Total	\$2,108	

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. [Information Item – Clerk of the Board Contracts](#)

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 July 24, 2018 through August 20, 2018.

14. **Information Item – Reports**

A. Statewide Quarterly Overtime Report – Fiscal Year 2018 4rd 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 4th Quarter Overtime Report and analysis for Fiscal Year 2018.

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

Pursuant to NRS 321.5954, the Division 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 4th quarter of Fiscal Year 2018.

C. Department of Motor Vehicles – Complete Streets Uses

Per the Governor's request during the November 2015 BOE meeting, a letter was sent to Clark, Washoe and Douglas counties and Carson City Consolidated Municipality requesting reports on how the Complete Streets Program funds are being utilized. This report is for funds received through June 2018.

D. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report is for the period beginning April 1, 2018 and ending June 30, 2018.

15. Public Comment (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).

16. 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 may place 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/> and <https://notice.nv.gov>

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MINUTES

Date and Time:

August 14, 2018, 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 Brian Sandoval – present in Las Vegas
Attorney General Adam Paul Laxalt
Secretary of State Barbara Cegavske
Paul Nicks, Clerk of the Board

OTHERS PRESENT:

James Dzurenda, Director, Department of Corrections
John Borrowman, Deputy Director, Department of Corrections
Marta Adams, Manager, Adam's Natural Resources Consulting Services, LLC
Robert Halstead, Executive Director, Agency for Nuclear Projects
Patrick Cates, Director, Department of Administration
Wendy Simons, Deputy Director, Department of Veterans Services
Gerald Wasley, Director, Department of Wildlife
Elizabeth O'Brien, Deputy Director, Department of Wildlife
Shelley Hendren, Rehabilitation Division Administrator,
Department of Employment, Training and Rehabilitation
Heather Korbolic, Executive Director, Silver State Health Exchange
Terri Albertson, Director, Department of Motor Vehicles
Mike Jensen, Senior Deputy Attorney General, Attorney General's Office

1. Call to Order / Roll Call

Governor: Good morning ladies and gentlemen, I will call the Board of Examiners Meeting to order. Can you hear us loud and clear in Carson City?

Secretary of State: We can now, Governor.

2. Public Comment (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)

Governor: Let's move to agenda item number 2, Public Comment. Is there any member of the public present in Las Vegas that would like to provide public comment to the Board? There are none. Is there anyone present in Carson City that would like to provide public comment to the Board?

Secretary of State: None, Governor.

3. Approval of the July 10, 2018 Minutes (For possible action)

Governor: Agenda item number 3, Approval of the July 10, 2018 minutes. Have the members had an opportunity to review the minutes and are there any changes?

Secretary of State: I have, and I have no changes, Governor. I move for approval.

Governor: The Secretary of State has moved to approve the July 10, 2018 minutes, is there a second?

Attorney General: I second.

Governor: Second by the Attorney General. Any questions or discussion on the motion? I hear and see none. The motion passes 3-0.

4. **Request to Revise the Victims of Crimes Program's Rules and Policies** (For possible action)

NRS 217.130 empowers the Director of the Department of Administration, with the approval of the Board, to adopt, rescind and amend rules prescribing the procedures to be followed in the filing of applications and proceedings regarding compensation for certain victims of criminal acts.

The Victim of Crimes Program Policies was last updated and adopted by the Board in August 2016. The proposed revisions are largely clarifications and minor changes to existing policies and standard for the payment of compensation for the Board's approval.

Governor: Agenda item number 4, Request to Revise the Victims of Crimes Program Rules and Policies. Mr. Nicks, good morning. Congratulations and best of luck on your first meeting.

Clerk: Thank you Governor and good morning Members of the Board. Agenda item number 4 has been requested to be withdrawn from the agenda to make some additional revisions. The Division plans to submit the revised program rules and policies for the October 2018 Board of Examiners (BOE) meeting.

Governor: All right. Well then, we'll withdraw agenda item number 4.

5. **Request to Purchase State Vehicles** (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:
Department of Conservation and Natural Resources – Conservation Districts	1	\$2,500
Department of Public Safety – Division of Emergency Management	1	\$31,380
Department of Public Safety – Division of Emergency Management	1	\$26,816
Department of Public Safety – State Fire Marshal's Office	1	\$40,820
Total	4	\$101,516

Governor: We'll move to agenda item number 5, Request to Purchase State Vehicles.

Clerk: There are four requests for four vehicles on this agenda item. The first request is from the Department of Conservation and Natural Resources, Conservation Districts to purchase one replacement vehicle. The vehicle being replaced has met the age and/or mileage requirements in the State Administrative Manual (SAM).

The second and third request is from the Department of Public Safety, Division of Emergency Management to purchase 2 replacement vehicles. The vehicles being replaced have met the age or mileage requirements. The vehicle replacements were included in the agency's legislatively approved budget.

The fourth request is from the Department of Public Safety, State Fire Marshal's Office to purchase one vehicle. This request was originally approved during the March 13, 2018 BOE meeting. Due to a delay in the delivery of the vehicle, the agency is requesting to purchase the vehicle in FY 2019. This request is contingent on the Interim Finance Committee approval of work program C44004 during the August 16, 2018 meeting.

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

Governor: I have no questions, Board Members, any questions with regard to agenda item number 5?

Secretary of State: We have none, Governor.

Governor: The Chair will accept a motion.

Secretary of State: I move for approval of the request to purchase of State vehicles.

Attorney General: I second.

Governor: The Secretary of State has moved to approve the request to purchase State vehicles, as presented in agenda item number 5. The Attorney General has seconded the motion, any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

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

A. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with a former correctional officer, Ronald Jaeger, through Allied Universal Security Services, Master Service Agreement #19049, to provide uniformed security guard services. Mr. Jaeger will serve in this capacity through September 30, 2021.

B. Department of Corrections (12)

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Tamara Bartel, a current Correctional Sergeant with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with David Bequette, a current Correctional Vocation Trainer with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Dennis Ciciliano, a current Combination Welder II, with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as-needed basis, through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Christian Jones, a current Electronics Technician III, with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as-needed basis, through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with John Julio, a current Food Services Manager II, with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as-needed basis, through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Rudy Martinez, a current Supply Technician I, with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as-needed basis, through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Bryan Nason, a current Locksmith I, with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as-needed basis, through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Sandy Rose, a current Administrative Assistant II, with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as-needed basis, through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Lashawn Smith, a current Correctional Caseworker Specialist III, with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as-needed basis, through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Beverly Stewart, a current Accounting Assistant II, with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as-needed basis, through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Michael Thalman, a current Correctional Sergeant, with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as-needed basis, through September 30, 2019.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Duane Wilson, a current Food Services Manager II, with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as-needed basis, through September 30, 2019.

C. Department of Health and Human Services – Division of Public and Behavioral Health

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with Carson Valley Children's Center, DBA Austin's House with Marla Morris as an employee. Ms. Morris is a former employee as a Social Services Chief II. Austin's House is a licensed provider of short-term emergency shelter care for children in the care and custody of the Division. **Relates to Master Service Agreement Agenda item 15, Contract number 20604.**

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with Michelle G. Paul, Ph.D. as a Psychiatrist for the Division of Public and Behavioral Health at the Southern Nevada Adult Mental Health Services campus in Las Vegas. The contract will be performed on an as needed basis and includes the flexibility to accomplish the duties outside of her routine University of Nevada, Las Vegas school hours from July 1, 2018 to June 30, 2022 with an option to renew for 5 one year extensions. **Relates to Master Service Agreement Agenda item 15, Contract number 20170.**

D. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Paul Frost. CA Group plans to utilize Mr. Frost's expertise to assist in the Quality Assurance review of bidding documents, specifically a check of quantities for drainage and roads in the Centennial Bowl. Mr. Frost will work on a part-time contracted position estimated to start late 2018 and be completed in early 2020.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to sub-contract with a former employee, Paul D. Kiser. Parsons Transportation Group is proposing to engage Mr. Kiser as a sub-consultant for Facilitation Services related to NDOT's traffic safety program. This will be a part-time, sub-contracted position subject to workload and availability working three to six months in length.

Governor: We will move on to agenda item number 6, Mr. Nicks.

Clerk: Item 6 includes four requests to contract with current and/or former employees pursuant to NRS 333.705, subsection 1. The first request is from the Department of Administration, Purchasing Division to contract with a former correctional officer to provide uniformed security guard services through September 2021. The second request is from the Department of Corrections to contract with 12 current employees to deliver packages to inmates through September 2019. The deliveries will occur off hours.

The agenda description for the third request will need to be revised. There are two requests from the Department of Health and Human Services. The first is from the Division of Child and Family Services to contract with a former employee as the Executive Director of Carson Valley Children's Center, Doing Business As, Austin's House. The employee retired in June of 2017.

The second request for the Department of Health and Human Services is from the Division of Public and Behavioral Health to utilize a current System of Higher Education employee to provide competency evaluations at the Southern Nevada Adult Mental Health Services campus in Las Vegas.

The fourth request is from the Department of Transportation to allow contracted vendors to use former employees on projects awarded to the vendor. The first request is for a Quality Assurance Engineer to review bidding documents for the Centennial Bowl project. The employee retired in May of 2018. The second is for a sub-consultant for Facilitation Services related to NDOT's Strategic Highway Safety Plan. The employee retired in June of 2018.

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

Governor: Thank you, Mr. Nicks. I just want to be clear, did you say on Item 6C, that it needs to be revised?

Clerk: Just the agenda description. The agenda title said Division of Public and Behavioral Health and it was actually two of the divisions within the Department. The second division is Child and Family Services.

Governor: All right, understood, thank you. I have no questions. These are straightforward. Board Members, any questions with regard to this agenda item?

Secretary of State: No questions.

Attorney General: No questions, Governor, I move to approve.

Governor: The Attorney General has moved to approve agenda item number 6. Secretary of State, did you second the motion, did I hear that?

Secretary of State: Yes sir.

Governor: All right. Secretary of State has seconded the motion. Any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

7. Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account (For possible action)

A. Department of Corrections

Pursuant to NRS 353.268, the Department requests an allocation of \$158,000 in Fiscal Year 2019 from the Interim Finance Committee, General Fund Contingency Account, to fund the re-purposing of existing Department of Motor Vehicles IT Equipment.

B. Department of Public Safety – Nevada Highway Patrol

Pursuant to NRS 353.268, the Division requests an allocation of \$11,100 from the Interim Finance Committee Contingency Account to cover the cost of providing protective services as requested by the U.S. Secret Service to dignitaries visiting Nevada for the remainder of the fiscal year.

C. Department of Public Safety – Records, Communications and Compliance Division

Pursuant to NRS 353.268 the Division of Records, Communications and Compliance requests an allocation of \$86,398 from the Interim Finance Contingency Account to support the addition of a Management Analyst III position responsible for the operations, development and implementation of the Sexual Assault Kit Initiative/Program.

Governor: We'll move on to agenda item number 7, Request for Recommendation of Approval to the IFC for an Allocation Amount from the Contingency Account – Mr. Nicks.

Clerk: Item 7 has three requests for a positive recommendation to the Interim Finance Committee, pursuant to NRS 353.268, for allocation from the General Fund Contingency Account. The Contingency Account has an approximate balance of \$10.1 million to cover unanticipated costs for the remainder of the 2017-2019 biennium.

The first request is from the Department of Corrections in the amount of \$158,000 to fund the repurposing of IT equipment from the Department of Motor Vehicles.

The second request is from the Department of Public Safety, Nevada Highway Patrol, in the amount of \$11,100 to cover the remaining cost of dignitaries visiting the State of Nevada, in Fiscal Year 2018, as requested by the United States Secret Service.

The third request is from the Department of Public Safety, Records, Communications and Compliance Division in the amount of \$86,398 to add a Management Analyst 3 position that will be responsible for the operations, development and implementation of the Sexual Assault Kit Initiative/Program.

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

Governor: Thank you, Mr. Nicks. The one I want to have a record on because it is relevant to the agenda item in 17, is 7A. Do we have representatives from the Nevada Department of Corrections (NDOC) present? Director Dzurenda, good morning.

Director Dzurenda: Good morning sir, good morning Board.

Governor: All right. Did you want to—or, will you, I should say, just lay down the record what this equipment is and what you'll be using it for?

John Borrowman: Good morning. My name is John Borrowman. I'm the Deputy Director of Support Services for the Department of Corrections. I appreciate your time. This is a pretty exciting opportunity in front of us and we appreciate the consideration for this request.

In particular, as we know, the Department of Motor Vehicle (DMV) invested in a project and has found an alternative way of completing that project. They have purchased substantial information technology equipment and it is no longer needed for the alternative way that they're going to approach their solution, therefore, they had this equipment. It is available for other purposes within the State. They've also contacted the original vendor they purchased the equipment from, who has offered to purchase the equipment back.

Unfortunately, the value that the vendor is adding to this equipment is very minimal therefore, the State is posed with an opportunity to either accept the minimal payment from the vendor for this equipment or to repurpose this equipment elsewhere in the State.

NDOC has a functioning network but we do not have a substantial or hardy disaster recovery plan. This equipment would be an opportunity for NDOC to set up redundancy, not only on premises of each of our facilities but also north/south. We could take our main software and have that co-located so that, should we lose network connectivity to the Carson City location, we would still have operability through a redundant site.

There are many pieces to this puzzle that would help make all of this come together. One obviously depends on an increase in bandwidth. NDOC has been working with the Department of Administration, EITS and the Governor's Office to find solutions to the bandwidth limitation. We have implemented or signed an agreement to address those bandwidth limitations and expect to have those solutions implemented within 90 days. Having the additional bandwidth, having the access to the DMV IT equipment would make a substantial movement towards having a proper disaster recovery for the agency.

Obviously, we have many applications that would benefit from this, not just the primary software notice that we use for managing our offenders but also, when we have security protocol, when we replace our telephone, so many other applications that would benefit not only from the bandwidth but also the additional equipment that would be available through this.

It is not budgeted, and we have two options, that is, to put the request in our 2021 budget request and ask the Legislature, the Governor's Office and ultimately the Legislature for approval of this particular request. The disadvantage of doing that is, we defer the ultimate decision on if that equipment should be given to NDOC until the appropriation is made in May and available July 1st. The alternative of repurposing this equipment is to sell it back to the vendor. It's already a very small amount, compared to the purchase price and it is expected to depreciate substantially by the time we get to May or July.

It is not impossible to defer this but there is a diminishing alternative plan if this decision is delayed. With that considered, the recommendation was that NDOC consider the value of asking for Contingency Funds so we can have a decision quickly before Plan B is of minimal value. Thank you.

Governor: Thank you, Mr. Borrowman. This is a really good deal, correct, for NDOC?

John Borrowman: This is John Borrowman, Deputy Director and I am extremely excited about the opportunity. The unplanned, unanticipated opportunity that this would provide for the State of Nevada, to really shore up this agency, given the safety and security issues that exist if we don't have ongoing operability.

We've had tremendous issues with outages and this would go a long way to avoid those things in the future and maintain our constant operation. So, it is a very big value to the State. As you know, many agencies depend on our data, depend on our functionality, so, when I say to the State, not just NDOC but to many agencies throughout the State, this substantial benefit would help many other agencies as well. Yes, I am very excited about it, if this is considered the best value for the State.

Governor: I don't see you get excited too often, Mr. Borrowman. But, in all seriousness, I mean, essentially, you are getting a loaded Cadillac for the price of a used Volkswagen, correct?

John Borrowman: At 50% off.

Governor: Yes, if you were to have to make a budget request, not for this equipment but similar or identical equipment through a standard budget application, what would that look like?

John Borrowman: Thank you. John Borrowman, Deputy Director. Instead of it being less than \$200,000 range to get equipment that would be this functional and provide this level of redundancy, the request would be multiple millions of dollars. It is something that we've always had an interest in doing but we haven't had the opportunity, with resources, to pursue this. It's the right thing to do. It's in our long-term plan to do, but it is not a realistic opportunity for us to do if we were to pay full price for this.

Governor: If you could put into similar terms, what it means to the safety and security of the staff, as well as the inmates and the efficiencies of the operations.

John Borrowman: Thank you. John Borrowman. Right now we are extremely autonomous at each of our locations. If we had a compromise to our network or to our communications equipment, we would still be able to carry-on operations, but that would be in a silo and the functionality would be fairly limited. We would still be able to know how many inmates we're supposed to have and how many we actually have. We would still be able to do our rounds and maintain the on-ground security. The problem is, we maintain all of that information centrally and that main central location is here in Carson City – any time that we have an interruption in that network, it means that all of the rest of the State go into silo status and

can't share information between locations. We can't send emails outside of the location. Once we have the telephone using this network, we would only be able to have communications within the network, unless we use the Plan B, which is the copper. It also limits our ability to look at security footage. It has the ability to prevent us from sharing resources between facilities once we get our staffing scheduling software using this network. Having this ability to maintain full operations when one single site goes down is a tremendous impact to the efficiency, the effectiveness, the coordination of our operations.

Governor: All right, thank you Mr. Borrowman. A final question and this is a conversation we had on the Board of Prison Commissions that has to do with telemedicine – when you talked just a few minutes ago about bandwidth limitations and that effect on telemedicine and how that affects your overtime in terms of having to transport inmates, will you talk a little bit about what this system will do to improve that situation?

John Borrowman: Thank you. John Borrowman. TeleMed isn't just an exchange of information between the provider and the patient. There's so much more to it. We are in the process of implementing electronic medical records that will be heavily dependent upon having the storage capacity and the ability to maintain those data elements electronically. To pass that information on to a medical provider does require bandwidth. It also requires having the equipment to maintain that ability. So, if we were to lose connectivity to our main data hub center in Carson City, then all TeleMed across the State is going to have to be canceled because we couldn't maintain that type of transaction. If we were able to have this redundant system, we would be able to continue with the TeleMed appointments, as scheduled, knowing that we still have that information available at an alternative site.

Governor: Thank you, very much. Mr. Borrowman. Board Members, do you have any further questions with regard to agenda item 7 and specifically 7A?

Attorney General: Governor, I have a question. I just want to confirm that you all are positive this is going to work. We have some technology, and we're reading the file, but that this will be a seamless transfer, and all of this will go as planned?

John Borrowman: Thank you. John Borrowman. The first is, yes, it will work. The issue though is, it won't go as planned because we didn't plan on this. So, we are developing a plan as we get each of the required components in place. The plan for using this equipment is entirely different if we don't get the bandwidth. The way that we use Chronos changes if we don't get the bandwidth, if we don't get this equipment. The way we use the security camera changes if we don't get the bandwidth, if we don't get this equipment. So, having this equipment decision will allow us to set the configuration on all of those other opportunities to use this equipment.

In terms of this equipment itself, it is an opportunity to provide redundancy that we don't currently have. Having this equipment and being able to deploy this equipment as resources are available, as the plan is developed. So, we aren't going to be implementing anything that hasn't been considered and configured properly. We're not going to compromise our current network in order to use this equipment. There absolutely is an opportunity that we are developing in order to use this equipment as we implement it. Yes, it will be fully utilized, fully functional when all of the pieces are approved and implemented over a course of time.

Attorney General: Thank you.

Governor: Any other questions from northern Nevada? Mr. Borrowman, the Attorney General's question just prompted one more on my part. Will there be complete cooperation between EITS and the IT folks in the Department of Corrections to make sure this gets implemented appropriately if it's approved?

John Borrowman: Thank you. This is John Borrowman. Yes, when DMV realized that they had this equipment available, they did reach out to EITS and other departments asking if there were any other agencies that could benefit from this opportunity and everyone had an opportunity to utilize it. NDOC appears to be the best fit for this equipment. We had several meetings, including, the Governor's Office, the Governor's Finance Office, LCB, EITS, Department of Administration and DMV to talk about the entire situation, how it developed and what the opportunities were.

At that point in time, even EITS took a look at what opportunities they had to utilize it. It still appeared that NDOC was the best fit. With their endorsement and their recommendation, this plan has moved forward to have NDOC be considered for this equipment. Once we have this approval, we will continue to work with EITS to make sure that the system is compliant with their protocol.

Governor: Thank you, Mr. Borrowman, because my point being that sometimes folks get a little territorial with their IT systems and I just want to make sure that everyone is cooperating and working together.

John Borrowman: Thank you, I appreciate it. EITS has been a big supporter of the TeleMed. They've been a big supporter with the increase in bandwidth. They've been a big supporter in repurposing this equipment for NDOC. We find that our partnership has been pretty effective.

Governor: All right, thank you. Director Dzurenda, any concluding remarks? It's important for me to have a record of what it means to you operationally.

Director Dzurenda: James Dzurenda for the record. What this will allow me to do, which was a big deal this year, was the overtime issues that we've been having in the scheduling system, we've been slowing down on the implementation and getting the contract together for the Chronos System, which is the scheduling system for the Master Roster Post Plans, the Correction Officers, for the leave times – this is actually going to allow us to do it system-wide. We really need this in place before we can even get the Chronos System to be put in place. This is going to be big money savings for me and the Department down the road and grievance-wise, it's going to be able to answer things. It will show favoritism, if there is any. The Chronos will be an electronic system so that staff know exactly where they're working, when they're working, when they're off. We can keep track of sick leave abuse, anything that doesn't look right, all those things will come into place because the system will allow us to be able to do that. That's where, to me, the biggest piece that I've been trying to do this year, to conquer and this will help me do that. They told me this will do that and I'm looking forward to getting this Chronos on board so that we can start managing it properly.

Governor: Thank you, Director Dzurenda. If all things go as we hope that they do, when will this system be operational?

John Borrowman: This is John Borrowman, Deputy Director. Assuming that we get the Interim Finance Committee, Contingency Funds approved on Thursday, we have the mechanism to process the paperwork and the payment to DMV, relatively quickly. They also have much of the equipment inventoried and are prepared in many cases, because it's still in the box in some cases, to deliver it fairly rapidly. Other pieces of equipment, they will have to take off-line, even though it hasn't been utilized for an application, they still had it live to make sure that the system integrity was there. There will be some decommissioning of equipment, but nonetheless, we expect to have that equipment in fairly short order, I'm told months, and at that point, we would be able to begin installing and implementing this equipment.

In terms of the time that it would take to fully utilize the capacity of this equipment, a lot of it is going to be the development of the other projects that we have in place. For instance, the Chronos, the security cameras, the telephone system, some of those other applications and it would be a ramp-up. Nonetheless, the availability of the equipment is expected to be online in state fiscal year 2019.

Governor: Thank you. That's all I have. Board Members, any additional questions?

Secretary of State: I have none, I'll move for approval.

Governor: Would that be for all of agenda number 7?

Secretary of State: Yes, sir: A, B and C. Thank you.

Governor: Thank you. The Secretary of State has moved to approve the request for recommendation of approval to the IFC Committee for an allocation amount from the Contingency Account, as presented, in agenda item number 7, is there a second?

Attorney General: I second.

Governor: Attorney General has seconded the motion. Any questions or discussions on the motion? I hear none. That motion passes 3-0.

8. 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
	Nevada System of Higher Education (NSHE)		
2987	NSHE- University of Nevada, Las Vegas	\$1,141,324	
2988	NSHE- Intercollegiate Athletics - University of Nevada, Las Vegas	\$8,655	
2992	NSHE - University of Nevada, Las Vegas - Law School	\$158,369	
3001	NSHE - Statewide Programs – University of Nevada, Las Vegas	\$8,177	
3002	NSHE - University of Nevada, Las Vegas - Dental School	\$162,056	
3004	NSHE - Business Center South	\$19,663	
3014	NSHE - University of Nevada, Las Vegas – School of Medicine	\$66,638	
	Total	\$1,564,882	

Governor: Agenda item number 8, Request for Allocation and Disbursement of Funds for Salary Adjustments. Mr. Nicks.

Clerk: Sections 4, 5, 6 and 7 of AB 517 and sections 2, 3, 4 and 5 of SB 368 from the 2017 Legislative Session appropriated Salary Adjustment funds to the Board of Examiners to cover vacancy salary savings built into agency budgets, as well as the 3% cost-of-living adjustments, effective on July 1, 2017, which were not included in the agency salary budgets.

An agency whose actual salaries exceed their budgeted amount due to the vacancy savings or the COLAs are allowed to request salary adjustment dollars from the Board of Examiners. This item requests access to those funds by: University of Nevada Las Vegas; University of Las Vegas, Intercollegiate Athletics; University of Nevada Las Vegas, Law School; University of Nevada Las Vegas, Statewide Programs; University of Nevada Las Vegas, Dental School; University of Nevada Las Vegas, School of Medicine; and the Business Center South, within the Nevada System of Higher Education, to cover vacancy savings and the cost of the COLAs, in the amount of \$1,564,882, in Higher Education General Funds.

Governor: Thank you, Mr. Nicks. This is pretty standard, isn't it?

Clerk: That's correct, yes.

Governor: I have no questions. Board Members, any questions with regards to agenda item number 8?

Attorney General: Move to approve.

Governor: The Attorney General has moved to approve the request for the allocation and disbursement of funds for salary adjustments as presented in agenda item number 8, is there a second?

Secretary of State: I'll second it, Governor.

Governor: Seconded by the Secretary of State. Any questions or discussion on the motion? If there are none. That motion passes 3-0.

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

Additions, revision and deletions to the following chapters of the State Administrative Manual are hereby submitted to the Board of Examiners for approval, pursuant to NRS 353.040: 0210 – Travel Status

Governor: Agenda item number 9, Approval of Proposed State Administrative Manual Changes, Mr. Nicks.

Clerk: Agenda Item 9 seeks approval to revise Chapter 0200 of the State Administrative Manual regarding Travel Status, Section 0210. This agenda item needs to be revised to include Section 0236 – Mileage Allowance for Moving.

This Chapter has been revised to add language regarding when an employee can claim a meal on their reimbursement request in Section 0210 – Travel Status; and, to add the GSA rate for relocation in Section 0236 – Mileage Allowance for Moving.

There were two comments received and were not incorporated into the final document, due to the posting of the meeting documents. We would like to add the following language to Section 0210 – Travel Status: Upon approval of the department head, agencies may make exceptions to the rate of reimbursement for meals when the following applies: 1) Employee has a food allergy and/or dietary restriction that precludes the employee from consuming the provided meal at a conference, meeting or other work function. 2) If the condition above exists, agencies may allow the employee to claim meal reimbursements for any meals provided at a conference, meeting or other work function that may pose a health risk to the employee if consumed.

Governor: Does that finish the amendment, Mr. Nicks?

Clerk: Yes.

Governor: I have no questions. Board Members, any questions with regard to agenda item number 9?

Secretary of State: I have none, move for approval.

Governor: Madam Secretary, does your motion include the language that was just proposed by Mr. Nicks?

Secretary of State: Yes, with the amended language.

Governor: Thank you. Secretary of State has moved to approve the proposed State Administrative Manual changes with the verbal statement made by Mr. Nicks, is there a second?

Attorney General: I second.

Governor: Second by the Attorney General. Any questions or discussion on the motion? Hearing and seeing none. That motion passes 3-0.

10. Approval of Proposed Master Lease Agreements (For possible action)

Department of Administration - Division of Enterprise Information Technology Services

The Division seeks approval for the third amendment to the existing master lease agreement with Dell Financial Services which provides mid-range equipment for state applications not to exceed \$5,634,728.83.

Governor: We'll move on to agenda item number 10, Approval of Proposed Master Lease Agreements. Mr. Nicks.

Clerk: Item 10 is a request from the Department of Administration, Enterprise IT Services Division to amend a lease agreement. This request would amend the master lease agreement with Dell Financial Services for mid-range equipment for State applications. The amendment extends the lease through June 30, 2022, at a cost of \$1,508,272.20, due to the replacement and expansion of storage capacity for State data.

Governor: Thank you, Mr. Nicks. I have no questions. Any questions from Board Members?

Secretary of State: I have none.

Attorney General: I have none, I move to approve.

Governor: Attorney General has moved to approve the proposed master lease agreement as presented in agenda item number 10. Is there a second?

Secretary of State: I'll second it, Governor.

Governor: Seconded by the Secretary of State. Any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

11. Information Item – Reports

Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of June 18, 2018.

TORT Claim Fund	\$ 5,804,931.63
Statutory Contingency Account	\$ 633,069.79
Stale Claims Account	\$ 850,076.26
Emergency Account	\$ 279,841.00
Disaster Relief Account	\$ 9,074,114.00
IFC Unrestricted Contingency Fund General Fund	\$10,126,882.06
IFC Unrestricted Contingency Highway Fund	\$ 1,676,832.35
IFC Restricted Contingency Fund General Fund	\$12,906,386.00
IFC Restricted Contingency Highway Fund	\$ 2,379,248.00

Governor: We'll move on to agenda item number 11, Information Item, Governor's Finance Office. Mr. Nicks.

Clerk: Agenda item 11 is an informational report on the available balances in the various contingency accounts managed by the Board of Examiners or the Interim Finance Committee, as of June 18, 2018. These accounts will cover contingencies through the 2017-2019 biennium. I would be happy to answer any question the Board may have on this item.

Governor: Thank you, Mr. Nicks. I'll ask my standard question. How are we doing? Are we in good stead?

Clerk: At this point, yes, we are in good shape. We have approximately \$2.6 million that will be reimbursed to the IFC Contingency Fund and \$1.95 million replenished to the Statutory Contingency Fund, due to some repayments that the Division of Forestry has received from the federal government.

Governor: I'm pretty certain we talked about that in a previous Board of Examiners Meeting, whereby, we had, essentially, had to add money to the Department of Forestry account because we had paid out so much but hadn't been reimbursed. It's likely that Ms. Casey is in the audience. I just want to thank her for being so aggressive, and the people that work with her, in terms of recouping that money. When do we anticipate that it will be deposited?

Clerk: The funds should be deposited with the closing of their accounts at the end of this month, early September.

Governor: That's great news. Thank you. Board Members, any questions with regard to agenda item number 11? That completes agenda item number 11.

12. Approval of Proposed Leases (For possible action)

Governor: We'll move on to agenda item 12, Approval of Proposed Leases. Mr. Nicks.

Clerk: There are 5 leases on the agenda, on agenda item 12, for approval by the Board this morning and no additional information has been requested by any of the members.

Governor: Thank you, Mr. Nicks. I have no questions. Board Members, any questions with regard to agenda item number 12?

Attorney General: No, Governor. I move to approve agenda item number 12.

Governor: Attorney General has moved to approve the proposed leases presented in agenda item number 12, is there a second?

Secretary of State: I'll second it Governor.

Governor: Secretary of State has seconded the motion. Any questions or discussion? Hearing none, that motion passes 3-0.

13. Approval of Proposed Contracts (For possible action)

Governor: We'll move on to agenda item number 13, Contracts. Mr. Nicks.

Clerk: There are 55 contracts in agenda item 13 for approval by the Board this morning. Numbers 31 and 32 are contingent upon approval of a work program at the IFC meeting on Thursday.

Members have requested additional information on the following: Contract item 1 between the Attorney General's Office and Adams Natural Resource Consulting Services, LLC; Contract 6 between the Department of Administration, Enterprise Information Technology Services and Converge One, Inc.; Contract 7 between the Department of Veterans Services, Northern Nevada Veterans Home and Avalon Care Center, Veteran's Administration Reno, LLC; Contract 16 between the Department of Health and Human Services, Public and Behavioral Health and the Attorney General's Office; Contract 34 between the Department of Wildlife, Operations and Kalkomey Enterprises, Inc.; Contract 52 between the Department of Employment, Training and Rehabilitation, Vocational Rehabilitation and Jobs for Nevada's Graduates; and Contract 55 between Silver State Health Insurance Exchange and Vimo, Inc., doing business as, Get Insured.

Governor: Thank you, Mr. Nicks. I had asked the first contract to be held out. I know this is a contract that we have approved before. Is Marta Adams present?

Marta Adams: Good morning, Governor and good morning, Board of Examiners. It's my pleasure to be here. Joining me at the table, to my right is Wayne Howell, Chief Deputy Attorney General. To my left, Robert Halstead, Executive Director of the Agency for Nuclear Projects.

Governor: Good morning. I had asked this to be held out, and not because I question the contract in any way – you've done a fabulous job and literally spent your entire career fighting the proposed Yucca Mountain project. I suppose what I wanted to do, was take the opportunity to have you and Bob, perhaps, to give a brief description of where we are and how we're doing and what you anticipate in the next six months to a year or so, associated with the Yucca Mountain project.

Marta Adams: Thank you, Governor. Mostly, I'll defer to Bob on this. I would say, as I did in July of 2017, we've been in a period of heightened vigilance, at least in the last several years. Although, since that time, the House of Representatives did pass, by an overwhelming majority, HR 3053, which would restart the Yucca Mountain project, change some key parameters of that program, and basically jump-start the program. Having seen that pass in the House, we do have an understanding that at least for the temporary period, probably until January of 2019, but at least in all likelihood, past the November election, the Senate will not take that bill up. They've basically signaled they will not do that. Meanwhile, we're in a preparation mode. We're looking at the three L's that I described to you last time – licensing, litigation and legislation because the federal legislation could change everything, although it looks like there is enough momentum that Yucca Mountain licensing may indeed restart before the Nuclear Regulatory Commission.

Governor: Thank you. Bob, why don't you take it from there.

Bob Halstead: For the record, Bob Halstead, Executive Director, Agency for Nuclear Projects. Good morning Members, good morning Governor. I think the only thing I would add is that if we were to summarize what's happened over the last 18 months or so, there really has been a concerted effort by the pro-Yucca Mountain forces in Washington to restart this program. I think it's fair to say, we've battled them to a draw, over that time.

In the licensing area, which I think is most important, because we have such a strong legal and technical case in our 218 contingents. The primary events that have taken place have been activities at the Nuclear Regulatory Commission about the steps that would need to be taken to restart the licensing proceeding. Both, our agency, the Attorney General's Staff and contractors and I have to compliment our members of Congress as well, particularly in this regard. Both of our United States Senators have been very active in filing requests for information with the Nuclear Regulatory Commission and the Department of Energy about what would happen in the event that licensing starts. Basically, things that are important to us, like a commitment to have any restarted hearings held at a hearing venue in Nevada, rather than at the Nuclear Regulatory Commission Headquarters in Rockville.

Secondly, in the Legislative area, I think it's important that while the Shimkus bill did get 340 votes, and that's certainly an indication of what we're facing in the House of Representatives, that the bottom line doesn't always tell the whole story. Three of our Members of Congress testified before the Subcommittee that Chairman Shimkus chairs and that resulted in very significant changes in the legislation at the committee level.

Some of the things that were of greatest concern to us and specifically, Chairman Shimkus' desire to gut western State water law, and basically preempt them. The Members of the full Committee, having heard the concerns of Nevada, forced Chairman Shimkus to back off that, and some of the other more draconian measures in his bill.

Finally, on the litigation front, I'll go back to the conversation that you and I had almost a year and a half ago now, after your meeting with Secretary Rick Perry, you told us you didn't want us to sit around waiting to see what the federal government was going to do on Yucca Mountain – you wanted us to take actions – well, immediately thereafter, we had the Texas case where the Attorney General's staff did a terrific job with our outside counsel in winning a dismissal. We're still waiting, I guess there's still an appeal period where Texas might come back, but we think we've beaten back that effort to try and expedite the licensing proceeding in a way that would have basically, violated our due process rights to a full licensing hearing.

In two other areas, as you asked us to do, we worked with the Attorney General's Office and our outside counsel and we have at least, in three major areas, and I don't want to talk about our litigation strategy in great detail here, but when, and if necessary, we're prepared to reactivate three cases that are currently in abeyance now.

I don't want to underestimate the threat we face from particularly, the House of Representatives and the Trump Administration and their desire to restart Yucca Mountain.

We've been engaged in battle with them, last year and this year, and we've battled them to a draw, and I think we need to be prepared for another round, beginning in January of 2019. That's why we need Marta's services.

Governor: Mr. Halstead, thank you. The same message today as when we spoke before. We're going to take the fight to them. I don't want to play defense anymore in this. Wherever we have an opportunity, we're going to take it to them. I'm very passionate about this and I think we've got the best team that we could possibly hope for, in terms of experience and ability, to continue this fight to stop Yucca Mountain. I appreciate your efforts and I just need to know if you need any more resources. As I said, Marta is a very, very, important and valuable member of this team and our strategy. So, Marta, again I thank you for that. This is an important contract. This is obviously an important issue. It's one that has spanned decades now. At this point, given the history that you just described, and the action taken in the House of Representatives, and then the delay of the bill until after the election, I think we need to anticipate that something is going to happen after the first of the year. We need to be ready for it and if there's something that we can do in between there, we should do it.

Again, I appreciate the opportunity to work with all of you. I have four more months, so whatever we can do between now and then, let's continue to slug them in the stomach and pop them between the eyes.

Bob Halstead: We will do that Governor.

Governor: Thank you. Board Members, do you have any further questions or comments on Contract 1?

Secretary of State: Governor, I'd just like to thank you and the Attorney General, both, Governor's Office and the Attorney General for all the work that you're doing on this, on our behalf of Nevada. Thank you.

Governor: Thank you. Madam Secretary, any other questions or comments on Contract 1? Again, thank you Marta, Bob and Wayne.

We'll move to agenda item number 6. Will the individual associated with Contract 6 come forward? The purpose for me calling this forward is, it is relevant to the conversation we just had with regard to the Department of Corrections and the data network.

Patrick Cates: Good morning, Governor, Members of the Board. This is Patrick Cates, Director of the Department of Administration. I have with me Michael Dietrich, the State CIO for Nevada, and Jon Matthews, IT Manager for Enterprise IT Services, who has been working with Corrections.

Governor, to the testimony provided by Corrections earlier, I can confirm that our two departments have been cooperating very closely on increasing bandwidth and network connectivity. This contract is a part of that. This contract will provide services to analyze Department of Correction's networks at key locations, four key locations, to ensure that the network is configured in the most efficient way possible, so that any additional bandwidth that is added, is used as efficiently as possible.

The outcome of this should improve their configurations, should improve their need for bandwidth. It may identify needs for investments in equipment upgrades to make their network more efficient, and it is part of a larger effort to try to bring them more bandwidth. We've been working very closely with them on those efforts.

Governor: Thank you, Director Cates. Would you agree with what Mr. Borrowman and Director Dzurenda presented, in terms of what it can do for their operations, if we approved them getting that new equipment and if IFC approves it?

Patrick Cates: For the record, Patrick Cates. Yes, we supported that investment. We think it makes a lot of sense. We were working with them on telemedicine. I know that EITS has worked with them and Renown Health to set up some Virtual Private Network (VPN) tunnels to make telemedicine function properly at some of their key institutions. This will help that effort, as well as some additional work we're doing with them, to expand network capacity.

Governor: This telemedicine issue is really important because not only will it save money, not only will it create efficiencies, but it will provide more opportunities for improved health care for the inmates. It really is a win-win-win, as we start to piece all this together, it's going to be a big positive for the State. I appreciate your hard work.

Patrick Cates: Thank you, sir.

Governor: Board Members, any further questions or comments with regard to Contract 6? Thank you, gentlemen.

We'll move to Contract 7 which is Department of Veterans Services and Avalon Care. Good morning, I thought this would be a great opportunity to update us on the Veterans Home, Northern Nevada Veterans Home. Please proceed.

Wendy Simons: Thank you Governor and Attorney General Laxalt and Secretary Cegavske. It's beyond exciting to be able to give you the update on the Northern Nevada State Veterans Home and to actually be coming before you today with the management contract for approval.

Just by way of highlights, we all know we've been talking to most everybody in this room, about the home for several years. You had a hard-hat tour and had a chance to have an influence on our football field, so I want everybody to stay tuned for the football field. Anyway, the home is on track for the schedule. Q&D Construction has been the Construction Manager-at-Risk and they're holding tight to the schedule of being able to do our State recognition or ceremonial ribbon cutting on December 17, 2018.

With the contract before you today, with the management company, Avalon, we were very careful in the review and selection and Request for Proposal for a management company to operate this home, knowing how important it is to the State and the veterans and family members in our State. They currently operate four State veterans' homes in Utah, one in Hawaii and they have a portfolio of 70 skilled nursing facilities nationwide, with extensive experiencing in starting up new homes that are opening up. Most particularly, state veterans' homes which have additional criteria above and beyond state licensure, federal certification through Centers for Medicare & Medicaid Services (CMS), but also to the certification process that is required by the Veterans Administration. We're very pleased that they ended up being the company selected. We've had multiple meetings with them and ongoing, even prior to the execution of the contract, just because they're very interested and plan on this being a very successful facility for the State of Nevada.

We have started to establish what we called an "interest list of individuals" in the State who are veterans or veteran family members or spouses or gold star parents. As of this date, we have 112 individuals on the interest list. This is a 96 resident, skilled nursing facility, so not all 112 may need skilled nursing care, but every day, every week, we receive more folks asking to be placed on the list. It truly validates the State's belief and our wonderful Governor's commitment to making sure that this happened. We remain very proud and appreciative to be part of this whole process.

If there are any other questions, I stand ready to answer those for you.

Governor: Thank you. You prompted one question for me. First of all, thank you for all your hard work. As I drive by and I see the walls are up and the progress that has been made, you're right, it is really exciting. How are we getting the word out there, that this facility will be available to veterans, to make sure that perhaps there's somebody out there who may not know that they're eligible, that they could put their names on the list?

Wendy Simons: Thank you, sir. For the record, Wendy Simons, Deputy Director, Nevada Department of Veterans Services for Health and Wellness. Actually, the VA Hospital has been one of our primary referral sources. Chief of Staff, Director Lisa Howard and all components of the VA Hospital are constantly referring people to us. We've also conducted numerous Town Halls in the community to alert both seniors or community partners and different entities like Senior Coalition and many other senior organizations about the coming home. Media coverage has been very kind and considerate as well. Getting the word out, I think it typifies Nevada, what I love so much about Nevada, is it's a community buzz, and it's all of our wonderful veteran organizations, but the passion everybody shows in this State for veteran services, it's good old Nevada community buzz that's actually been getting the word out, sir.

Governor: Thank you, Ms. Simons. Board Members, any questions or comments on Contract 7?

Secretary of State: Thank you Governor for the opportunity to speak on this. I just wanted to take the time to, again, thank you, Wendy, and all of your staff for everything that you do for our veterans in Nevada. I see you everywhere. You do so much and we're really, really pleased. I'm was so pleased with the Governor's announcement about the veteran's home, then how fast you've been able to move and work with that. I was very honored to be there for the groundbreaking. I'm hoping to be there for the opening day when we get to welcome the first patient in. I know what you've done in the south, I attend a lot ceremonies and the opportunities to go to the VA Hospital there. I'm just proud of what you guys are doing, thank you very much.

Wendy Simons: Thank you.

Secretary of State: Thank you. Thanks, Governor.

Governor: Thank you, Madam Secretary.

Attorney General: Just wish to congratulate you all, as well, for the great work and thank you, Governor, for really championing this – it wouldn't have happened without you.

Governor: Thank you.

Attorney General: Appreciate you all.

Governor: Thank you. Ms. Simons, one more question, did we get our reimbursement check from the federal government for that \$34 million or whatever it was?

Wendy Simons: For the record, Wendy Simons. Governor, that will be forthcoming. All the documents are into the VA. We will get the reimbursement check. As we start to submit the claims that are associated with that funding coming back, yes, we're all delightfully pleased that that is going to come back to the State.

Governor: Thank you very much. Again, we really appreciate your hard work and commitment. Thank you.

Wendy Simons: Thank you.

Governor: We'll move on to Contract 34, I believe I saw Director Wasley in the audience, along with Mr. Robb.

Director Wasley: Good morning, Governor, Board Members. Tony Wasley, Director for Nevada Department of Wildlife, for the record.

Governor: Will you tell us a little bit about this contract?

Director Wasley: Absolutely. Thank you for the question, Governor. This kind of dates back to the 2017 Session where the Department undertook a fairly significant license modernization and license simplification effort, going from 27 different licenses and stamps, down to simplified structure, with eight enhanced, electronic, purchasing, mobile device, purchasing options. The implementation of that simplified structure happened to be simultaneous with the expiration of an existing contract. The Department followed a rigorous Request for Proposal (RFP) process with State Purchasing to select a new vendor to carry out some aspects of this implementation, and as required in statute, the Department must have a third-party vendor conduct the hunt application system, of which, we had over half of the 300,000 applications this year were submitted on mobile devices. It is providing some of that enhanced functionality that we imagined. It is coming at significant savings. This is a six-year contract. The initial contract price was \$7.5 million over that six-year period. This amendment, if approved, would take that to \$9 million over that six-year period. That would be an additional, roughly \$250,000 a year, but that still is at a savings of over \$1 million a year, to the Department of Wildlife and citizens of Nevada.

This amendment was not an unanticipated need based on some of the structural differences in the contract. Governor, Board Members, if I may, I'd like to turn that explanation over to Deputy Director, Liz O'Brien who is the Deputy Director responsible for our fiscal operations.

Liz O'Brien: Thank you. Liz O'Brien, Deputy Director for the record. This is an accounting adjustment to the contract that was not new in services. We always paid \$1.00, per sale, or \$0.10, per stamp sale, to the vendor. The issue was the way that we paid the vendor. In the past, the vendor was collecting the money and then they would keep their \$1.00 or \$0.10, per sale, and then turn the money over to the State.

In today's world, and in this contract, we actually receive all the money. Then the vendor, this new vendor, in particular, bills us for that \$1.00 per sale, and the \$0.10 per sale. That was just an oversight when the contract was out for RFP.

Governor: Thank you. Anything else, Director Wasley?

Director Wasley: No, thank you Governor. I'd be happy to answer any questions, should there be any.

Governor: Does that mean if I go fishing on Saturday I can get my fishing license, my 'day' fishing license, online?

Director Wasley: Yes, sir, that is part of our marketing slogan, *Get Online, Get Outside*.

Governor: I like that. Congratulations. I think that hopefully, that will encourage that many more people to do just that, to get outside.

Director Wasley: Thank you, Governor.

Governor: Any other questions from Board Members on Contract 34?

Attorney General: I have one question, Governor. I just want to clarify that, there isn't any additional money that is being gained or lost, all of that is the same. The only reason we have additional dollars here is that the contract is being extended out. Have I understood that correctly?

Liz O'Brien: Liz O'Brien for the record. Yes, you are correct.

Attorney General: Okay, thank you.

Governor: Thank you, Director Wasley, Mr. Robb and Ms. O'Brien. We'll move to Contract 52, which is between DETR and Jobs for Nevada's Graduates.

Shelley Hendren: Good morning Governor and Board Members. I'm Shelley Hendren, Administrator for the State's Rehabilitation Division and the Vocational Rehabilitation Program.

Governor: Will you provide a brief record of what this contract is and perhaps a little history on Jobs for Nevada's Graduates.

Shelley Hendren: Thank you, it'd be my honor. We became affiliated with Jobs for America's Graduates or JAG around 2015 when they joined us on a rural tour and town hall meetings that we were holding so that they could spread the word about this program and get into more schools across Nevada.

The mission of JAG is to improve graduation rates for students that have barriers. Then, they of course, have a vocational goal to assist these students to prepare for work and then obtain work when they get out of high school. It's a really unique research-based type of program that's multi-interventional. They provide an array of counseling services, skills development, career preparation, job development and job placement services. The JAG program follows their students up to a year after program exit to advocate for them and provide continual soft skills and job preparation services and help them become employed up to a year after exit.

For us, as we started talking more to the folks from JAG, we realized what a good fit it was for our program. The Vocational Rehabilitation Program works with people with disabilities to remove their barriers to employment. Since the signing of the Workforce Innovation and Opportunity Act, in late 2014, there was a renewed focus in that piece of legislation on serving students with disabilities. Title IV of Workforce Innovation and Opportunity Act are amendments to the Rehabilitation Act and there were a multitude of changes and this renewed focus, in addition to serving students with disabilities, there were five activities we were to focus on. What we found in meeting with the JAG folks is, in their curriculum they hit four of those five services; career counseling, counseling on post-secondary education opportunities, self-advocacy and job-readiness training. We thought it would be a very good marriage for us.

The biggest challenge we had is that because of our federal grant, we're unable to pay them to do what they normally do. We can pay them for expansion and that's what these contracts are for. We are currently contracted with them for school years 2017 and 2018. This contract will add three more years. What we did was establish a baseline. In 2016, they were serving 95 students with disabilities in the JAG program. We said, if you can expand and get into more schools if you can generate interest, more students with disabilities to go through your curriculum, then we can pay you as we would any service provider that's delivering those types of activities. That's what they've done. I can tell you in fiscal year 2017, they served a total of 242 students with disabilities, that's 147 over that baseline we set. Then in fiscal year 2018, they served 283, so that's 188 over that baseline. They also expanded the number of schools they are in. In 2017 it was 26, 2018 it was 36, and my understanding is, currently, they are in 41 high schools.

Governor: Well, thank you. The JAG program has been one of the most phenomenal and successful education programs that we've implemented in the past seven or so years. I was really pleased to see that it's expanded now to students with disabilities and if we have, which I would expect, the same success that we have with the at-risk students that we do with the students with disabilities, the JAG program is going to continue to change lives and set young men and women up for a really successful life. I really appreciate your hard work and I think this is a fabulous contract. Thank you.

Shelley Hendren: Yes, Governor, thank you so much. Thanks to you because I know you had an influence on starting the JAG program in Nevada. We appreciate that we think it's a terrific program as well, with a really high success rate.

Governor: Yes, well thank you. Madam Secretary, I would suspect, you may have some comments because I know this is an issue that is very important to you.

Secretary of State: Thank you Governor. Yes, I agree with the Governor. I remember when we first started talking about this. It was one of those really exciting programs we thought would be good. Now you've proven that it's excellent and that it has a broad base and including students with disabilities. I can't thank you enough for that Governor, for your vision on this. Really, I'm very, very proud to have said I got to vote in the Legislature on this and that we're continuing to hear about it on a regular basis. Thank you, Governor, thank you very much for what you do. Please tell the people that are working on this that we really do appreciate it and we do watch. Thank you, Governor.

Governor: Thank you. Any other questions or comments on Contract 52? Thank you.

We'll move on to Contract 55 which is the Silver State Health Exchange.

Heather Korbolic: Good morning, Governor. Heather Korbolic, Director of the Silver State Health Insurance Exchange.

Governor: I asked for this contract to be held out because I think this is a really good opportunity to talk about your success and what's been going on with the Silver State Health Exchange. Also, to lay down a record and explain what's happening and why we are going from the federal hub to creating one ourselves. Please proceed.

Heather Korbolic: Thank you. Thanks for the opportunity. So, this is a contract to transition the State's exchange from a hybrid model that is reliant on Healthcare.gov, and its associated call center, to get insured's proven private platform and call center. The increase in fees that Healthcare.gov or to lease Healthcare.gov's system have pushed the Exchange to seek a private market business solution that will allow the continued control necessary to service Nevadans at a lower cost than the federal government. Nevada consumers, the Division of Insurance, and the Exchange have repeatedly benefited from the State's control afforded to the State-based Exchange.

For instance, I'm sure you remember this, Governor, in 2017, when it looked as if 14 of Nevada's rural counties would be without any exchange plans, this control proved critical. Around 9,000 rural Nevadans rely on the plans on the exchange and have no other health insurance options available to them. The extremely small proposed rate increases for the plan year 2019 further demonstrate the importance of Nevada managing its own marketplace.

This contract is going to ensure stability for the exchange by significantly lowering the technology and call center costs, saving the State a projected total of \$18.9 million, through State Fiscal Year 2023. It will also allow us to retain control of our individual market while providing insurance carriers, brokers, policymakers and others, cutting-edge tools, to better serve Nevada consumers.

We currently serve 91,000 lives statewide and we're a self-funded agency. Our operations do not require any General Fund, nor are we requesting any. Our revenue is derived from a 3.15% assessment on gross monthly premiums that are collected by our Exchange Carriers. CMS began charging us for Healthcare.gov in 2017 at 1.5% of those gross monthly premiums, so essentially, half of our budget. This fee increased to 2% for plan year 20'18 and it goes to 3% for plan year 20'19, and then ongoing. That 3% represents almost the entirety of the Exchange's budget. The impact of these increased fees are going to reduce our operating budget to 0.15%, or a little over \$600,000, and will not allow the Exchange to remain solvent.

Per the President's Executive Order to minimize the burdens of the Affordable Care Act, and then, under the direction of the Exchange's Board of Directors, we've coordinated with CMS, the Division of Welfare and Supportive Services and others, to develop an approved model for integration, that avoids the problems that led to the 2014 failure.

In December 2017, we put out an RFI and the responses convinced us that the Exchange vendor climate has significantly changed since the days of Xerox. Whereby, that first generation of Exchanges required complex, custom built platforms based on unproven technology. There are now multiple vendors that offer proven, turn-key solutions that have been successfully deployed in a number of other states.

We followed up on our RFI with a series of stakeholder feedback sessions and we made site visits to other state-based marketplaces including Idaho, which is another western frontier state and has the distinction of being the only other state to transition away from the federal platform and establish successful operations as a state-based Exchange.

We've worked through the Interim Finance Committee to secure the budget authority to issue an RFP, and that went out in April of this year. The RFP required that the proposed vendor must have demonstrated successful operations in at least one other state or one complete plan-year, and must also replicate the business processes that are currently operationalized by Healthcare.gov. The highest scoring respondent was Get Insured, the same vendor who successfully transitioned Idaho away from the federal platform in 2015.

This contract is favorable and innovative for the State. It minimizes risks that are associated with complex multi-vendor implementations and it capitalizes on opportunities for shared cost savings between the many different states that use the Get Insured platform. There are several other states that are enthusiastic about the potential savings we'll achieve through this contract and many will likely be following behind.

We've developed a project management team and partnership with Welfare and Supportive Services and CMS and others, in order to meet a transition timeline with full implementation, effective October 2019, for enrollment in plan-year 2020.

The budgeting and operational stability that's provided by this transition is not only going to save our State 40-50% of that which would have otherwise been spent on Healthcare.gov but it's going to further insulate Nevada from a significant portion of the marketplace volatility that is associated with changing federal regulations.

This transition aligns our State with the current federal emphasis on foregoing a one-size-fits-all approach to the federal marketplace and allows us to continue serving Nevada consumers at a lower cost point than the federal government, while most importantly, maintaining our ability to customize our operations to best meet Nevada's needs.

Finally, contingent upon the continued stabilization of our marketplace that we've been seeing, we believe at the Exchange that we may be able to sustain our operations from a lower assessment of carrier premium fees, which would benefit both the carriers and consumers. I'm more than happy to take any questions.

Governor: Thank you and well done. You've basically checked all the boxes for me, in terms of what my questions would be. Trying to summarize, essentially, if we stayed where we are, the status quo, those fees would triple. The fees associated with Healthcare.gov and being part of that hybrid as you described.

Heather Korbolic: Correct. It would take almost the entirety of our budget. We collect 3.15% of gross premiums that our carriers collect. Healthcare.gov wants to charge us 3%, so almost the entirety of what we collect.

Governor: At the end of the day, what it means is, for those 91,000 people that use this, get their health insurance this way, it would, as you say, probably sink the program but otherwise, they would have to pay for it and their premiums would go up dramatically, correct?

Heather Korbulic: There would be two options. We could either, as a state, decide that we're going to charge more in our carrier premium fees to operate a fully federally facilitated marketplace, charges 3.5%, we could ask for that, or over that amount, but I don't think there's an appetite for that. Or, we could hand our operations over to the federal government, which essentially looks like less service for more of a cost.

Governor: Finally for me, you said it, Xerox, I still have the scars from all of that. In any event, you have 100% confidence in this vendor that it can do what it says it can do? I know you talked about that they already have experience in Idaho, but we feel really good about this?

Heather Korbulic: Yes, Governor. The Xerox ghost lives in my office. Yes, I am well aware of the pain that was created in 2014. I am very confident in Get Insured's ability, not just based on what they've done in Idaho, but they're operationalized in six states with a proven platform that is functional and working for them.

Governor: Thank you. Those are all the questions I had. Board Members, any questions with regard to Contract 55?

Attorney General: I just have one question. Shifting over to basically, state-run Exchange will obviously save us money. Is that something that eventually will lead to lower premiums? Is that something that will be potentially passed back to Nevadans?

Heather Korbulic: Yes, based on the continued stabilization of the marketplace, which we have been seeing in our State, we believe that we could lower our premium assessment fees and then that would be passed along to the carriers who would then pass it to the consumers.

Attorney General: What's the percentage? Just going off of this 3.1%, I believe. What are we going to be able to operate under?

Heather Korbulic: To be determined, based on stabilization.

Attorney General: Is it half? Is it three-quarters?

Heather Korbulic: I think we will be able to operate on probably less than 3%.

Attorney General: Okay, thank you. And, great idea.

Governor: One other piece of good news is, I understand that we have a pretty healthy reserve as well?

Heather Korbulic: Correct. That's a good point. The one area of frustration that I have been working with our entire federal delegation around, is the fact that Healthcare.gov wants to charge us for the full plan year in 2019. At the same time, we'll be paying for some of these transition costs and paying our new vendor. Our reserves will be exhausted by the time we pay both organizations.

Governor: Okay, that's a fact I didn't know. I would love to get involved with that, in terms of charging us for a full year, when we're only getting a fraction of the service. We can have that conversation on another day.

Heather Korbulic: I'd be happy to.

Governor: Again, thank you for your hard work in making the Silver State Health Exchange the success that it is.

Heather Korbulic: Thank you, Governor.

Secretary of State: Governor, if I might, I just also want to thank you all for working on this because this has been something that has been brought again to the legislature. We've been following it, watching it for a few years now. We're really happy that we have a conclusion and we have some type of a model that we're going to be able to follow. Thank you for all the hard work. Governor, thank you for your efforts, it hasn't been easy. I know, whenever you say 'Xerox', whenever anybody says that word, it kind of has the hair stand up on the back of your neck because that was not a fun session to go through with that. Thank you for everything that you've done.

Governor: Thank you, Madam Secretary. Board Members, any other questions or comments with regard to the contracts included in agenda item 13?

Secretary of State: Governor, no, I don't have any other.

I believe 16 was withdrawn, is that correct?

Governor: It wasn't withdrawn, it was just that there aren't any questions on it.

Secretary of State: Okay. All right, so, move for approval of the proposed contracts 1 through 55.

Attorney General: I second.

Governor: The Secretary of State has moved to approve the proposed contracts presented in agenda item number 13, 1 through 55. The Attorney General has seconded the motion. Any questions or discussion? There are none. That motion passes 3-0.

14. Approval of Proposed Work Plan (For possible action)

Governor: We'll move on to agenda item number 14, Approval of Proposed Work Plan. Mr. Nicks.

Clerk: There is one work plan for approval by the Board this morning. No additional information has been requested by any of the Members.

Governor: Board Members, any questions on the work plan?

Attorney General: Move to approve agenda item number 14.

Governor: The Attorney General has moved to approve agenda item 14, is there a second?

Secretary of State: Second, Governor.

Governor: Seconded by the Secretary of State. Any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

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

Governor: We'll move on to agenda item 15, Approval of Proposed Master Service Agreements. Mr. Nicks.

Clerk: There are 107 Master Service Agreements (MSA) in agenda item 15 for approval by the Board this morning. Most of these agreements replace existing provider agreements, as explained at the June BOE meeting. MSA numbers 21 and 73 relate to agenda item 6C. No additional information has been requested by any of the Members.

Governor: Thank you Mr. Nicks. Just as a refresher for the Board Members, this is the product of our utilizing a different system and having all of the contracts come before us so that we're familiar with them. I have no questions. If there are no questions, the Chair will accept a motion.

Attorney General: Governor, I move to approve agenda item number 15.

Governor: The Attorney General has moved to approve the proposed Master Service Agreements included in agenda item 15, is there a second?

Secretary of State: Second, Governor.

Governor: Seconded by the Secretary of State. Any questions or discussion on the motion? I hear and see none. The motion passes 3-0.

16. Information Item – Clerk of the Board Contracts

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 June 19, 2018 through July 23, 2018.

Governor: We'll move on to agenda item 16, Clerk of the Board Contracts, Mr. Nicks.

Clerk: There were 58 contracts under the \$50,000 threshold, approved by the Clerk, between June 19, 2018 and July 23, 2018. This item is informational only and no additional information has been requested by any of the Members.

Governor: Thank you, Mr. Nicks. Any questions with regard to agenda item 16. I hear none. That's an information item.

17. Approval of a Settlement for Early Termination of a Contract **(For possible action)**

Department of Motor Vehicles

Pursuant to Article 5, Section 21 of the Nevada Constitution, the Department requests settlement approval to fully resolve the termination of contract #17601, with Tech Mahindra, for the System Modernization Project.

Governor: We'll move on to agenda item number 17, Approval of a Settlement for Early Termination of a Contract. Mr. Nicks.

Clerk: This item is a request from the Department of Motor Vehicles to approve a settlement with Tech Mahindra to fully resolve an early termination of a contract regarding the System Modernization Project. The settlement is for zero dollars. Director Albertson is available to answer any questions the Board may have.

Governor: Thank you Mr. Nicks. Is Director Albertson at the table? Yes, she is, Director Albertson, did you have any presentation that you wanted to make?

Director Albertson: Yes Governor, thank you for this opportunity. I'd also like to extend my congratulations to you.

Governor: Thank you, very much.

Director Albertson: Good morning Governor and Members of the Board. For the record, Terri Albertson, Director of the Department of Motor Vehicles (DMV). With me today is Mike Jensen, Senior Deputy Attorney General.

We are before you today seeking approval of the settlement agreement and release related to the termination of the contract between the DMV and Tech Mahindra for the system modernization project. Pursuant to the contract, upon termination, Tech Mahindra, provided DMV, claims for approximately \$7.5 million they believed were due to them. The DMV disputed all of those claims for amounts due.

Through this settlement agreement and release, the DMV and Tech Mahindra have mutually agreed to release each other from any and all claims arising under the contract. As a result, the DMV pays nothing to Tech Mahindra to close this contract. Through this settlement agreement, the State of Nevada and Tech Mahindra will avoid the potential for adverse outcomes and the substantial costs associated with this type of litigation.

This is a very favorable settlement of the claim for the DMV and the people of the State of Nevada. We respectfully seek your approval of this settlement agreement and release. Governor, I'd like to add further, I would like to provide my thanks to both your Office and the Attorney General's Office and their staff for the professional processes that we went through in order to come to this termination agreement, which is in the best interest of the State of Nevada. Again, extend my heartfelt thanks to Mike Jensen and the Attorney General's staff for their commitment and dedication to this process. I'd be happy to answer any questions you might have.

Governor: Thank you, Director Albertson. Mr. Jensen, I see you're sitting there. Do you agree with that conclusion that the settlement is in the best interest of the State?

Mike Jensen: Yes, Mr. Governor, I do. I believe this is a very favorable settlement for the State of Nevada and for the people of the State of Nevada.

Governor: Ms. Albertson, I said earlier but this relates to the discussion that we had with the Department of Corrections and that equipment that would've otherwise been used by the DMV is now going to hopefully be used by the Department of Corrections, correct?

Director Albertson: That is correct, Governor. Again, I think as part of this settlement agreement, it's a win-win for the State of Nevada. Again, the Department of Corrections can benefit from that equipment that the DMV does not believe will be needed for our system modernization effort going forward. Again, want to thank the Board for their consideration for that opportunity for NDOC.

Governor: Thank you, Ms. Albertson. Let's move to that next issue with regard to system modernization. Are we now preparing a new plan to move forward?

Director Albertson: Yes, Governor. Terri Albertson for the record. The Department has successfully submitted a completed Technology Investment Notification (TIN) to EITS for their consideration. And we are simultaneously working on a new RFP to go out for procurement for a new system integrating for our modernization effort, which is now referred to as the Star Project.

Governor: Yes, I saw that earlier in our agenda for the Work Plan. That Star Project, when we do the RFP, will it be a wide open RFP so that any interested vendor will be able to present a proposal?

Director Albertson: Thank you. Again, Terri Albertson for the record. Yes, Governor. We are working with the Department of Purchasing in order to put out a full RFP procurement in order to seek a vendor for our systems integration.

Governor: Thank you very much. Board Members, any questions with regard to agenda item number 17?

Secretary of State: No questions from here, we thank you, though, for your work. Thank you very much.

Director Albertson: Thank you.

Governor: Thank you. If there are no further questions or comments, the Chair will accept a motion to approve the settlement for early termination of the contract by the DMV with Tech Mahindra as presented in agenda item number 17.

Secretary of State: I move for approval of 17, the approval of a settlement for early termination of a contract for DMV.

Governor: Secretary of State has moved for approval. Is there a second?

Attorney General: I second.

Governor: Seconded by the Attorney General. Any questions or comments on the motion? I hear none. That motion passes 3-0. Thank you, Director Albertson. Thank you, Mr. Jensen.

18. Public Comment (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)

Governor: We'll move to agenda item number 18, Public Comment. Is there any member of the public present in Las Vegas that would like to provide public comment to the Board? There's no public comment in Las Vegas. Any public comment from Carson City?

Secretary of State: I don't see anyone here. The only thing I'd like to say to you Governor is to thank you and your staff. We're really excited to have Paul Nicks as the new Clerk of the Board. The Secretary of State's Office wants to thank Mr. Nick's and his staff for always working with us in answering questions that we have. So we just wanted to tell you to thank you.

Governor: Thank you, Madam Secretary. Mr. Nicks, you did a fabulous job on your first full meeting.

Clerk: Thanks, Governor.

19. Adjournment (For possible action)

Governor: Agenda item number 19, is there a motion to adjourn?

Secretary of State: Move to adjourn.

Governor: The Secretary of State has moved to adjourn, is there a second? Seconded by the Attorney General. I see and hear no further discussion. That motion passes 3-0. This meeting is adjourned, thank you ladies and gentlemen.

Brian Sandoval
Governor



Paul Nicks
Acting Director


Susan Brown
Acting 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: July 30, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive 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.

**Department of Administration – Victims of Crime Fiscal Year 2018 4th Quarter Report and
Fiscal Year 2019 1st Quarter Recommendation**

Agenda Item Write-up:

Pursuant to NRS 217.260, Department of Administration shall prepare and submit quarterly to the Board of Examiners, for its approval, estimates of available revenue in the Fund for the compensation of victims of crime, and the anticipated claim costs for the quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 4th quarter fiscal year 2018 Victims of Crime Program report states all approved claims were resolved totaling \$3,586,508.02 with \$1,923,528.98 paid out of the Victims of Crime Program account and \$1,662,979.04 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$6.9 million to help defray crime victims' medical costs.

Based on these projections, the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 1st quarter of fiscal year 2019.

REVIEWED: 
ACTION ITEM: _____

Brian Sandoval
Governor

STATE OF NEVADA



Paul Nicks
Clerk, Board of
Examiners

Michelle Morgando
Coordinator, VOCP

DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME

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

July 30, 2018

To: Paul Nicks, Clerk, Board of Examiners

Through: Patrick Cates, Director of Administration

From: Michelle Morgando, Coordinator, Victims of Crime Program

Re: VOCP 4th Quarter FY 2018 Report, and 1st Quarter FY 2019 Recommendation

NRS 217.260 requires the Board of Examiners to estimate available revenue and anticipated claim costs each quarter. The VOCP pays claims in accordance with the policies adopted by the Board pursuant to NRS 217.130. When a vendor accepts a payment reduced pursuant to these policies, NRS 217.245 provides that the claim is deemed paid in full. Claims are categorized as to their priority; and Claims categorized as the highest priority are paid, in whole or in part, before other claims.

Priority One and Two claims are paid weekly during the quarter, and accrued Priority Three claims are paid at the end of each quarter. Priority One and Two claims are bills for current medical treatment, lost wages, funeral expenses, counseling, etc. Priority Three claims are bills the applicant owed prior to claim acceptance such as hospital emergency room and related bills. The VOCP pays the "approved" amount, which is the amount approved for payment after bill review and application of fee schedules or other payment adjustments pursuant to Board policies.

Payments by Priority - 4th Quarter FY 2018				
Type of Expense	Number of Bills	Total Victim Bills Submitted	Amount Saved by Bill Review	Amount Paid to Providers
Priority 1 & 2 Payments	3232	1,922,120.60	358,596.81	1,563,523.79
Pending Priority 3 Payments	277	1,664,387.42	1,304,382.23	360,005.19
Total 4th Quarter Payments	3509	\$3,586,508.02	\$1,662,979.04	\$1,923,528.98

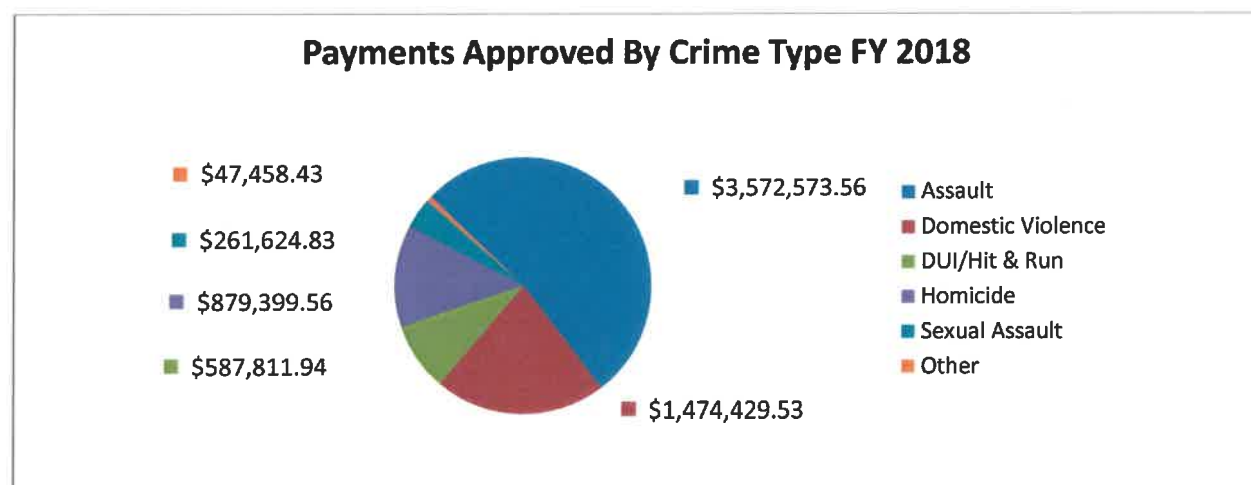
Claim Payments

The following chart shows claim payments made in FY 2018 by benefit type. As this chart shows, the VOCP satisfied \$13,427,659.47 in victim medical bills and claims for \$6,790,600.88 of available funding. After bill review and application of Board Policies we have had a total savings of \$6,637,058.59 over the billed amount in fiscal year 2018.

Payment Amounts by Type Fiscal Year 2018				
Type of Expense	Number of Bills	Total Victim Bills Submitted	Amount Saved by Bill Review	Amount Paid to Providers
Chiropractic/Physical Therapy	331	199,428.61	47,554.03	151,874.58
Counseling	3283	991,682.46	285,782.62	705,899.84
Survivor Benefits	127	159,670.00	420.00	159,250.00
Dental	150	380,145.36	133,427.22	246,718.14
Discretionary*	1734	1,264,237.24	976.11	1,263,261.13
Funeral Expense	238	704,822.60	4,000.81	700,821.79
Lost Wages	1529	1,385,944.36	896.20	1,385,048.16
Medical - Hospital	597	6,250,644.14	5,410,903.23	839,740.91
Medical - Other	1851	2,009,569.55	750,969.01	1,258,600.54
Prescription	308	35,234.22	885.85	34,348.37
Vision	113	46,280.93	1,243.51	45,037.42
Total Payments YTD FY2018	10261	\$13,427,659.47	\$6,637,058.59	\$6,790,600.88
*Discretionary payments include: Relocations, Temporary Housing, Crime Scene Clean-up, etc.				
*Totals subject to change based on stale and stopped payments, lost checks, and reclassified bill types.				

Victim Payments by Crime Type

The following pie chart shows amounts approved for payment by crime type for fiscal year 2018.



Financial Review

The chart below shows projected revenues and fund balances including reserves for FY 2019, and recommendations for 1st quarter FY 2019 based on projections. These projections of revenue and anticipated expenses are used for purposes of determining compliance with NRS 217.260 and policies of the Board.

Financial Position and First Quarter 2019 Projections	
Projected Funds Available for Payments FY18 Less 45 Day Reserves	\$14,226,563.16
4th Quarter Priority 1 & 2 Payments	\$1,563,523.79
4th Quarter Priority 3 Payments	\$360,005.19
Total 4th Quarter 2018 Payments	\$1,923,528.98
Total 1st Quarter 2018 Payments	\$1,208,128.99
Total 2nd Quarter 2018 Payments	\$1,820,863.69
Total 3rd Quarter 2018 Payments	\$1,891,392.09
Projected Funds Available for FY19 Less 45 Day Reserves	\$11,206,520.16
Projected Payments 1st Quarter FY19 *	\$1,907,460.54
Projected Funds Available after 1st Quarter Payments	\$9,299,059.63
Recommended Priority 3 Payment Percentage 1st Quarter FY19	100%
*Based on average of last 6 months	

As required, a 45 day operating expense reserve of \$792,785.84 is maintained to cover up to 45 days of victim's claims and administrative expenses.

The Route 91 Harvest Music Festival tragedy has had, and will continue to have an extraordinary impact on this program. We have struggled to estimate the projected costs of these claims. The victim demographic has some significant differences when compared to our usual crime victim demographic. Many victims have insurance, so payments have been delayed while we obtain insurance information and Explanation of Benefit forms. To date, we have received 4,806 applications related to Route 91. Payments made to date on these claims total \$2,645,578.50.

Our 2019 Beginning Reserves totaled \$9.6 million. Projected Revenue totals \$4.5 million. We expect total expenses for FY 2019 will reach \$6.4 million which will leave the program with \$7.7 in Reserves for Fiscal Year 2020. After maintaining a required 45 day operating expense reserve we will still have \$6.9 million in Reserves. These Reserves will allow us to pay existing crime related expenses at 100% for the foreseeable future. We also expect to receive additional federal grant funds to cover our Route 91 expenses, which should replenish our Reserve funds.

Recommendation

We are projecting Priority One and Two payments totaling **\$1,521,458.17** and projected Priority Three payments totaling **\$386,002.37** for the 1st quarter.

After reserving **\$792,785.84** for 45 days operating expenses, our budget shows VOCP revenues and reserves available for 2nd quarter FY2019 will be **\$9,299,059.63** after projected quarterly payments.

Based on these projections the VOCP recommends paying Priority One and Two and Three claims at **100%** of the approved amount for the 1st quarter of FY 2019.




**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: August 6, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive 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.

Department of Administration – Victims of Crime Program

Agenda Item Write-up:

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

Additional Information:

The issue before the Board is an appeal filed pursuant to NRS 217.117 by Saeid Kangarlou for a claim denied by the Victims of Crime Program due to ineligibility for assistance. Mr. Kangarlou was not present at the Route 91 Harvest Festival on October 1, 2017, but was crossing the street when he heard shooting and began running; he grabbed a pole to steady himself, which resulted in a torn rotator cuff in his shoulder. Mr. Kangarlou filed an Application for Compensation on January 11, 2018. On January 22, 2018 a Compensation Officer issued a determination denying the application citing ineligibility to file for assistance. This decision was upheld by a Hearings Officer in a decision and order dated April 6, 2018. An Appeal's Officer Decision dated July 19, 2018 affirmed the Hearings Officer's decision and the Victim of Crime Program's denial of the application citing failure to establish an entitlement to benefits provided under the Victims of Crime Program.

Statutory Authority:
NRS 217.117

REVIEWED: _____



ACTION ITEM: _____



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Victims of Crime Program

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

voc.nv.gov

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

August 16, 2018

To: Paul Nicks, Clerk, Board of Examiners

From: Michelle Morgando, Coordinator

Re: Appeal of Saeid Kangarlou
Claim No. 18-10042096-LV

Case Summary

Saeid Kangarlou appeals the Decision of the Appeals Officer dated July 19, 2018, upholding VOCP's claim denial.

Mr. Kangarlou's application indicates he was not present at the concert during the shooting but rather walking to a bus stop on Las Vegas Boulevard as the shooting began at the Route 91 Harvest Festival. He began running, then grabbed a pole to steady himself, resulting in a torn rotator cuff in his shoulder. Mr. Kangarlou is not considered a direct victim of a violent crime.

Recommendation

It is recommended that the Board uphold the final Decision of Appeals Officer Paul Lychuk dated July 19, 2018.

1. **Accepted parameters for victimization related to the Route 91 Harvest Festival shooting require an applicant to be present at the concert during the shooting to qualify as a direct victim. Mr. Kangarlou's own testimony indicates he was not present at the concert venue and is therefore not a direct victim as required by statute.**

NRS 217.070

"Victim" defined. "Victim" means: A person who is physically injured or killed as the direct result of a criminal act;

2. **VOCP's policy indicates the burden of proof for determining eligibility lies solely on the applicant. Mr. Kangarlou did not seek medical treatment until nearly a month later and is unable to prove his injuries are a direct result of the shooting.**

Nevada Victims of Crime Policies, 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 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 Eight. Eligibility Standards and Criteria

1. General

2. Physical Injury Claims

A. A victim must suffer physical injury or death to qualify for certain benefits including payment of medical or dental bills, lost earnings or support, funeral expenses, crime scene clean up, prescription medication, and in most cases relocation expenses. NRS 217.070 (1).

B. A physical injury or a death most likely will be documented in the Police Report. Crime related deaths are documented in the Coroner's Report. Medical Reports, particularly emergency room reports, will document the victim's injuries. These documents may help the compensation officer determine if a victim qualifies for benefits, as well as the scope of the claim. To avoid delays victims are encouraged to submit these reports and other supporting documents or bills with their applications or as soon as they become available after an application has been completed and submitted.

INDEX OF DOCUMENTS

1. SUMMARY
2. REQUEST FOR BOE APPEAL DATED JULY 31, 2018
3. DECISION AND ORDER OF AO LYCHUK DATED JULY 19, 2018
4. VOCP RESPONSE TO MR. KANGARLOU'S SUBMISSION DATED JULY 17, 2018
5. APPLICANT SUPPLEMENTAL STATEMENT FILED BY MR. KANGARLOU DATED JULY 11, 2018
6. ORDER OF AO LYCHUK DATED JUNE 12, 2018
7. TRANSCRIPT OF PROCEEDINGS OF JUNE 11, 2018
8. VOCP APPEAL STATEMENT DATED MAY 22, 2018
9. NOTICE OF HEARING DATED MAY 14, 2018
10. DECISION AND ORDER OF HO BERENS DATED APRIL 6, 2018
11. VOCP HEARING STATEMENT DATED FEBRUARY 28, 2018
12. NOTICE OF HEARING BEFORE THE HEARING OFFICER DATED FEBRUARY 16, 2018
13. REQUEST FOR HEARING DATED JANUARY 25, 2018
14. VOCP DENIAL LETTER DATED JANUARY 22, 2018
15. VOCP APPLICATION DATED JANUARY 11, 2018
16. MEDICAL DOCUMENTS SUBMITTED BY MR. KANGARLOU DATED JANUARY 11, 2018

NOTICE OF APPEAL

Applicant: SAEID KANGARLOU

Claim Number: 18-10042096-LV

Appeal Number: 18-14356-PL

Date of Injury: October 1, 2017


Pursuant to NRS 217.217 the Applicant, SAEID KANGARLOU, hereby appeals the decision of Appeal Officer, Paul Lychuk, rendered on July 19, 2018 in the above case to the State Board of Examiners.

Applicant has also made a request for transcripts of the hearing held on June 11, 2018, to the Appeals Office, Las Vegas location by faxing a copy of the attached form to (702) 486-2555

Dated July 31, 2018.

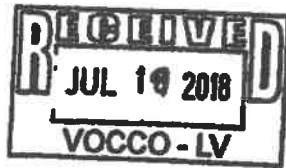
Respectfully submitted,

By:

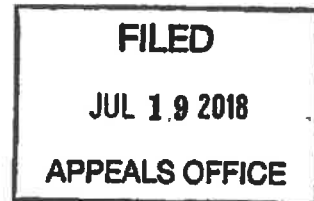

SAEID KANGARLOU, Applicant

5975 W. Twain Ave., #223

Las Vegas, NV 89103



BEFORE THE APPEALS OFFICER



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

SAEID KANGARLOU,

Applicant.

Claim No: 18-10042096-LV

Appeal No: 1814356-PL

DECISION AND ORDER

This matter came on for hearing before the Appeals Officer on June 11, 2018 at 1:00 p.m. The Claimant, Saied Kangarlou, was present and testified on his own behalf. The Victims of Crime Program was represented by Antonia Preciado, Compensation Officer. After reviewing the evidence and hearing the arguments of the parties, the Appeals Officer finds and decides as follows:

FINDINGS OF FACT

1. On January 16, 2018, Saied Kangarlou (hereinafter referred to as "Applicant") signed an application for benefits through the Victims of Crime Program. The Application listed October 1, 2017 as the date of the incident that allegedly resulted in an injury to his shoulder. The incident was described on the Application as follows:

I was walking across the street to the Duce bus stop adjacent to the concert, the shooting started. I hit a pole, tried to prevent falling Tore ligament as I held on. Ran to Tropicana hotel. right shoulder rotator cuff torn.

2. On January 22, 2018, after reviewing the Applicant's application and investigating this matter, the compensation officer for the Victims of Crime Program denied the claim under NRS 617.070.

3. The Claimant then filed a timely appeal with the Hearing Officer and the matter was set for March 21, 2018. The Hearing Officer **AFFIRMED** the denial of the application on April 6, 2018.

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1 4. A timely appeal was filed from the April 6, 2017 decision of the Hearing Officer
2 and a hearing was conducted pursuant to Chapter 217 of the Nevada Revised Statutes.

3 5. The evidence submitted in this matter shows that the Applicant first sought
4 medical attention for left shoulder pain and chest pain on October 29, 2017 at the University
5 Medical Center ("UMC"). He told his medical providers that he his left shoulder pain began on
6 October 1, 2017 and that he injured his shoulder running from the shooting when he "hit a bus
7 stop." He also told them that a few days later a stranger on the street bumped into his shoulder
8 possibly causing further injury to his left shoulder. The Applicant was admitted to the hospital
9 for atypical chest pain.
10

11 6. On October 31, 2017 the Applicant was discharged from care diagnosed with a
12 left rotator cuff tear. At that time the Applicant reportedly told his medical providers that he
13 was waiting at a bus stop when the shooting began and as he attempted to flee the area he "hit
14 his left shoulder into the bus shelter."

15 7. At the hearing, the Claimant testified that he was running to cross the street in
16 front of the Mandalay Bay to escape the gunfire that he could hear overhead. He further
17 testified that at one point looked back and ran into a sign post he did not see in front of him. He
18 testified that he then made his way across the street to the Spa at the Excalibur where he spent
19 the next morning, much of it the hot tub soaking his sore muscles. He testified that he then went
20 home where he told his roommate all that had happened. He also testified that at the time he did
21 not think that he was seriously injured. When his symptoms did not improve and he started to
22 feel pain to his chest several week later he went to the hospital
23

24 8. The Applicant asserted that he thus was a victim of the mass shooting on
25 October 1, 2017 and is thereby eligible for compensation under the VOCP. The VOCP
26 reiterated at the hearing that the Applicant was unable to demonstrate that he was a "victim"
27 under NRS 217.070 because he was not the victim of a violent crime and had sustained no
28 injuries as a direct result of a criminal act.

9. At the conclusion of the hearing the Appeals Officer informed the Applicant that while his description of what happened to him, if true, could meet the definition of a "victim" under NRS 217.070, his testimony was essentially uncorroborated and insufficient to sustain his claim. The Appeals Officer allowed the Applicant an additional thirty (30) days to gather any additional evidence to support his claim that he was in close proximity to the Mandalay Bay on October 1, 2017 and was injured while running from the sounds of gunfire.

10. The Applicant submitted an additional statement on July 12, 2018 indicating that he was unable to obtain anything else to support his claim, noting among other things that his roommate had moved away with no forwarding address and that UMC had indicated to the Applicant that it was unable to certify that his injuries were related to what he claims happened on October 1, 2017.

11. The VOCP reviewed the Applicant's July 12, 2017 statement and in a letter to the Applicant dated July 17, 2018 stated that the Applicant remained ineligible for benefits as the UMC medical records do not relate the Applicant's' torn left rotator cuff to the October 1, 2017 shooting.

CONCLUSIONS OF LAW

1. NRS 217.070(1) provides that a "victim" includes: "A person who is physically injured or killed as the direct result of a criminal act."
2. Nevada Victims of Crime Program Policies, Adopted August 9, 2016, provide in relevant part, as follows:

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. 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.... 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.

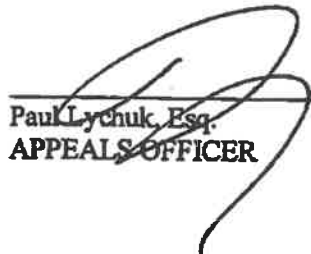
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3. Based upon the totality of circumstances presented, the Appeals Officer finds that the Applicant was unable to sustain his burden of proof in this matter.
 4. The Applicant did not seek treatment for his left shoulder that he alleges was injured on October 1, 2018 until almost a month later. His testimony of when, where, and how, he was injured is largely uncorroborated.
 5. The Applicant's reported statements to his medical providers a month after the fact of where, when, and how he claims to have been injured are found to be insufficient under the circumstances presented to carry his burden of proof in this case.
 6. Based upon the totality of circumstances presented, the Appeals Officer finds the Applicant's testimony to not be credible or persuasive, and to not be supported by specific facts sufficient to demonstrate that he was a victim injured on October 1, 2017.

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ORDER

Based on the evidence and testimony presented in this matter, **IT IS HEREBY ORDERED** that the Compensation Officer's January 22, 2018 denial of benefits be **AFFIRMED**. The Claimant has failed to establish an entitlement to benefits provided under the Victims of Crime Program.

IT IS SO ORDERED this 19th day of July, 2018.


Paul Lychuk, Esq.
APPEALS OFFICER

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

1 **CERTIFICATE OF MAILING**

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

7 **SAEID KANGARLOU**
8 **5975 W TWAIN AVE #223**
9 **LAS VEGAS NV 89103**

10 **VICTIMS OF CRIME PROGRAM**
11 **2200 S RANCHO DR STE 210-A**
12 **LAS VEGAS NV 89102**

13 Dated this 19th day of July, 2018.

14 
15 _____
16 Chris Beals, Legal Secretary II
17 Employee of the State of Nevada
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BRIAN SANDOVAL
Governor

PATRICK CATES
Director

MICHELLE MORGANDO
Coordinator



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

July 17, 2018

Saeid Kangariou
4388 E Lake Mead Blvd #33
Las Vegas, NV 89115

RE: Claim No: 18-10042098-LV
Appeal No: 1814356-PL

Dear Mr. Kangariou:

We are in receipt of your statement dated July 12, 2018. Pursuant to the Appeals Officer's Order signed June 12, 2018, we have reviewed and considered this information. The document you submitted does not include any medical documentation indicating your injury relates to the shooting on October 1. Therefore, our decision remains the same; you are not eligible for benefits through this program for injuries received on October 1, 2017.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rebecca Salazar".
Rebecca Salazar
Program Manager

cc: Appeals Officer Paul Lychuk, Esq.

RECEIVED
JUL 23 2018
CCBN

RECEIVED
JUL 23 2018
CCBN



FAX

To: VOC.P From: PALM VALLEY ASSISTED LIVING
Fax: 702-486-2825 Fax: 702-368-3305
Phone: Phone: 702-368-7700
Subject: STAT. Conf hearing Date: 7-12-2018
No. Pages including fax cover sheet: (5)

Comments:

From: Saeid Kangarlou
Case # 18-10043096-LV

RECEIVED

JUL 16 2018

CCSI

7023683305

07/12/2018 16:35

1 SAEID KANGARLOU
2 5975 w. Twain Ave. #223
3 Las Vegas, NV 89103
4 (702)845-7689
5 Applicant/Appellant

6 NEVADA DEPARTMENT OF ADMINISTRATION
7 BEFORE THE APPEALS OFFICER

8
9 In the matter of Contested
10 Victim of Crime Chaim of:

11 SAEID KANGARLOU,

12 Applicant.
13
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15

CASE NO. 18-10043096-LV

Appeals No.: 1814356-PL

16
17 APPLICANT SUPPLEMENTAL STATEMENT
18

19 Applicant, SAEID KANGARLOU (hereinafter "Applicant"), hereby incorporates by
20 reference any and all documents and statements filed by VOCP and the Applicant in
21 this matter on or before June 11, 2018 and presented to the Appeals Officer.
22

23 STATUS HEARING JULY 13, 2018
24

25 On June 11, 2018 parties appeared before Appeals Officer, Paul Lychuk, as
26 scheduled. Applicant filed a written Appeal Statement at the hearing and a copy was
27 served to VOCP. Appeals Officer rendered enough time for the VOCP representatives
28 to read Appellant's Statement and he asked if there was any additional statements the

1 VOCP would like to add. The VOCP replied that there was none. The Appeals Officer
2 stated that the reason for denial given by VOCP is not valid to deny the Applicant's
3 claim. The response by VOCP was that it was a protocol procedure to deny all such
4 applications.

5 The Appeals Officer proceeded to question Applicant, after he was sworn in, as
6 to exactly where he was and how he was injured. At the conclusion of Applicant's
7 testimony Appeals Officer stated that he is requiring the Applicant to provide additional
8 information to the VOCP as to his given testimony of being present in the proximity of
9 Mandalay Bay and that his injuries, as diagnosed by the UMC medical report dated
10 10/31/2017, were caused at that time. It was so ordered on June 12, 2018, setting July
11 13, 2018 as the status check date.
12

13 APPLICANTS BURDEN OF PROOF

14
15 In this case VOCP has denied the Applicant's claim based on their conclusion
16 that the Applicant is not considered a "victim" pursuant to NRS 217.070. At all times
17 VOCP has stated that Applicant's injuries during the shootings were caused by
18 Applicant running into a pole and were not due to the Las Vegas Mass Shooting that
19 occurred on October 1, 2018 at the Route 91 Harvest Festival. At no time has VOCP
20 questioned Applicant's presence where he claimed he was and/or the cause of the
21 injuries. Their sole denial was that Applicant did not fall into the "Victim" definition set
22 forth in NRS 217. The Applicant in his Appeal Statement filed on June 11, 2018 has
23 clearly met the burden of proof that he does fall under the "Victim" definition pursuant to
24 NRS 217.070. The Appeals Officer has agreed with Applicant as to his status of being a
25 "Victim". Therefore, the Applicant should not be required to provide any additional
26 information to have his claim approved six months after the denial based on the original
27 statement of VOCP.
28

1 The VOCP's denial of Applicant's claim based on its protocol is absurd. The
2 actual application was prepared by Ms. Collen Sanders (hand written) and emailed to
3 Applicant to be signed with the knowledge that it was going to be denied . Therefore no
4 true consideration was given. There was plenty of time back in January 2018 for
5 Applicant to gather information to confirm his presence and validate his injuries relating
6 to his claim. VOCP has delayed this case for 6 months to cause hardship for the
7 Applicant. Applicant has been suffering additional emotion stress and depression due to
8 his brain tumor diagnosis that was announced in March 2018. Although he has made
9 an effort to collaborate his testimony, he has been facing many obstacles as follows:

- 10 1. The RTC has refused to provide information or to verify Applicant's statement
11 as to the number of buses waiting at the lay-over stop few yards away from
12 Applicant's place of injury.
- 13 2. The Tropicana Hotel and Casino stated that it's impossible to view the tape of
14 1 October shooting incident as the public was fleeing for safety to verify that
15 the Applicant was among them.
- 16 3. The Spa at Excalibur Hotel where Applicant was a regular and visited at
17 approximately 8:30 a.m. on October 2, 2018, will not provide any information
18 other than that Applicant did visit the spa. This is obvious that The Excalibur
19 is part of MGM properties and they are now facing multiple lawsuits and will
20 not make any statements.
- 21 4. Ms. Mary Caruthers, whom Applicant lived with at the time of the incident and
22 through April 13, 2018 at 4388 E. Lake Mead Blvd., TR 33, Las Vegas, NV
23 89115, has moved to Utah with no forwarding address.
- 24 5. UMC, or any other health facility, under no circumstances can actually certify
25 that one's injuries are related to what the person claims. For instance if a
26 person was shot in a robbery on October 1st within the time frame of the
27
28

1 Mandalay shooting and transported to UMC (ER) by a friend, the hospital staff
2 had to accept that the person was part of the mass shooting. Applicant has no
3 idea his injury to the arm was a tear in rotatory cuff until the pain was radiating
4 to the heart and an MRI was done.
5

6 **CONCLUSION**

7 The Applicant respectfully requests that the Appeals Officer consider the fact that VOCP
8 did not deny the Applicant's claim based on its merits but rather on a protocol
9 procedure, therefore, any further delay can be detrimental to the physical, mental and
10 emotional wellbeing of the Applicant. Applicant request the Appeals Officer to order
11 VOCP to approve the Applicant's claim as stated in his application filed on January 16,
12 2018.
13

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15 Dated this 11th day of July, 2018
16

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18 By: 

19 Saeld Kangarlou, Applicant
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FILED

JUN 12 2018

APPEALS OFFICE

BEFORE THE APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

Claim No: 18-10042096-LV

Appeal No: 1814356-PL

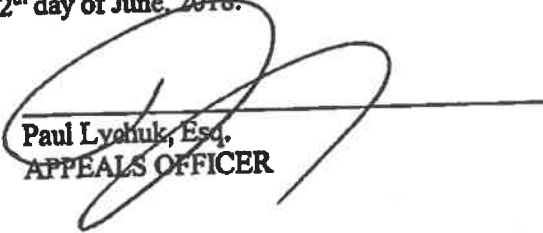
SAEID KANGARLOU,

Claimant.

ORDER

This matter is now scheduled for a status check on July 13, 2018 by which time the Applicant is provide any additional information that he wishes to provide to VOCP to support his allegations that was injured on October 1, 2018 in proximity to the Mandalay Bay during the shooting and that his injuries included the diagnosed rotator cuff tear described in the 10/31/18 medical reporting. VOCP is to then consider the additional information and supplement its decision on the Applicant's application for benefits.

IT IS SO ORDERED this 12th day of June, 2018.


Paul Lyohuk, Esq.
APPEALS OFFICER

RECEIVED

JUN 18 2018

CCSI

[illegible]

SAEID KANGARLOU
5975 W TWAIN AVE #223
LAS VEGAS NV 89103

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

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

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

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

of

SAEID KANGARLOU,
Claimant

Claim No.: 18-10042096-LV

Appeal No.: 1814356-PL

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

JUNE 11, 2018

1:11 PM

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

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

Transcribed By: Jaime Caris, Always On Time

A P P E A R A N C E S

1

2

3 On behalf of the Applicant:

4 Saeid Kangarlou

5 5975 West Twain Avenue #223

6 Las Vegas, Nevada 89103

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10 On behalf of the Program:

11 Victims of Crime Program

12 2200 South Rancho Drive, Suite 210A

13 Las Vegas, Nevada 89102

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I N D E X

<u>EXAMINATION</u>	<u>DIRECT</u>	<u>CROSS</u>	<u>REDIRECT</u>	<u>RECROSS</u>
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[None]

E X H I B I T SIDENTIFIEDENTEREDEVIDENCE

Applicant's Exhibit 1

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Program's Exhibit 2

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P R O C E E D I N G S

APPEALS OFFICER: This is the time set for the
Hearing of the Appeal of Mr. Saeid Kangarlou?

SAEID KANGARLOU: Yes.

APPEALS OFFICER: He's present, representing
himself. Ms. Bustamante is here with someone else from
Victims of Crime?

ANTONIA PRECIADO: Antonia Preciado.

APPEALS OFFICER: And, what are your-

ALMA BUSTAMANTE: She's the Compensation
Officer. She's conducting all the Hearings.

APPEALS OFFICER: Okay.

ALMA BUSTAMANTE: Rebecca asked me to sit in.

APPEALS OFFICER: All right. Antonia, how do
you spell your last name?

ANTONIA PRECIADO: P-R-E-C-I-A-D-O.

APPEALS OFFICER: P-R-E-C-I-A?

ANTONIA PRECIADO: D-O.

APPEALS OFFICER: Okay. All right. So, I have
a statement from both parties. I'll mark the Applicant's
statement as 1 and the VOC statement as A. If there's no
objections, the records offered by the parties are
admitted.

I've read both statements and I've read the
underlying Hearing Officer's Decision that affirmed the

1 denial of the claim. It looks to me like there's really a
2 two-fold basis to denying-denying the claim.

3 One, at least Victims of Crime asserts that the
4 Claimant wasn't the victim of a crime, or the Applicant
5 wasn't. The other aspect of it which was that there's no
6 police report to substantiate that there was a crime.
7 That's Victim's of Crime's position.

8 Mr. Kangarlou has put forth in his memorandum
9 that if his injuries occurred as a consequence of what
10 happened on October 1, while it was going on, that's a
11 sufficient connection to that violent event to cover his
12 injuries. The injuries being that he says he was--when the
13 shooting rang out, he was nearby and in running down the
14 street, he hit a pole. He has some vision problems and he
15 was injured.

16 So, what to me is most interesting, in terms of
17 information that I need is, the UMC Report.

18 SAEID KANGARLOU: I'm sorry?

19 APPEALS OFFICER: The UMC Report. Do either of
20 you have a report from the medical office?

21 SAEID KANGARLOU: From UMC?

22 APPEALS OFFICER: Yeah.

23 SAEID KANGARLOU: Yes, I do. I have.

24 APPEALS OFFICER: It's not in evidence, I don't
25 believe, by either party.

1 SAEID KANGARLOU: Well, they mentioned--the last
2 hearing, they mentioned it--

3 APPEALS OFFICER: Yeah.

4 SAEID KANGARLOU: --but, they did not put
5 anything. I just have my own copy, if I could please bring
6 it to you. It's--I can--

7 APPEALS OFFICER: Yeah, let me take a look at
8 it. Do you have a copy? Does VOC have a copy of this in
9 their file?

10 ALMA BUSTAMANTE: No, we don't. Because this--
11 it was denied, we weren't requesting--

12 ANTONIA PRECIADO: I believe it was--it was
13 submitted--

14 ALMA BUSTAMANTE: --the bill. Was it
15 submitted?

16 ANTONIA PRECIADO: --in the initial hearing.

17 ALMA BUSTAMANTE: Oh, on the [crosstalk]

18 APPEALS OFFICER: Okay. So, just so you
19 understand the way it works, you're starting over here.

20 ANTONIA PRECIADO: Okay.

21 APPEALS OFFICER: So, whatever you submitted
22 there, it doesn't make it here, you have to resubmit it.
23 Okay, so I don't have anything--

24 ALMA BUSTAMANTE: Okay.

25

1 APPEALS OFFICER: --that was submitted before
2 the Hearing Officer. So, yeah--the Hearing Officer is
3 referring to it, but I don't have [crosstalk]

4 ALMA BUSTAMANTE: Oh, okay.

5 SAEID KANGARLOU: And, if I can add something
6 is that, if you read the report, it says that my complaint
7 to the ER was my pains in the left arm. Coming, shooting
8 to my heart. So, in other words, I went in there for that.
9 It says that right there in the report. At discharge, they
10 stated there that the heart, they checked, there was
11 nothing wrong with the heart, it was all from the arm.
12 That was their conclusion.

13 APPEALS OFFICER: Yeah, this medical report is
14 a month after you say this happened.

15 SAEID KANGARLOU: Yes, because when it
16 happened, Your Honor, I--first I thought I had pulled a
17 muscle. Being shaken up, I lost a brother to suicide in
18 1982. I was shaken up. I was very thankful that I was not
19 shot. I was not injured, like all of the other people.
20 You run, you see all these people. You know, everything
21 that's going on. You're shook up. To me, everybody says,
22 oh you probably pulled a muscle. So, I put Ben-Gay on it.
23 I took care of it for a few days and go on. And, you know,
24 I didn't get well.

25

1 I was hit again, four days later, actually on the
2 strip by some drunk guy and which made the pain more. So,
3 I--and I had no insurance. I could not go and get it
4 checked until it really--I was concerned that maybe it's my
5 heart. Maybe this is going to take some time to heal. I
6 didn't know it was a tear, otherwise I would've taken care
7 of it earlier.

8 So, and--you mentioned about my right eye, that I
9 can't see. Well, that's another case that the Victims of
10 Crime has approved me. I was attacked in a casino and I
11 lost my right eye. And, had I not been a victim of that
12 crime, maybe I wouldn't run into this pole because as I was
13 looking this way to see what's going on like that, I can't
14 see like--when I turn here, Your Honor, I can't see you.
15 You know, my eyes can move but this eye has 90% no vision
16 at all. It's just a little vision on the bottom. I can't
17 see nothing out of this eye. All I can see is from the
18 side. So, as I was running, it's dark that area and, you
19 know, I ran into the pole.

20 Now, previously they had mentioned that I had to
21 be on the other side of the fence. The fence--I'm here and
22 the fence is right there. The distance for the shooter
23 that was shooting to me is much closer actually than anyone
24 in that fenced area because that area is huge. It's--what
25 is it, 15 acres or something? It's pretty huge. Not

1 everyone there was really in danger, but in my position, I
2 was. I went back there to check because I don't want to go
3 there. I mean, I haven't been to Mandalay Bay ever since.
4 Like I said, I lost my brother. It's--when things come to
5 your mind about that night, you don't even want to be
6 around that area.

7 I went because of the Hearing, last Hearing, to
8 take pictures. They remodeled the whole thing. There's no
9 sign of any of the bullets that were hitting there,
10 nothing. I have a friend who works at McDonalds down the
11 street and he had told me that, if you go running in there
12 and he showed me some bullets that are on McDonalds' wall.

13 So, really--this person wasn't really saying, I'm
14 just going to shoot people and kill the people in this
15 area. He's just--nobody's going to know why he was
16 shooting, but he was just trying to kill people. You know,
17 over 20 of his rifles were jammed, you know, according to
18 the police report. So, he has like 5,000 more bullets or
19 so, or 4,000 bullets left in his room. So, he wasn't done.
20 It just--whatever happened in that room that he ended up
21 killing himself stopped it.

22 So, anyone that's in that area, and I have
23 attached a photo, my last page of my statement, showing
24 where I was and its in direct fire line. You know, I had
25 to run for my life, Your Honor. There's no reason--the bus

1 driver took off. He's running for his life. He didn't
2 wait for somebody to jump in and try to save his life.
3 They took off.

4 So, I don't see what is the definition of
5 'victim'. When you have a mass shooting, you know, you're
6 running for your life, all these bullets coming at you,
7 Your Honor, you are a victim.

8 APPEALS OFFICER: Okay, Ms. Preciado, do you
9 want to respond to that?

10 ANTONIA PRECIADO: So, yes. As of right now, we
11 were--when the incident happened, we were covering everyone
12 that was on the grounds. Because he was across the street,
13 that's why he was denied. The one that he--the injuries
14 that he sustained were self-inflicted as to, he ran into a
15 pole.

16 So, from our policies, that would make him not a
17 victim of a crime because he was not on the grounds as to
18 who they were--

19 ALMA BUSTAMANTE: Targeting.

20 ANTONIA PRECIADO: --yeah, they were targeting.

21 APPEALS OFFICER: I disagree with that.

22 SAEID KANGARLOU: May I correct? I wasn't
23 across the street.

24 APPEALS OFFICER: That's all right. Stop.
25 That's not a basis to deny this claim. The basis to deny

1 this claim is that it actually happened as a result of that
2 shooting. Was he where he says he was? I don't know. Did
3 it happen the way he said it happened? I don't know. It's
4 a month after the fact. Does he have any corroborating
5 witnesses?

6 I mean, you're trying to create a technicality
7 here to say he was, you know, not on the grounds. If he
8 was in fact, subject to the shooting and in that proximity
9 that he says he was, then he was a victim of it if it in
10 fact resulted in injuries to him. That's—that's the way
11 this case should be looked at.

12 That being said, did it happen the way he said it
13 did? Mr. Kangarlou?

14 SAEID KANGARLOU: Kangarlou, yes.

15 APPEALS OFFICER: Do you swear or affirm the
16 testimony you've provided today has been truthful and
17 accurate?

18 SAEID KANGARLOU: Yes, I do.

19 APPEALS OFFICER: All right. So, now what I
20 want you to do is, I want you to tell me exactly what
21 happened and what you did after it happened—you told me
22 what happened. Tell me what happened—what you did after
23 this happened.

24 SAEID KANGARLOU: Well, after I got up from
25 falling on my back, I got up and I ran to Tropicana Hotel.

1 Which, you know, a lot of people were just running and you
2 know, just--you know, everybody was just running there.
3 Some were going across the street to Luxor. It was like--it
4 was chaos. The only thing I could think of, just run. I
5 have a bad heart. You know, but still, when I got there--

6 APPEALS OFFICER: What were you doing there in
7 the first place?

8 SAEID KANGARLOU: I was at Mandalay Bay and I--
9 since the--

10 APPEALS OFFICER: What were you doing at
11 Mandalay Bay?

12 SAEID KANGARLOU: I was watching the football
13 game, and afterwards, I played a little bit of--\$20 worth
14 of the crap machine which all the cocktail waitresses know
15 I was there. As a matter of fact, you know, there's one
16 cocktail waitress that she called me to see, you know, how
17 I was because she had seen me there. But, since they had
18 never--it was never an objection that, as you said, were you
19 there, for me to come up with any witnesses or for me to
20 come up with any--anything to show, yes, I was there. There
21 was no objection.

22 The application that I filed, it was filled out
23 by their representative, not me. It is her handwriting.
24 If you look at the application--

25

1 APPEALS OFFICER: Okay. So, you-you were there
2 and then what caused you to leave the casino?

3 SAEID KANGARLOU: Well, it's the football game
4 was over. I played \$20 and I don't drink. I don't drink
5 alcohol or anything. So, I think I lost about maybe \$8-9.
6 I usually, I come out through the tunnel that they have at
7 Mandalay Bay. They have waterfalls. There's a tunnel.
8 Always come through there. I can't drive because of the
9 eye. I don't have a car. So, I come there. I cross the
10 street. If you look at the map, to go to the east side. I
11 cross the street here and then there's double decker buses
12 on the strip that, that's their staging area. That's where
13 you catch a bus. There's always a bus waiting there.
14 That's where they turn around and start all over. I was
15 about to catch the bus to go home. Take that bus and go
16 all the way to Spring Mountain. From there, I catch 203
17 and I go to my house.

18 So, as I cross this way, as I was [inaudible], as
19 soon as I step over here is when we heard the sounds. And
20 I'm like, you know, what's going on? Like-like, I can't
21 even really remember everything that-what I was thinking,
22 all I know is just that I went faster, faster. Then I see
23 people started like, screaming, yelling and I started
24 running. That area is kind of dark. Now they put some
25 plants down. They've put some lights and everything. The

1 pole is not even that big. It's just a small pole that
2 holds a sign. And, you know, as I-you know, like I was
3 scared. I looked behind me and as I went like this, I
4 didn't even see the pole. I run into a lot of bushes all
5 the time because I can't see. So, I hit this and I grabbed
6 it like this, not to fall.

7 APPEALS OFFICER: For the record, he's pointing
8 to his left shoulder and arm.

9 SAEID KANGARLOU: Yeah, this is where I tore it
10 and I fell on my back. I got up and I ran. Like I said, I
11 was massaging it. As a matter of fact, I get a statement
12 from Excalibur Hotel Spa, that I was probably-they let us
13 go maybe about 4:30 or so from Tropicana and we couldn't go
14 directly across the street so I had to walk down to where
15 Hooters was and from there cross the street. MGM was
16 locked down. We couldn't go inside MGM.

17 So, I walked down to the sidewalk and I went-you
18 couldn't even go on the bridges. Went all the way to by
19 Walgreen's, Denny's. Across the street there to Monte
20 Carlo. Came around. My thing was trying to get to
21 Excalibur because of the spa there, they charge me \$10 to
22 go to use the spa. So, I thought if I go there and I go to
23 the jacuzzi-

24 APPEALS OFFICER: This is when? When did you-

25 SAEID KANGARLOU: I'm talking about October 1st.

1 APPEALS OFFICER: Okay. All right.

2 SAEID KANGARLOU: Like, this is now about,
3 almost 6:00 in the morning. I did all that walking. I
4 said, you know what, I'll just go there, pay \$10 and go to
5 the Jacuzzi and that would relax me because I was shook up.
6 I thought it would relax me and I could, you know, I'll
7 talk to people over there.

8 When I got there, they can--they have record of
9 me, paying my money to go there at 6:00 in the morning. If
10 they had objected, I would've brought that in to show that
11 I went there. The people knew--everyone there, we talked
12 about it and they were like, oh yeah, all the streets were
13 closed to the employees and you know, I explained to them
14 what happened and you know, that I hit it and they go, oh
15 yeah, you probably pulled a muscle. I went to the jacuzzi
16 and I massaged it. I was there for probably about five
17 maybe six hours, in the jacuzzi, the steam room. Trying to
18 massage it, everything. I was shook up.

19 We were talking about it, you know. So, it kind
20 of like, calmed me down a little bit. So, they have record
21 that I did pay the \$10 to go in. This is like, probably
22 6:00, 6:30 in the morning, October--now it's October 2nd,
23 actually. Because it happened on October 1st. This is
24 Excalibur Spa.

25 APPEALS OFFICER: Okay. Go ahead.

1 SAEID KANGARLOU: So, that's what I did. After
2 that, I went home. And, like I said, it's--

3 APPEALS OFFICER: You went home? Do you live
4 with anyone?

5 SAEID KANGARLOU: Yes. I live with a lady.
6 She's a disabled veteran. She just moved to--April 14th, she
7 moved to Utah. That was the last day that I had to move
8 out. Now I'm living at an assisted living place because I
9 have two brain tumors they discovered in March. Tomorrow,
10 I'm going for pre-operation analysis with my brain surgeon
11 to see what's going to happen. That's why, sometimes I
12 can't talk fast. It gets to me.

13 So, I'm living in an assisted living place.

14 APPEALS OFFICER: What's--do we have that
15 address for you?

16 SAEID KANGARLOU: Yes. When I came to file
17 this, I did give the change of address.

18 APPEALS OFFICER: Okay.

19 SAEID KANGARLOU: It's--

20 APPEALS OFFICER: That's all right. If you've
21 submitted it, then we'll have it in the system.

22 SAEID KANGARLOU: Yes, it's right on top of
23 this, on Twain Street.

24 APPEALS OFFICER: Okay.

25

1 SAEID KANGARLOU: It's called Palm-Palm Valley
2 Assisted Living. It's right on top there.

3 APPEALS OFFICER: Okay. And you told your
4 previous roommate when you got back what had happened?

5 SAEID KANGARLOU: Oh yeah. She-she knows. As
6 a matter of fact, she-she helped, you know, I needed money
7 to get a bus pass to go a couple places for doctor or
8 whatever. She even helped me and I even told the State-
9 they told me they'll reimburse me for bus passes to go to
10 doctor's which they never did.

11 Like I said, they told me, explained to them what
12 happened and they said, okay, you need an application. The
13 lady, she mailed it-emailed it to me. And if you look,
14 it's all her handwriting, she filled out everything. She
15 filled out-a police report was filed. It was a terrorist
16 act. It was this. It was-she did everything. All she
17 had-she told me on the phone was just, put down where
18 you're hurt and everything, just sign and send in.

19 So, I brought it in. The first day I turned it
20 in, she says, oh don't expect this thing to be approved
21 anyway, this is just a formality.

22 APPEALS OFFICER: Okay. So, then you mentioned
23 that a few days later, you had another incident?

24 SAEID KANGARLOU: Yes. About 3:00 in the
25 morning or so, I was walking on the Las Vegas Boulevard. I

1 went to the bathroom at Planet Hollywood. As I came out, I
2 was walking under the front patio and I was getting near
3 the south entrance to the mall. A black man came out. He
4 looked man. He looked like, crazy or I don't know,
5 something was wrong and I felt like, uh-oh, this guy seems
6 like a trouble.

7 I had my headphones on. I just stopped to see if
8 he's going to cross. He stopped. And you know, as I was
9 moving, you know, he just came by me and he just went like
10 this to me. Hit me, you know, my side. I looked at him
11 and he almost going to hit me in the face. I backed away
12 and there was three security guards inside the door. From
13 the mall. I felt that maybe, they were chasing him out.

14 So, I went there and I told them. I said, hey,
15 can you please call the police because you know, I have a
16 bad arm and this guy just like, went by, like this to me
17 and he turned around, he was going to hit me. They go, oh
18 we can't do that. You've got to do it yourself.

19 And so, I called. I called 9-1-1. When I
20 called, probably it was about, now, maybe almost 4:00,
21 4:30, I don't remember exact time. They took the
22 description of the guy. The guy sees me on the phone. He
23 kept saying, I'm going to kill you. And then he left. He
24 went up the escalator and left. I told the officer on the
25 phone and they asked me, they say, will you wait for a car

1 to come in. I said, of course. I said, I looked around,
2 there was no cars. The last few days, we had this
3 incident, we had police officers all over the place, now
4 you can't even find one.

5 They asked me to wait. I waited over an hour and
6 I just—you know, I didn't want to wait. I don't know how
7 long it's going to take. So, as soon as I went to the bus
8 stop to take a bus and leave and go home, they called me on
9 the phone from 9-1-1. They said, are you still there? I
10 said, ma'am, I just got on the bus, I've been waiting for
11 an hour and a half. If this guy comes around, I don't want
12 to be in trouble. I have pain already, you know, I'm—it's
13 not my thing to get in trouble and get into fights, you
14 know, I have to leave. I gave you a description of the guy
15 and that's it. And I left.

16 APPEALS OFFICER: And so then, did you do
17 anything for your sore arm over the next three weeks?

18 SAEID KANGARLOU: Three weeks, yes. Just
19 bought some Ben-Gay. Put some Ben-Gay. My person I live
20 with, because in exchange of free room, I helped her around
21 the house. She's a veteran and she has some stuff from the
22 Veteran Hospital that she used, they were extra. She gave
23 me some patches to put on. Some lotions, like heat and
24 ice.

25 APPEALS OFFICER: So, you self-treated.

1 SAEID KANGARLOU: Yeah. All I did-

2 APPEALS OFFICER: You self-treated for three
3 weeks.

4 SAEID KANGARLOU: Yes, and I try to move it.
5 Now, my arm is much better now because at the beginning, I
6 couldn't-now I'm going to physical therapy like, they do
7 shoulder to keep-[crosstalk]

8 APPEALS OFFICER: You're going to physical
9 therapy? How are you getting-whose taking you-whose
10 sending you to physical therapy?

11 SAEID KANGARLOU: I have Medicaid now.

12 APPEALS OFFICER: Okay.

13 SAEID KANGARLOU: So, Medicaid is paying for it
14 and they have helped me-[crosstalk]

15 APPEALS OFFICER: So, what are you trying to
16 obtain through the Victims of Crime Program if your medical
17 bills are being paid through Medicaid?

18 SAEID KANGARLOU: Well, Your Honor-well, all I
19 need is really to get surgery. As I said to the last
20 Hearing Officer, that I've been trying to get surgery on my
21 arm. Now, they've delayed everything again, because of the
22 brain tumor, they want me to take care of this first before
23 they do this. Before, everywhere I called, nobody is
24 taking Medicaid. There's like two or three people. One
25 lady who is down the street from here, Ann, I forgot her

1 last name. She-she accepts Medicaid. She had me go take a
2 second MRI and still she says, I don't have time. I'm so
3 busy, it takes like eight months from now.

4 If I had anything other than Medicaid, I would've
5 done this thing in two days, it would be over. It's an
6 office procedure they said. But, a lot of people don't
7 accept Medicaid.

8 APPEALS OFFICER: Do you have a diagnosis for a
9 shoulder tear?

10 SAEID KANGARLOU: Yes, it should be in there.

11 APPEALS OFFICER: In this report?

12 SAEID KANGARLOU: Yes, there's an MRI. The one
13 I showed you, there's an MRI there that shows the tear.
14 This is the MRI. [pause] That's from the hospital and
15 then I have a second MRI taken by Steinberg Diag-Imaging.
16 Finally, I have found a physician/surgeon that's willing to
17 work on the arm and he's the one that sent me to physical
18 therapy. He says, I can't do nothing until you get your
19 brain taken care of first, so that we-we're not going to
20 affect that, that's more important for you right now than
21 your arm.

22 So, the goal was, from the beginning was trying
23 to get medical to get the surgery. I'm not trying to make
24 no money out of this thing. I'm not trying to collect

25

1 anything. And like I said, it was their own suggestion,
2 they sent me the application to sign it and send it in.

3 I think it's the third page. The pages are not
4 numbers on the report.

5 APPEALS OFFICER: Well, the medical report
6 just says that, they're relying upon your version of the
7 events and they have an MRI that shows a full thickness
8 tear that's retracted two and a half centimeters.

9 SAEID KANGARLOU: Right, that's the MRI they
10 took-

11 APPEALS OFFICER: Yeah.

12 SAEID KANGARLOU: -20-

13 APPEALS OFFICER: Now, whether or not that's
14 something that is reflective of you running into a pole, I
15 don't know.

16 SAEID KANGARLOU: Well, it wasn't just running.
17 It's trying to grab it so you don't fall. That's where-I
18 don't think by running into the pole anything would've
19 happened, it's just when I was falling, when I grabbed it
20 like this, trying not to fall is when I felt a pain-

21 APPEALS OFFICER: Yeah, it has, his arm turned
22 inward and says, he was holding the pole in reverse.

23 SAEID KANGARLOU: Yeah, that's-yeah, it's not-I
24 don't think by running into the pole anything would've
25 happened, but it's just like, when I was holding it and I'm

1 like 220 pounds, and I was trying to fall and trying to
2 avoid it and holding on. That's when I think I tore the
3 muscle.

4 The MRI, I believe was the 29th, they took it.
5 That's about what, 29 days later. Like I said, if they had
6 a question about anything, I could've asked them to analyze
7 it and show that this is not an old tear, its from some
8 previous thing. You know, and I would've brought witnesses
9 to show I never had issues with this arm.

10 APPEALS OFFICER: Well, you've got some other
11 issues that you're going to be dealing with in the near
12 future, is that right?

13 SAEID KANGARLOU: Yes. I have—I need my brain
14 surgery, which tomorrow they're going to set the date. I
15 have a heart issue. It's WWP syndrome that they need to
16 work on that. The back, they're saying that I have
17 arthritis. Of course, I'd tell you it's because of falling
18 on my back but they said it developed arthritis from the
19 brain through the spine, so—

20 APPEALS OFFICER: [phone rings] Sorry about
21 that. It doesn't sound like you need a shoulder surgery
22 any time in the near future. You've got some other-other
23 issues you're going to have to—I'm sorry, I have to call
24 back. I thought I hung up. Sorry about that. So—
25

1 SAEID KANGARLOU: Well, if tomorrow my surgeon
2 says, go ahead, you know-

3 APPEALS OFFICER: Well, here's the thing. I
4 don't think this case has been fully investigated as it
5 needs to be. The problem that I see with your case is, did
6 in fact your shoulder problem and need for surgery arise
7 out of you fleeing the shooting that was going on on
8 October 1? I don't know that because you didn't obtain
9 medical treatment until a month later. Then you're saying,
10 well this is all because of that. I don't have a doctor
11 saying it's all because of that.

12 SAEID KANGARLOU: Right.

13 APPEALS OFFICER: Right. So, in terms of it
14 being a compensable claim, from a causation perspective,
15 that's where I think VOC should've been looking at this
16 from the start. Not finding some reason to say-

17 SAEID KANGARLOU: But that was their own-

18 APPEALS OFFICER: I understand what they did.
19 I'm just explaining it to you.

20 SAEID KANGARLOU: Yes, yes, I understand.

21 APPEALS OFFICER: So, at this point, I want
22 them to do that. I want them to consider your other
23 information and you say you have other sources of and ways
24 to corroborate what you say happened they way it happened.

25 SAEID KANGARLOU: Yes.

1 APPEALS OFFICER: Provide that to Victims of
2 Crime. Have them consider it. Then they can provide a
3 further opinion-

4 SAEID KANGARLOU: But-

5 APPEALS OFFICER: --on your claim. If they
6 still deny your claim, then I'll do a final ruling with
7 that additional information as a part of this case.

8 SAEID KANGARLOU: But, Your Honor, you think
9 that that's fair that I've been delayed all this time, just
10 because-

11 APPEALS OFFICER: You're not ready to go have
12 surgery anyways.

13 SAEID KANGARLOU: Tomorrow, they might say I'm
14 ready to--they might clear me.

15 APPEALS OFFICER: And then I guess you're going
16 to have to wait a few weeks for this to all happen, okay.
17 You're not going to win the case when you haven't even
18 corroborated it and then you're saying, hey, a month ago, I
19 was at--I was there, I was there a month ago and I hurt my
20 shoulder. Pay for the surgery. That is not how it works.

21 SAEID KANGARLOU: But, Your Honor, they have
22 not questioned anything as far as the accident happening.
23 All they're saying is that, yes-

24 APPEALS OFFICER: I know what they did-

25 SAEID KANGARLOU: Okay.

1 APPEALS OFFICER: We already wen through this.

2 SAEID KANGARLOU: Yes.

3 APPEALS OFFICER: I'm the Judge, I'm deciding
4 it.

5 SAEID KANGARLOU: Yes.

6 APPEALS OFFICER: I'm questioning it.

7 SAEID KANGARLOU: Yes.

8 APPEALS OFFICER: I'm not going to award you
9 benefits until I have some further information and they
10 have an opportunity first to consider the case I think, in
11 a proper factual light, not based on some technical legal
12 argument that only gets them in-

13 SAEID KANGARLOU: Will they send me what they
14 need so that I can collect all this information, it's going
15 to take me a little while.

16 APPEALS OFFICER: That's fine.

17 SAEID KANGARLOU: I've got to go to--will they
18 send me the information that they need?

19 APPEALS OFFICER: No, I think they're just
20 going to say, please send me whatever additional
21 information you have to corroborate that this happened
22 where you say it happened when it happened. You do that
23 and in 30-days, we'll have a status check. We'll see where
24 things are in a month.

25 SAEID KANGARLOU: I will-

1 APPEALS OFFICER: Okay?

2 SAEID KANGARLOU: I will follow but I just
3 think that it's just a harassment for me because I don't
4 have an attorney and I don't know the legal issues—

5 APPEALS OFFICER: It's pretty straightforward.
6 It's pretty straightforward. It's a factual matter, as
7 I've just said. So—

8 SAEID KANGARLOU: Yeah, but if you don't
9 question someone, and he comes in here and he follows the
10 only objection you had and he proves that the objection is
11 not proper and you agree with that but, you know, I honor
12 your decision but I don't think it's fair that I have to
13 wait another month. I go through all these things with all
14 these other problems that I have, I think I'm just being
15 pressured just to let things go and stay with Medicare.
16 But—

17 APPEALS OFFICER: Why don't you put yourself in
18 their shoes or my shoes. Somebody comes in here and says,
19 hey a month after the October 1 shooting, I'm filing a
20 claim because I was there and I hurt my shoulder. I didn't
21 talk to anybody or get treatment for a month, but believe
22 me, it happened there when I say it happened the way I say
23 it happened. That's not going to fly. You know better
24 than that.

25 SAEID KANGARLOU: Okay. Okay.

1 APPEALS OFFICER: So--all right?

2 SAEID KANGARLOU: But--

3 APPEALS OFFICER: End of story, we're not
4 talking anymore.

5 SAEID KANGARLOU: All right.

6 APPEALS OFFICER: Status check in 30 days.

7 SAEID KANGARLOU: All right.

8 [end of proceeding 1:41:46]

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CERTIFICATE OF TRANSCRIPT

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

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

of


SAEID KANGARLOU,
Claimant

Claim No.: 18-10042096-LV

Appeal No.: 1814356-PL

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

I further certify that this transcript is a true,
complete and accurate record of the proceeding that
took place in this matter on June 11, 2018 in Las
Vegas, Nevada.



Jaime Caris
Always On Time
August 8, 2018

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

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JUN 12 2018
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1
STATE OF NEVADA
DEPT OF ADMINISTRATION
HEADQUARTERS

MAY 22 AM 9:13

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

RECEIVED
AND
FILED

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

APPEAL NO: 1814356-PL

VOCP NO: 18-10042096-LV

Sacid Kangarlou,)
Applicant)
_____)

VOCP APPEAL STATEMENT

The application was submitted on January 16, 2018 and was denied on January 22, 2018. Mr. Kangarlou's application indicates that he was crossing the street as the shooting began at the Route 91 Harvest Festival. Mr. Kangarlou ran into a pole and hurt himself, sustaining injury to his arm.

The situation described by Mr. Kangarlou in his application indicates his injuries are a result of running into a pole and falling down. His injuries are not caused by a violent crime committed against him, and he therefore does not qualify for assistance under NRS 217.

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

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

Victims of Crime requests the Appeals Officer affirm the denial of these requests.

Dated this 22nd day of May, 2018
Victims of Crime Program

CERTIFICATE OF MAILING

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

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

**SAEID KANGARLOU
5975 W TWAIN AVE #223
LAS VEGAS, NV 89103**

Dated this 22nd day of May, 2018



Employee of the State of Nevada

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BEFORE THE APPEALS OFFICER

FILED
MAY 14 2018
APPEALS OFFICE

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

SAEID KANGARLOU,

Applicant.

Claim No: 18-10042096-LV

Appeal No: 1814356-PL

NOTICE OF HEARING

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

Date: June 11, 2018

Start Time: 1:00PM

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

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

IT IS SO ORDERED this 14th day of May, 2018.


Paul Lychuk Esq.
APPEALS OFFICER

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MAY 15 2018

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

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In the matter of the Contested
Application for Compensation:

Hearing Number: 1809880-MB
Claim Number: 18-10042096-LV

SAEID KANGARLOU
4388 E LAKE MEAD BLVD #33
LAS VEGAS, NV 89115

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

The Applicant's request for hearing was filed on January 29, 2018 and a hearing was scheduled for and held on March 21, 2018 before Hearing Officer Mercer W. Berens, in accordance with Chapter 217 of the Nevada Revised Statutes.

The Applicant, SAEID KANGARLOUS, was present, but was not represented by legal counsel. The Victims of Crime Program ("VOC") was represented by Ms. Antonia Preciado, Compensation Officer.

ISSUE

The Applicant appealed the Compensation Officer's determination dated January 22, 2018.

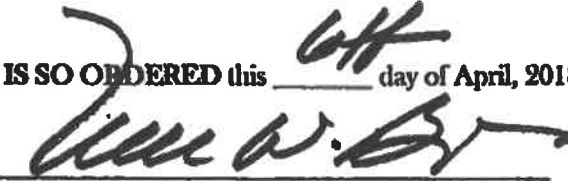
The issue before the Hearing Officer is DENY APPLICATION FOR COMPENSATION.

DECISION AND ORDER

The determination of the Compensation Officer is hereby **AFFIRMED**. This application was filed for injuries the Applicant sustained in the melee that ensued in the October 1 shooting at the Route 91 Harvest Festival shooting. The Applicant was not at the event, but testifies that he was on Las Vegas Boulevard crossing the street to catch a bus when the shooting began from Mandalay Bay onto the crowd below at the concert grounds. He testified that he was running away from the shooting with the crowd, and because he is 90% blind in one eye he ran into a light pole, grabbed onto it to prevent himself from falling and injured his left shoulder. Medical records from UMC submitted in support of his claim are dated October 29, 2017 through October 31, 2017. Those records indicate he was admitted for chest pain, hypertension, left shoulder pain and gout. The narrative portion of the discharge summary indicates his injuries arose from his running and hitting a pole as described above, and that he reported having been assaulted while walking on the street a few days after October 1, 2017. These reports confirm the Applicant's main purpose for presenting for care was chest pain because he thought he was having a heart attack. The Applicant did not offer any testimony regarding having been assaulted on the street. Preponderance of the evidence, testimony and arguments made available at hearing support the denial of this application. Claimant was not a victim of the October 1 shooting, the medical records do not support his injuries arose as a direct result of a crime and there is no police report to substantiate that a crime was perpetrated on the Applicant.

NRS 217.070 (1) "Victim" defined. Victim means: A person who is physically injured or killed as the direct result of a criminal act.

IT IS SO ORDERED this 6th day of April, 2018


Mercer W. Berens
Hearing Officer

APPEAL RIGHTS

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

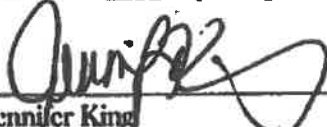
CERTIFICATE OF MAILING

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

SAEID KANGARLOU
4388 E LAKE MEAD BLVD #33
LAS VEGAS NV 89115

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

Dated this 6th day of April, 2018



Jennifer King
Employee of the State of Nevada

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

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARING DIVISION

2018 FEB 28 AM 9:27

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

RECEIVED
FEB 28 2018

In the Matter of the Contested
Application for Compensation:

Saeid Kangarlou,
Applicant

HEARING NO: 1809880-MB

VOCP NO: 18-10042096-LV

VOCP HEARING STATEMENT

The application was submitted on January 16, 2018 and was denied on January 22, 2018. Mr. Kangarlou's application indicates that he was crossing the street as the shooting began at the Route 91 Harvest Festival. Mr. Kangarlou ran into a pole and hurt himself, sustaining injury to his arm.

The situation described by Mr. Kangarlou in his application indicates his injuries are a result of running into a pole and falling down. His injuries are not caused by a violent crime committed against him, and he therefore does not qualify for assistance under NRS 217.

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

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

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

Dated this 28th day of February, 2018
Victims of Crime Program

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MAR 26 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 **VOCP HEARING STATEMENT** was duly mailed, postage prepaid to the following:

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

SAEID KANGARLOU
4388 E LAKE MEAD BLVD #33
LAS VEGAS, NV 89115

Dated this 28th day of February, 2018



Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Application for Compensation:

Hearing Number: 1809880-MB
Claim Number: 18-10042096-LV

SAEID KANGARLOU
4388 E LAKE MEAD BLVD #33
LAS VEGAS, NV 89115

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

NOTICE OF HEARING BEFORE THE HEARING OFFICER

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

DATE: March 21, 2018
TIME: 11:00AM
PLACE: Department of Administration, Hearings Division
2200 South Rancho Drive, Suite 210
Las Vegas, NV 89102
Phone (702) 486-2525

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

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

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

Dated this 16th day of February, 2018.

Mercer W. Berens
Hearing Officer

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FEB 26 2018
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State of Nevada Victims of Crime
Compensation Program

STATE OF NEVADA
JAN 29 2018
RECEIVED
FILED

Request for Hearing

Complete and submit this form to appeal a decision of the compensation officer

Victim/Applicant Name: SAEID KANGARLOU	VOCIP Claim # 18-10042096-LV
Address: 4388 E. Lake Mead Blvd., #33	City, State, Zip: Las Vegas, NV 89115
Phone # (323) 250-6663	Email: saeid1953@hotmail.com

Reason for Appeal

ATTACH A COPY OF THE DECISION YOU WISH TO APPEAL

Date of compensation officer decision being appealed: **01/21/2018** **1/22/18**

Reason for appealing the compensation officer decision:
This office asked me to file and I followed the instructions, yet they have failed to ask for necessary documents or assist me in retaining any pertinent documents needed to process my claim. It was my understanding that no police report was needed since you provided the information on the application.

Do you have any documents to submit to the hearing officer? **UNLV discharge medical records**
☒ Yes If Yes: please describe the document here: **October 28-31, 2017**
☐ No If Yes: please attach the documents to this form.

Is there any additional information the hearing officer should consider?
☒ Yes If Yes please explain: **I did not know the extent of the injury to my arm until I went to UNLV for chest pain October 28th. Neither UNLV or anyone else has helped me to take the proper steps.**
☐ No

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

Applicant Signature: 	Print Name: SAEID KANGARLOU	Date: 01/25/2018
Telephone # (323) 250-6663	Email address: saeid1953@hotmail.com	

For Southern Nevada Mail to:
Hearings Officer
2200 South Rancho Drive
Las Vegas NV 89102

Fax to:
LV - (702) 486-2879
CC - (775) 687-8441

For Northern Nevada Mail to:
Hearings Office
1050 E Williams St # 450
Carson City NV 89701
SCHEDULED ON
JAN 30 2018

1809880-1B

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

January 22, 2018

SAEID S. KANGARLOU
4388 E LAKE MEAD BLVD #33
LAS VEGAS NV 89115

RE: Claim Number: **18-10042096-LV**
 Victim: **Kangarlou, Saeid S.**
 Date Of Crime: **October 1, 2017**

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

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

- Victim is ineligible to file for assistance.

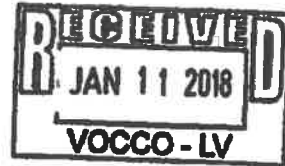
APPEAL RIGHTS: If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to:

Department of Administration Hearing Division
2200 S. Rancho Dr. Suite 210
Las Vegas, NV 89102
Fax: (702) 486-2879

Authorized Representative
Victims of Crime Program



State of Nevada
Victims of Crime Program



18-4209420

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

Saeid S. Kamgarlou

Mailing Address, City, State, Zip

4388 E. Lake Mead Blvd #33 LV, NV. 89115

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

702-845-7689

Date of Birth

09/21/1953

Age at time of crime

64

Last 4 Digits SSN

9531

☒ 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:

* phone # 702-845-7689

cell

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JAN 16 2018
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Section 4: Tell us about the crime.

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

Name of Law Enforcement Agency the crime was reported to:

Metro

Date of Crime:

10/1/17

Date Crime was Reported:

10/1/17

Crime Report No:

Rte 91

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

☐ Hate Crime

☐ Domestic & Family Violence

☒ Mass Violence

☐ Elder Abuse

Type of crime:

☐ Arson

☐ Assault

☐ Burglary

☐ Child Physical Abuse/Neglect

☐ Child Pornography

☐ Child Sexual Abuse*

☐ DUI/DWI

☐ Fraud/Financial Crimes

☐ Homicide

☐ Human Trafficking

☐ Kidnapping

☐ Other Vehicular Crimes

☐ Robbery

☐ Sexual Assault*

☐ Stalking

☒ Terrorism

☐ Other:

County where crime occurred:

☒ Clark
☐ Carson City
☐ Churchill
☐ Douglas
☐ Elko
☐ Eureka
☐ Esmeralda
☐ Humboldt
☐ Lyon

☐ Lincoln
☐ Lander
☐ Mineral
☐ Nye
☐ Pershing
☐ Storey
☐ Washoe
☐ White Pine

*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)

Stephen Paddock

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

Route 91 Harvest Festival

Describe how the crime occurred:

As I WAS WALKING ACROSS The street To The Duce bus stop adjacent To concert, The shooting started. I hit a pole, Tried To prevent Falling the legement as I held on. Ran To Tropicana Hotel

Describe victim's crime injuries:

Right Shoulder Rotary Cuff Torn

Section 5: Tell us about your Crime Related Expenses

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

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

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

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

None

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

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

☒ Yes ☐ No #17-10035254-LV

If Yes: State where Claim Filed

Date filed

Type of Crime

Name of Victim, Applicant, or Claimant

Current Status: (Opened or Closed)

NV
Saeid Kangarlou

3/16/17

Assault

Open

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 \$60,000 |
| <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: Care giver

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

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

Section 10: Person helping the Applicant Complete this Application

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

First Name	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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	



State of Nevada
Victims of Crime Program

Authorization for Release of Information, Certification and Acknowledgements

Victim Name:	Victim DOB:	VOCP Claim #:
Saeid Kangarlou	09/21/1953	18-420962

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:

Signature of Victim/Applicant (must be signed)

Date:

Saeid S. Kangarlou

Date:

1/10/2018

Send Completed, Signed Applications to:

VOCP
PO Box 94525
Las Vegas, NV 89193-4525

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

Fax to: (888) 941-7890

RECEIVED

JAN 16 2018

CCSI



PRESCRIPTION FOR PHYSICAL THERAPY

Phone: 855-MY-ATIPT (855-692-8478)
Email: referral@atipt.com | ATIPT.com

Patient's name: STAN KADUNIA Phone: _____ Date: 12/5/17

Diagnosis: ② GUAIN RC TBM DOB: _____

Number of treatments per week: 23 Number of weeks: 4

☒ Evaluate & Treat ☐ PROM ☒ AAROM ☐ AROM

Therapeutic Exercise

☒ Strengthen, Stretching & Conditioning

☐ Lower Extremity

☒ Upper Extremity

☐ Cervical

☐ Lumbar

☐ Foot and Ankle

☐ Abdominal Pelvic Stabilization

☐ Home Exercise Program

Manual Therapy

☐ Soft Tissue Mobilization

☐ Therapeutic Massage

☐ Joint Mobilization

General

☐ Proper Body Mechanics

☐ Gait Training

☐ Assistive Device Education

☐ McKenzie Method

Workers' Compensation Services

☐ Functional Capacity Evaluation

☐ Work Conditioning/Hardening

Hand Therapy Services

☐ Evaluate & Treat

☐ Custom Splinting

Modalities

☐ Hot/Cold Packs

☐ Ultrasound

☐ Electrical Stim/TENS

☐ Iontophoresis

☐ Phonophoresis

☐ Mechanical Traction

☐ Biofeedback

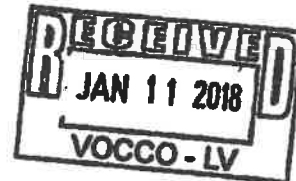
Additional comments:

GUAIN CUFF / IMPAIRMENT EXAM

Please Check Patient Type for Priority Scheduling

☐ MVA/PI ☐ Workers' Compensation ☐ Post Surgical

Referring Medical Provider: *[Signature]*



Referring Medical Provider's Contact Information

RECEIVED

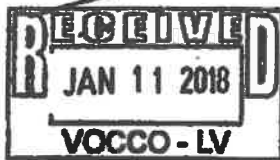
JAN 16 2018

CCSI

RICHARD N. WULFF, MD
3233 W. Charleston Blvd., Suite 101
Las Vegas, Nevada 89102
Phone & Fax (702) 410-8480

For scheduling, please call 855-MY-ATIPT (855-692-8478) or see reverse for clinic listings

In making this referral, medical provider certifies that prescribed rehabilitation is a medical necessity.



KANGARLOU, SAEID		Opt Out: No
University Medical Center - 490		
Discharge Instructions		
From: 10/30/2017 18:07	To: 10/31/2017 18:07	
Rm-Bed: 442 - 02	Admit Dt: 10/29/2017 11:37	
Age: 64 yr	Gender: M	MD: Khan, Nazia S., MD
DOB: 09/21/1953	Acct: 1730200074	
MRN: 0030167148		
Requested: 10/31/2017 18:07 (RD24)		Page 1 of 5

Patient Discharge Instructions for: SAEID KANGARLOU

Admitting Diagnosis: CHEST PAIN

Working Diagnosis: CHEST PAIN

18-42-096-tv

Attending Physician: NAZIA SARA KHAN, MD

Allergies: NO KNOWN ALLERGIES

Most Recent Vital Signs:	BP (NIBP): 142/91 L arm [charted by: AW14]	O2 SAT %: 94% room air [charted by: AW14]	PULSE #1: 93 brachial [charted by: AW14]
	RESPIRATIONS: 17 visual [charted by: AW14]	TEMP #1 in F: 98.8F temporal scanner [charted by: AW14]	

Discharge To Home. [charted by: RD32]

Discharge Activity . [charted by: RD32]

Weight-bearing as tolerated, activity as tolerated. [charted by: RD32]

Discharge Diet . [charted by: RD32]

Low Cholesterol. [charted by: RD32]

Discharge Follow-up Labs /Tests N/A. [charted by: RD32]

Discharge Follow-up Appointment(s) Please establish care at the residents clinic for a primary care physician, 702-676-3650. Please follow up with orthopedic surgery, Dr. Wulff. Contact information for Dr. Wulff's clinic is 702-522-1780. [charted by: RD32]

Discharge Work /School Release Instructions . [charted by: RD32]

Weight bearing and movement as tolerated by patient. [charted by: RD32]

Discharge Additional Instructions Please return to the emergency department if you develop any chest pain, shortness of breath, fevers, chills, vomiting, diarrhea. [charted by: RD32]

Discharge Meds Refer to Medication Reconciliation. [charted by: RD32]

Plan of Care 1 Noncardiogenic Chest Pain. [charted by: RD32]

N/A. [charted by: RD32]

Most likely secondary to shoulder injury. Nuclear Stress test negative. EKG did show left bundle branch block. Negative troponins. Please follow up with primary care provider. [charted by: RD32]

Plan of Care 2 Left supraspinatous tear. [charted by: RD32]

N/A. [charted by: RD32]

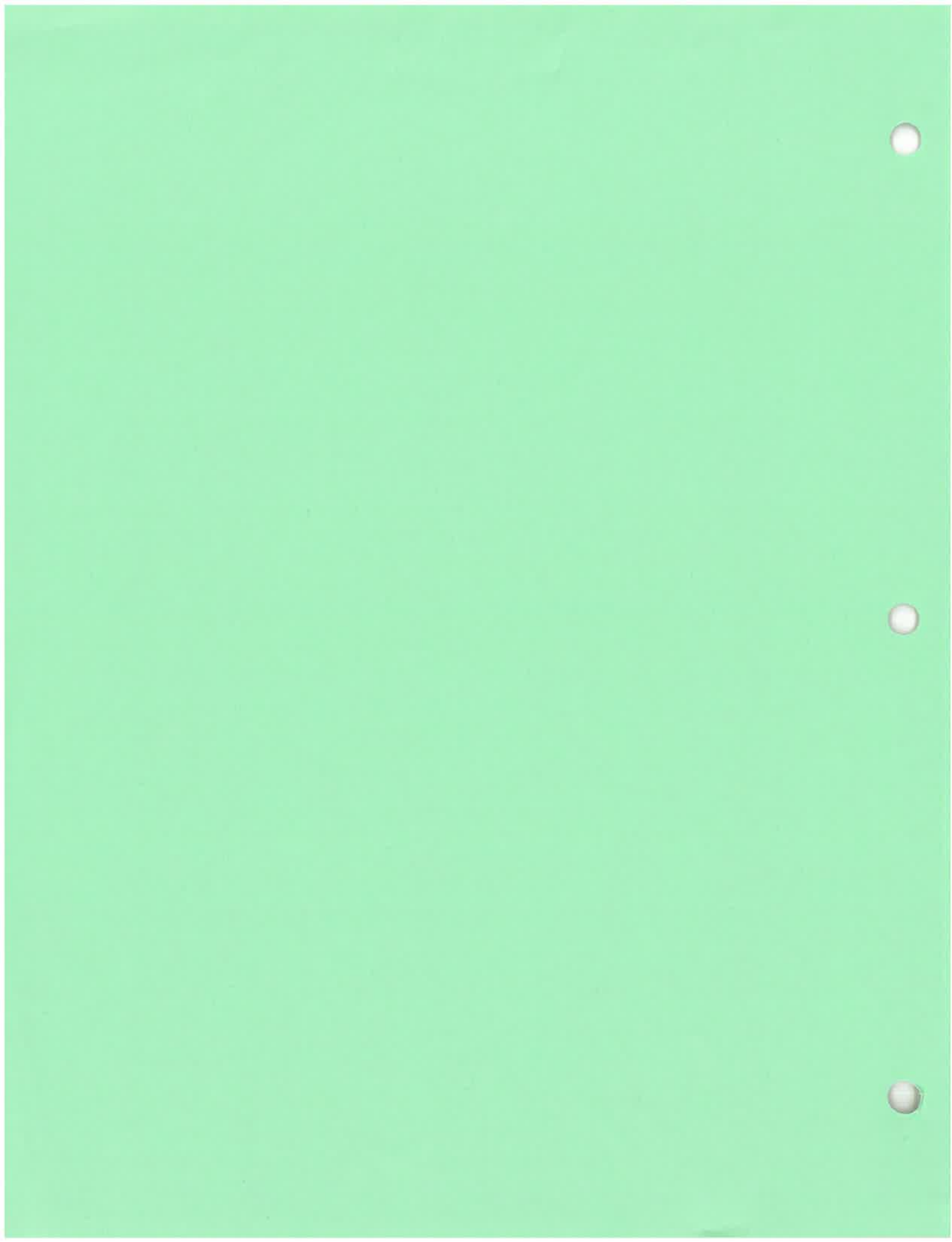
Please follow up with Dr. Wulff at his clinic. Please take cyclobenzaprine as prescribed. You may take tylenol 1-2 tablets every 6hrs as needed for pain. [charted by: RD32]

Plan of Care 3 Hyperlipidemia. [charted by: RD32]

N/A. [charted by: RD32]

Please take lipitor as prescribed. [charted by: RD32]

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JAN 16 2018
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**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: August 1, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive Budget Officer
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

CNB

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

Department of Administration – Victims of Crime Program

Agenda Item Write-up:

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

Additional Information:

The issue before the Board is an appeal filed pursuant to NRS 217.117 by William Hinton for a claim denied by the Victims of Crime Program due to not meeting the requirements to qualify for survivor benefits and relocation assistance. Mr. Hinton did qualify for funeral reimbursement, but has been unable to provide the required verifiable receipts evidencing amounts paid. Mr. Hinton's wife was involved in a pedestrian hit and run on March 10, 2009 and passed away nearly a week later. Mr. Hinton filed an Application for Compensation and was approved April 30, 2009. Several medical and counseling bills were paid in 2009 and 2010 on behalf of Mr. and Mrs. Hinton. In August 2017 Mr. Hinton contacted the Victims of Crime Program requesting funeral, reimbursement, relocation and survivor's benefits. On September 20, 2017 a Compensation Officer issued a determination denying the application for survivor's benefits and relocation assistance. This decision was upheld by a Hearings Officer in a decision and order dated January 12, 2018. An Appeal' Officer Decision dated July 11, 2018 affirmed the Hearing Officer's decision and the Victim of Crime Program's denial of the application citing a failure to meet qualifications for survivor benefits and relocation assistance. Mr. Hinton's appeal to the Board is attached for your review and consideration.

Statutory Authority:
NRS 217.117

REVIEWED: 
ACTION ITEM: _____



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Victims of Crime Program

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

voc.nv.gov

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

August 1, 2018

To: Paul Nicks, Clerk, Board of Examiners

From: Michelle Morgando, Coordinator

Re: Appeal of William Hinton for Lisa Reaves-Hinton
Claim No. 09-10012982-CC

Case Summary

William Hinton, husband of deceased victim Lisa Reaves Hinton, appeals the Decision of the Appeals Officer affirming the Victims of Crime Program/s (VOCP) determination dated September 20, 2017.

Lisa Reaves-Hinton was involved in a pedestrian hit and run on March 10, 2009 and passed away nearly a week later. William Hinton applied for VOCP assistance and was approved on April 30, 2009. Several medical and counseling bills were paid by VOCP in 2009 and 2010 on behalf of Mr. and Mrs. Hinton. In August of 2017, Mr. Hinton contacted VOCP requesting funeral reimbursement, relocation and survivor's benefits.

Denials were issued for survivor's benefits, as Ms. Hinton was not employed but rather collecting social security, and relocation, as relocation is available to assist the victim to avoid further victimization. VOCP has approved funeral reimbursement, but Mr. Hinton has been unable to produce receipts evidencing payment amounts.

Recommendation

It is recommended that the Board uphold the Decision of Appeals Officer Sheila Moore of July 11, 2018, affirming VOCP's September 20, 2017 determination.

- 1. VOCP's policy on survivor benefits indicates the deceased must have been employed at the time of the crime. Ms. Reaves-Hinton was not employed, but rather was collecting Social Security benefits.**

Section Eleven. Available Benefits

9. Survivor Benefits

A. Loss of income or support payments may be paid to qualified dependents of a deceased victim, who was employed at the time of the crime.

2. **VOCP's policy on relocation may be available to help a victim avoid additional victimization from the offender, typically in domestic violence cases. In this case, the victim is deceased, so this situation does not meet the criteria for this benefit.**

Section Eleven. Available Benefits

11. Relocation Expenses

A. The VOCP can assist with relocation expenses in cases involving domestic violence where the victim will be in immediate danger of physical injury if the victim is unable to relocate to a safe environment, away from the perpetrator. The relocation must be directly related to the crime, and required to avoid additional victimization by the perpetrator of the crime for which the application was approved. The relocation must be in close proximity to the crime and may not be used later than six months after the crime. The VOCP coordinator may approve benefits beyond the six month timeline in cases where the perpetrator is being released from jail, or for other good cause.

3. **Funeral reimbursement is approved. However, VOCP requires verifiable receipts evidencing amounts paid. Mr. Hinton cannot locate his receipts and has instead provided a handwritten accounting of what he believes he spent.**

Section Eleven. Available Benefits

10. Funeral and Burial Expenses

A. The VOCP may reimburse any individual who pays funeral and burial expenses for a deceased victim of crime. This benefit is not restricted to family members, but can be paid to any individual who has paid funeral and burial expenses for a qualified victim. The VOCP may reimburse up to \$5,000 for a deceased victim's funeral and burial expenses.

Q. Funeral Expenses Not Covered include:

- 1) Costs of banquets or wake
- 2) Food or beverages
- 3) Floral Arrangements
- 4) A pre-purchased funeral or grave
- 5) Finance or interest charges
- 6) Merchandise, with the exception of a casket or urn

Section Ten. Claim Limits and Payment Policies

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

INDEX OF DOCUMENTS

1. SUMMARY
2. REQUEST FOR BOE APPEAL
3. DECISION AND ORDER OF AO MOORE DATED JULY 11, 2018
4. TRANSCRIPT OF PROCEEDINGS OF JUNE 13, 2018
5. NOTICE OF HEARING DATED MAY 24, 2018
6. ORDER DISMISSING APPEAL DATED APRIL 16, 2018
7. VOCP APPEAL STATEMENT DATED FEBRUARY 20, 2018
8. NOTICE OF HEARING DATED APRIL 12, 2018
9. VOCP DETERMINATION DATED JANUARY 17, 2018
10. DECISION AND ORDER OF HO AMODEI DATED JANUARY 12, 2018
11. NOTICE OF RESETTING DATED DECEMBER 1, 2017
12. NOTICE OF RESETTING DATED NOVEMBER 13, 2017
13. NOTICE OF RESETTING DATED OCTOBER 31, 2017
14. NOTICE OF RESETTING DATED OCTOBER 25, 2017
15. VOCP HEARING STATEMENT DATED OCTOBER 12, 2018
16. NOTICE OF HEARING BEFORE THE HEARING OFFICER DATED OCTOBER 5, 2017
17. REQUEST FOR HEARING DATED OCTOBER 2, 2017
18. VOCP DENIAL DATED SEPTEMBER 20, 2017
19. BENEFIT REQUEST AND RECEIPTS FROM MR. HINTON DATED SEPTEMBER 11, 2017
20. VOCP APPROVAL LETTER DATED MAY 1, 2009
21. STATE OF NEVADA TRAFFIC ACCIDENT REPORT FOR DATE OF CRIME MARCH 10, 2009
22. VOCP APPLICATION DATED MARCH 24, 2009

7-26-18

State Board of Examiners
209 East Mussers #200
Carson City, NV
89710

Let this be my written request for an appeal
of this determination of Appeal # 1802219-SYM

Sincerely,

William Hinton

William Hinton



NATIONAL BOWLING STADIUM / RENO, NEVADA

300 N. Center Street P.O. Box 837 Reno, NV 89504
(775) 335-8800 (Fax) (775) 335-8800

Fax

To: GALE ANN LUZZI From: WILLIAM HINTON
Fax: 775-684-0260 Pages: 2
Phone: _____ Date: 7-26-2018
Re: APPEAL cc: _____

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Appeal # 1802219-SYM

PI

Please contact above sender if you do not receive a complete transmission.

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JUL 16 2018

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

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

FILED

JUL 17 2018

DEPT. OF ADMINISTRATION
APPEALS OFFICER

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

Claim No: 09-10012982-CC

Hearing No: 1800992-SA

Appeal No: 1802219-SYM

LISA HINTON, DECEASED,

Claimant.

DECISION OF THE APPEALS OFFICER

The above entitled matter was heard June 13, 2018. William Hinton was present via telephone. The Victims of Crime Program (VOC) Compensation Officer, Rebecca Salazar, was also present via telephone.

The above-captioned appeal arises from the decision of the Hearing Officer dated January 12, 2018. The hearing was conducted pursuant to NRS Chapter 217, and all applicable administrative regulations.

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

FINDINGS OF FACT

William Hinton's wife, Lisa Hinton, was struck by a vehicle on March 10, 2009, which resulted in her death. On May 1, 2009, an application for benefits from the Victim's of Crime Program was accepted. Medical benefits were provided, and the claim went silent until September 12, 2017 when Mr. Hinton requested reimbursement for funeral expenses, reimbursement for cost of relocation, and survivor benefits.

1 Mr. Hinton testified that it became necessary to relocate following the
2 death of his wife because he could no longer afford to stay in his residence and the
3 residence was sold. For those reasons, Mr. Hinton requested reimbursement for
4 moving expenses and cleaning costs. Mr. Hinton further stated that since the IRS
5 considers Social Security benefits income, he is entitled to the equivalent of his
6 wife's Social Security benefit, which was \$755.00 per month. Lastly, Mr. Hinton
7 requested reimbursement for funeral services and cremation expenses. Mr. Hinton
8 testified that he was unable to obtain receipts due to the fact that the funeral home
9 has since gone out of business and asserts that he should be entitled to
10 reimbursement in the amount of what is considered the reasonable costs for such
11 services. Mr. Hinton stated that he submitted copies of all documentation he was
12 able to obtain to the Victims of Crime Program for consideration.

13 CONCLUSIONS OF LAW

14 Nevada Victims of Crime Program Policy (NVCPP) Section
15 Eleven outlines available benefits under the program. Section 11.9 provides for
16 survivor benefits and states that loss of income or support payments may be paid to
17 qualified dependents of a deceased victim, who was employed at the time of the
18 crime. Mr. Hinton acknowledges that his wife was not employed on March 10,
19 2009 and was instead collecting social security benefits. As such, Mr. Hinton does
20 not qualify for survivor benefits pursuant to NVCPP Section 11.9.

21 Section 11.10 allows for reimbursement for covered funeral and
22 burial expenses up to \$5,000.00. Clearly, Mr. Hinton is entitled to reimbursement
23 for such expenses, however, NVCPP Section Ten requires requests for
24 reimbursement be accompanied by receipts. Proof of payment in some form must
25 be provided to the Victim's of Crime Program before reimbursement can occur.
26 Although it is unfortunate that the receipts cannot be obtained since the business is
27 no longer in operation, such is required. Reimbursement for "reasonable costs"
28 cannot be made. Since no receipts were provided, reimbursement for funeral and

1 burial expenses cannot be made.

2 Section 11.11A states that relocation expenses may be paid in
3 cases involving domestic violence where the victim will be in immediate danger of
4 physical injury if the victim is unable to relocate to a safe environment, away from
5 the perpetrator. The circumstances surrounding the death of Lisa Hinton do not
6 qualify as domestic violence. Furthermore, Mr. Hinton was not in immediate
7 danger of physical harm. Therefore, Mr. Hinton's relocation expenses do not
8 qualify for reimbursement.

9 **ORDER**

10 Based on the foregoing Findings of Fact and Conclusions of Law, the
11 determination of the Victims of Crime Program dated September 20, 2017 is
12 **AFFIRMED.**

13
14 **IT IS SO ORDERED.**

15 
16
17 **SHEILA Y MOORE**
18 **APPEALS OFFICER**

19 **NOTICE:** Pursuant to NRS 217.117, should any party desire to appeal this final
20 determination of the Appeal Officer, a written request for an appeal must be filed
21 with the State Board of Examiners, -209 East Musser, #200, Carson City, NV 89710,
22 within fifteen (15) days of the date of this decision.
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**LISA HINTON, DECEASED
C/O WILLIAM HINTON
335 RECORD ST
RENO, NV. 89501**

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

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

NEVADA DEPARTMENT OF ADMINISTRATION

BEFORE THE APPEALS OFFICER

In the matter of the:
Victims of Crime Claim,

of

LISA HINTON, Deceased,
Claimant

Claim No.: 09-10012982-CC

Hearing No.: 1800992-SA

Appeal No.: 1802219-SYM

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

JUNE 13, 2018
11:02 AM

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

Ordered by: Department of Administration
1050 East Williams Street, Suite 450
Carson City, Nevada 89701

Transcribed By: Jaime Caris, Always On Time

A P P E A R A N C E S

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On behalf of the Claimant:

William Hinton

335 Record Street

Reno, Nevada 89501

On behalf of the Program:

Rebecca Salazar

Victims of Crime Program

P.O. Box 94525

Las Vegas, Nevada 89193-1525

I N D E XEXAMINATIONDIRECTCROSSREDIRECTRECROSS

[None]

E X H I B I T SIDENTIFIEDENTEREDEVIDENCE

Exhibit 1

4

4

P R O C E E D I N G S

1
2 APPEALS OFFICER: It is June 13, 2018. It's
3 approximately 11:00 in the morning. This is the time and
4 date set for the Hearing in the Matter of the Victims of
5 Crime Claim of Lisa Hinton. The party in interest in this
6 matter is Ms. Hinton's husband, William Hinton who is
7 present via telephone. This is Appeal #1802219. Also
8 present by telephone is Rebecca Salazar, Program Manager,
9 representing the Victims of Crime Program.

10 This is the Applicant's Appeal of a January 12,
11 2018 Hearing Officer's Decision which affirmed the denial
12 of relocation expenses and survivor's benefits but remanded
13 the issue of reimbursement for funeral services.

14 I have one Exhibit that was filed February 23,
15 2018. Mr. Hinton, did you receive a copy of that document?

16 WILLIAM HINTON: Which document?

17 APPEALS OFFICER: It was an Appeal Statement
18 that was filed in this Matter. You were served a copy of
19 it back in February. Did you receive it?

20 WILLIAM HINTON: I did. I had to move,
21 [inaudible].

22 APPEALS OFFICER: Okay. Did you review it at
23 the time you received it?

24 WILLIAM HINTON: I've moved actually a couple
25 of times, so I'm going to say I probably did.

1 APPEALS OFFICER: Okay. I've reviewed this
2 packet of information. It simply appears to be the records
3 regarding the Claim and your request.

4 WILLIAM HINTON: Can you repeat the last one?

5 APPEALS OFFICER: It regards your current
6 requests. Okay? I'm going to go ahead and mark and enter
7 this as Exhibit 1.

8 WILLIAM HINTON: In reference to what they--
9 what they gave me, right?

10 APPEALS OFFICER: This is in reference to the
11 request that you've made for relocation expenses, survivor
12 benefits and reimbursement for funeral services.

13 WILLIAM HINTON: All right. Um. Yes.

14 APPEALS OFFICER: Okay. Sir, are you going to
15 be presenting any witnesses today?

16 WILLIAM HINTON: No.

17 APPEALS OFFICER: Ms. Salazar, are you going to
18 be presenting any witnesses today?

19 REBECCA SALAZAR: No, I'm not.

20 APPEALS OFFICER: Okay. Mr. Hinton, if you'll
21 go ahead and present your argument.

22 WILLIAM HINTON: Okay. I'm going to be
23 stating a couple of items. What they were saying in
24 reference to whether I could not [inaudible] because I
25 couldn't afford--I couldn't afford it. The reason why I had

1 to leave was because after Lisa had passed away, the house
2 [inaudible]

3 APPEALS OFFICER: Mr. Hinton, if you will-sir,
4 if you would-sir, can you hold on a moment. I'm having a
5 very difficult time understanding you. Can you pick up the
6 phone?

7 WILLIAM HINTON: [inaudible]

8 APPEALS OFFICER: Mr. Hinton, I'm having a very
9 difficult time understanding you. Can you take the speaker
10 phone off and use the regular receiver?

11 WILLIAM HINTON: Okay. [pause]

12 APPEALS OFFICER: Are you there, sir?

13 WILLIAM HINTON: Yes, can you hear me now?

14 APPEALS OFFICER: Yes. Much, much better. Can
15 you begin again, because I really could not understand what
16 you were saying.

17 WILLIAM HINTON: Okay. What I-what I said
18 was, once Lisa passed away, the estate or the residence at
19 which we were living, Magic Drive, 4476 Magic Drive
20 [phonetic], we had-or I had to leave since that residence
21 was sold. Therefore, I had to leave. Therefore, I had to
22 leave, I had to pay the bills that were attached.

23 APPEALS OFFICER: What bills are you referring
24 to?

25 WILLIAM HINTON: All the moving bills.

1 APPEALS OFFICER: Okay. So, you're requesting
2 reimbursement for that?

3 WILLIAM HINTON: Yes.

4 APPEALS OFFICER: Okay. And, as far as
5 survivor benefits-

6 WILLIAM HINTON: And, all the community bills,
7 all the moving bills and the-the bills that were attached,
8 which were the bills when I moved into the residence in
9 Sparks.

10 APPEALS OFFICER: Okay. And, as far as the
11 survivor benefits?

12 WILLIAM HINTON: They-the survivor bills-the
13 year 2009, the IRS stated that that was-that was considered
14 income.

15 APPEALS OFFICER: What is that that you're
16 referring to?

17 WILLIAM HINTON: The three months that she was
18 living.

19 APPEALS OFFICER: Okay, but you're referring to
20 a certain amount of money as that, I mean, was it from-

21 WILLIAM HINTON: The three months that she was
22 living.

23 APPEALS OFFICER: --what-

24 WILLIAM HINTON: The three months that she
25 was-

1 APPEALS OFFICER: I need to understand what
2 you're referring to. Was it proceeds from work that she
3 did? Was it a benefit that she was receiving?

4 WILLIAM HINTON: The social security.

5 APPEALS OFFICER: Oh, it was her social
6 security benefits?

7 WILLIAM HINTON: Yes.

8 APPEALS OFFICER: Okay. And, so you-so, what
9 you said is, the IRS says that that's income?

10 WILLIAM HINTON: Yes.

11 APPEALS OFFICER: Okay.

12 WILLIAM HINTON: That was three times \$755.

13 APPEALS OFFICER: \$755 was the monthly benefit?

14 WILLIAM HINTON: Yes.

15 APPEALS OFFICER: Okay. And, as far as the
16 reimbursement issue for funeral services?

17 WILLIAM HINTON: As far as that, [inaudible]
18 the funeral-the cremation. I paid for the bill itself
19 which was \$195, when I put her into the ocean.

20 APPEALS OFFICER: \$195, is that what you're
21 saying?

22 WILLIAM HINTON: Yes.

23 APPEALS OFFICER: And, do you have proof of
24 that payment?

25

1 WILLIAM HINTON: I have the-the-shoot, I don't
2 have the-um. Oh, I have it-I don't have it with me on
3 hand. I do have it with [inaudible].

4 APPEALS OFFICER: I'm sorry, you broke up. You
5 have what?

6 WILLIAM HINTON: I'm sorry. It's what
7 [inaudible] charged me.

8 APPEALS OFFICER: Who's that?

9 WILLIAM HINTON: It's a-a group called
10 [inaudible].

11 APPEALS OFFICER: Can you spell that for me?

12 WILLIAM HINTON: [inaudible] T-U-N-E. That's
13 what they did when they spread her ashes into the Pacific
14 Ocean.

15 APPEALS OFFICER: So, you have a copy of that
16 bill?

17 WILLIAM HINTON: I have a copy of the-what
18 they actually did.

19 APPEALS OFFICER: Okay, but do you have a copy
20 of the bill?

21 WILLIAM HINTON: He never gave me one, he just
22 gave me what he did.

23 APPEALS OFFICER: So, you don't have an invoice
24 or anything of that nature?

25 WILLIAM HINTON: No.

1 APPEALS OFFICER: Okay. Have you provided
2 everything that you have copies of, to the-

3 WILLIAM HINTON: Yes, I have.

4 APPEALS OFFICER: --to the Victims of Crime
5 Program?

6 WILLIAM HINTON: I could not provide the
7 cremation because the company itself went under. I tried
8 to tell--tell that to Elma [phonetic], I tried every which
9 way to get a copy. That company went under in 2004
10 [inaudible]. I could not get a copy. And, what Elma told
11 me to get was something comparable, what they were charging
12 at that time. And, I could not even get anything
13 comparable.

14 APPEALS OFFICER: Okay.

15 WILLIAM HINTON: The only thing I could get
16 was what was comparable as of right now.

17 APPEALS OFFICER: Okay, I understand.

18 WILLIAM HINTON: But that company has gone
19 under--the business has gone under.

20 APPEALS OFFICER: Okay.

21 WILLIAM HINTON: I've got copies of that and
22 I've sent copies to them. And I still have the copies here
23 with me. If you need copies, I will send you copies of
24 what they have sent me. What Washoe County has sent to me.

25

1 APPEALS OFFICER: Okay. What exactly have they
2 sent to you?

3 WILLIAM HINTON: They sent me copies stating
4 that that company has gone under.

5 APPEALS OFFICER: Oh, I see.

6 WILLIAM HINTON: And they have no copies of
7 anything.

8 APPEALS OFFICER: I see.

9 WILLIAM HINTON: They don't even have copies
10 of anything that I have—that anyone has. They have no
11 copies of any records.

12 APPEALS OFFICER: Right. Okay, is there
13 anything else you'd like to present, sir?

14 WILLIAM HINTON: I've given all those copies.
15 I've sent copies of everything that I have—that I have
16 done. All of that should—all of that—I think they have all
17 of that.

18 APPEALS OFFICER: Okay.

19 WILLIAM HINTON: That should be [inaudible]
20 \$3,000, if my addition is correct.

21 APPEALS OFFICER: Okay.

22 WILLIAM HINTON: Now, if that is correct and
23 they were to send me a check this week, we can settle this
24 right now.

25 APPEALS OFFICER: Ms. Salazar.

1 REBECCA SALAZAR: Yes. I'll go through the
2 issues one by one also. So, for relocation, I understand
3 that Mr. Hinton is saying that he had to leave because the
4 residence was sold. However, the only time that this
5 Program assists with relocation expenses is to keep the
6 victim safe. Typically in domestic violence situations
7 where the victim would be in danger of additional
8 victimization. That's the reason we've denied relocation.
9 This situation does not qualify, the parties don't qualify
10 per policy.

11 For survivor benefits, the requirement is, per
12 policy, that survivor benefits may be eligible to replace
13 income lost for a victim who was employed at the time of
14 their death. So, again, Ms. Hinton was not employed. She
15 was receiving social security benefits. That's why this
16 situation does not qualify for survivor benefits.

17 For funeral, we have approved funeral
18 reimbursement, however, we are unable to reimburse anything
19 that we don't have a receipt for. So, this claim has--this
20 application was filed in 2009. So, there's been ample
21 opportunity to supply those receipts before this company
22 went out of business. I don't know why that wasn't done
23 but it wasn't.

24 So, at this point, we haven't received any
25 receipts showing payments were made. What we've received

1 is a handwritten account of what Mr. Hinton thinks he paid
2 for the cremation and that doesn't qualify for
3 reimbursement. If we were to receive a receipt, then we'd
4 be happy to pay to reimburse for those funeral costs. We
5 have not received any receipts for the spreading of the
6 ashes that Mr. Hinton mentioned today, nor for the
7 cremation, nor for any other funeral costs.

8 Like I said, if we do, we're happy to reimburse,
9 but we can't reimburse based on an estimate of what may
10 have been paid. We have to reimburse based on what was
11 actually paid.

12 APPEALS OFFICER: Okay, thank you. Mr. Hinton,
13 do you have anything further you'd like to add?

14 WILLIAM HINTON: Again, I can't give something
15 I don't have. I don't even have them. It's been almost 10
16 years, over nine years anywhere. I've been trying to find
17 them. I've been trying to present them. I do not—I mean,
18 there's—they're holding on to something that I don't know
19 why they're holding on to them. And this is stuff that
20 they—that I'm eligible for and I know I'm eligible for
21 them. This is stuff that I've been [inaudible] and they
22 used this before and I'm sending [inaudible] their own form
23 that I know that they had. I'm staring at the same form
24 that they sent me back in September of last year. They
25 said that I'm eligible for the same money that they said

1 they were going to send me, that they haven't sent me yet.

2 I'm still waiting. I'm still waiting.

3 APPEALS OFFICER: Okay sir. I understand your
4 position. Ms. Salazar, thank you for presenting your
5 argument. At this time, this matter is going to be
6 submitted for Decision and I'll have a Decision and Order
7 rendered within 15 days. Thank you very much for your time
8 today and at this time, the matter is concluded and we are
9 off the record.

10 [end of proceeding 11:18:31]

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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:
Victims of Crime Claim,

of

LISA HINTON, Deceased,
Claimant

Claim No.: 09-10012982-CC

Hearing No.: 1800992-SA

Appeal No.: 1802219-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 June 13, 2018 in Carson
City, Nevada.



Jaime Caris
Always On Time
July 31, 2018

1 BEFORE THE APPEALS OFFICER

2 **RECEIVED**

3 **MAY 28 2018**

4 **CCSI**

FILED

MAY 24 2018

**DEPT. OF ADMINISTRATION
APPEALS OFFICER**

5
6 In the Matter of the Contested
7 Victims of Crime Claim of:

Claim No: 09-10012982-CC

Hearing No: 1800992-SA

Appeal No: 1802219-SYM

8
9 LISA HINTON, DECEASED,

10 Claimant.

11 NOTICE OF HEARING

12
13 Due to an incorrect address, the appellant did not receive notice of the
14 hearing. For good cause, the April 16, 2018 Order Dismissing Appeal is hereby
15 **VACATED.**

16 The hearing shall be reset in the above-entitled matter before the
17 Appeals Officer on:

18 **Date: Wednesday, June 13, 2018**

19 **Time: 11:00AM**

20 **Place: Appeals Office Hearing Room**
21 **1050 E. Williams Street, Suite #450**
22 **Carson City, NV 89701**
23 **Phone: (775) 687-8420**

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

27 
28 **SHEILA Y MOORE, APPEALS OFFICER**

1 **CERTIFICATE OF MAILING**

2 The undersigned, an employee of the State of Nevada, Department of Administration,
3 Hearings Division, does hereby certify that on the date shown below, a true and correct copy of
4 the foregoing **NOTICE OF HEARING** was duly mailed, postage prepaid OR placed in the
5 appropriate addressee runner file at the Department of Administration, Hearings Division, 1050
6 E. Williams Street, Carson City, Nevada, to the following:

7 **WILLIAM HINTON**
8 **LISA HINTON, DECEASED**
9 **335 RECORD ST**
10 **RENO, NV 89501**

11 **REBECCA SALAZAR VOCP**
12 **VICTIMS OF CRIME**
13 **PO BOX 94525**
14 **LAS VEGAS, NV 89193-1525**

15 Dated this 24th day of May, 2018.

16 
17 **Kristi Fraser, Legal Secretary II**
18 **Employee of the State of Nevada**
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1 NEVADA DEPARTMENT OF ADMINISTRATION
2 BEFORE THE APPEALS OFFICER

3 1050 E. WILLIAM, SUITE 450
4 CARSON CITY, NV 89701

FILED

APR 16 2018

5 DEPT. OF ADMINISTRATION
6 APPEALS OFFICER

7 In the Matter of the Contested
8 Industrial Insurance Claim of:

Claim No: 09-10012982-CC

Hearing No: 1800992-SA

Appeal No: 1802219-SYM

9 LISA-HINTON, DECEASED;

10 Claimant.
11

12 ORDER DISMISSING APPEAL

13 For failure of the appellant to appear after due notice was given and
14 no good cause for the failure to appear having been shown, this appeal is hereby
15 DISMISSED with prejudice. NAC 616C.279.

16 IT IS SO ORDERED.

17 
18 _____
19 Sheila Y Moore
20 APPEALS OFFICER

21
22 NOTICE: Pursuant to NRS 233B.130, should any party desire to appeal this
23 final decision of the Appeals Officer, a Petition for Judicial Review must be
24 filed with the district court within thirty (30) days after service by mail of this
25 decision.
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LISA HINTON, DECEASED
C/O WILLIAM HINTON
636 LAKE ST #1
RENO, NV 89501

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

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

DEPARTMENT OF ADMINISTRATION
Victims of Crime Compensation 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)
Application for Compensation:)

APPEAL NO: ~~1800992-SA~~

1802219-Sym

VOCP NO: 09-10012982-CC

Lisa Hinton, Deceased)
c/o William Hinton,)
Applicant)

VOCP APPEAL STATEMENT

William Hinton has an approved claim for the death of his wife, Lisa; that occurred on March 10, 2009. The Victims of Crime Program (VOCP) has paid just over \$2,300.00 for Lisa's medical bills and William's counseling. On September 12, 2017, VOCP received a letter from Mr. Hinton requesting the program reimburse him for the cost of Lisa's funeral, Mr. Hinton's relocation, as well as provide survivor benefits.

On September 20, 2017, VOCP issued a determination denying relocation and survivor benefits. The correspondence indicated that if Mr. Hinton locates his funeral bill and receipt, he should provide that to the program for reimbursement.

Mr. Hinton stated that as a result of his wife's death, he could no longer afford to live in the same place they had lived together. He provided documentation of that move, which took place in 2009. However, this program assists with relocation in order to help a victim of a violent crime avoid additional victimization. Mr. Hinton's situation does not qualify and therefore, his request for relocation is denied.

Regarding the request for survivor benefits, Mr. Hinton indicated that Lisa Reaves Hinton was not employed at the time of her death. Mr. Hinton submitted social security statements confirming that. The survivor benefit that is offered by this program is available to assist the surviving spouse with the income earned from the employment of the deceased spouse, per policy.

Board of Examiner Policy: Section Eleven. Available Benefits

9. Survivor Benefits

A. Loss of income or support payments may be paid to qualified dependents of a deceased victim, who was employed at the time of the crime.

10. Funeral and Burial Expenses

A. The VOCP may reimburse any individual who pays funeral and burial expenses for a deceased victim of crime. This benefit is not restricted to family members, but can be paid to any individual who has paid funeral and burial expenses for a qualified victim. The VOCP may reimburse up to \$5,000 for a deceased victim's funeral and burial expenses.

Q. Funeral Expenses Not Covered include:

- 1) Costs of banquets or wake
- 2) Food or beverages
- 3) Floral Arrangements

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- 4) A pre-purchased funeral or grave
- 5) Finance or interest charges
- 6) Merchandise, with the exception of a casket or urn

11. Relocation Expenses

A. The VOCP can assist with relocation expenses in cases involving domestic violence where the victim will be in immediate danger of physical injury if the victim is unable to relocate to a safe environment, away from the perpetrator. The relocation must be directly related to the crime, and required to avoid additional victimization by the perpetrator of the crime for which the application was approved. The relocation must be in close proximity to the crime and may not be used later than six months after the crime.

Section Ten. Claim Limits and Payment Policies

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

Victims of Crime requests the Appeals Officer affirm the denial of these requests.

Dated this 20th day of February, 2018
Victims of Crime Program

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

WILLIAM HINTON
636 LAKE ST #1
RENO, NV 89501

Dated this 20TH day of February, 2018


Employee of the State of Nevada

FILED

JAN 31 2018

**DEPT. OF ADMINISTRATION
APPEALS OFFICER**

BEFORE THE APPEALS OFFICER

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

Claim No: 09-10012982-CC

Hearing No: 1800992-SA

Appeal No: 1802219-SYM

LISA HINTON, DECEASED,

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: Thursday, April 12, 2018

Time: 2:30PM

**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.


**SHEILA Y MOORE,
APPEALS OFFICER**

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FEB 05 2018
CCSI**

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: 1800992-SA
Claim Number: 09-10012982-CC

LISA HINTON, DECEASED
C/O WILLIAM HINTON
636 LAKE ST #1
RENO, NV 89501

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

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: JANUARY 12, 2018

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

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

REASON FOR APPEAL: I am not being properly heard All
information is not being correct

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

Name of Attorney or Representative

William Hinton
Person requesting this hearing (please
print)

Address

William Hinton
Person requesting this hearing (signature)

City, State, Zip Code

Telephone Number

775-830-3421 1-17-18
Telephone Number 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

18022A -SYM
Thurs-4-12-18
2:30

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
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AND
FILED
2018 JAN 29 AM 11:20

BRIAN SANDOVAL
Governor

PATRICK CATES
Director



MICHELLE MORGANDO
Acting Coordinator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

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

Victims of Crime Program
vcc.nv.gov

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

January 17, 2018

William Hinton
636 Lake Street #1
Reno, NV 89501

RE: Claim No. 09-10012982-CC

Dear Mr. Hinton:

The Decision and Order signed by Hearing Officer Sondra Amodi remands your request back to the Victims of Crime Program (VOCP) for consideration of a payment for funeral costs using discretionary funds.

VOCP may award discretionary funds when the crime related expense is not covered by any other category. Discretionary authority may be exercised in the compensation officer's sole discretion upon approval for an appropriate expense.

Although the program agrees that payment was likely issued by you for your wife's final expenses and applying discretionary funds would be reasonable, there are no discretionary funds available. VOCP issued a discretionary payment to you on September 21, 2017 in the amount of \$500. This amount represents the maximum award available for that benefit type.

Sincerely,

Rebecca Salazar
Program Manager

cc: HC Amodi

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JAN 18 2018
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STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

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

Hearing Number: 1800992-SA
Claim Number: 09-10012982-CC

LISA HINTON, DECEASED
C/O WILLIAM HINTON
636 LAKE ST #1
RENO, NV 89501

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

BEFORE THE HEARING OFFICER

The Applicant's request for Hearing was filed on October 4, 2017 and a Hearing was scheduled for October 30, 2017 and continued to January 9, 2018. A Hearing was held on January 9, 2018 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 Alma Abustamante, Compensation Officer, by telephone conference call.

ISSUE

The Applicant appealed the Compensation Officer's determination dated September 20, 2017.

The issue before the Hearing Officer is denial of survivor benefits, relocation, and funeral costs pending receipts.

DECISION AND ORDER

The determination of the Compensation Officer is hereby **AFFIRMED IN PART AND REMANDED IN PART.**

There is no dispute that a compensable claim exists with regard to the death of the Applicant's wife on March 10, 2009. Medical benefits and counseling was paid under the claim and it appears the claim went silent until September 12, 2017 when the Applicant requested reimbursement for funeral expenses, relocation money and survivor benefits/lost wages. Having reviewed the submitted evidence and in consideration of the representations made at today's hearing, the Hearing Officer finds the following:

- Clearly, the Applicant's wife had to be buried. The funeral home in charge of the burial has since gone out of business and the Applicant is unable to obtain receipts as requested by the VOC Compensation Officer. The Applicant has repeatedly indicated that he is unable to obtain any

In the Matter of the Contested
Victim of Crime Claim of
Hearing Number
Page 2

LISA HINTON
1800992-SA

documentation with regard to the actual funeral expenses and payment thereof. Under the VOC Program there are discretionary funds that can be awarded. However, as provided by Section 17 (B) of the Victim of Crime Program Policies, the discretionary authority provided by this section may be exercised in the compensation officer's sole discretion and is not appealable and a hearing or appeals officer may not order the use of such authority. This Hearing Officer is not ordering the use of discretionary funds but would request that the VOC Coordinator reconsider some payment for funeral expenses under this claim. The Hearing Officer would note should the VOC Coordinator choose not to exercise the award of discretionary funds, said denial is not appealable.

- The Applicant is not entitled to survivor benefits/lost wages as his wife was not employed at the time of the incident.
- The Applicant is not entitled to relocation benefits as he did not have to relocate due to an unsafe environment or immediate danger. The Applicant moved because he could no longer afford the rent.

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 12th day of January, 2018.


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:

LISA HINTON, DECEASED
C/O WILLIAM HINTON
636 LAKE ST #1
RENO, NV 89501

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

Dated this 12th day of January, 2018.



Karen Dyer
Employee of the State of Nevada

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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:

LISA HINTON, DECEASED
C/O WILLIAM HINTON
636 LAKE ST #1
RENO, NV 89501

WILLIAM HINTON
636 LAKE ST #1
RENO NV 89501

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

REBECCA SALAZAR VOCP
PO BOX 94525
LAS VEGAS NV 89193

Dated this 31st day of January, 2018.



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

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

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

Hearing Number: 1800992-SA
Claim Number: 09-10012982-CC

LISA HINTON, DECEASED
C/O WILLIAM HINTON
636 LAKE ST #1
RENO, NV 89501

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

NOTICE OF RESETTING

Pursuant to an approved request for continuance, you are hereby notified a hearing will be held by telephone on:

DATE: TUESDAY, JANUARY 9, 2018

TIME: 11:00AM

**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.

NOTE: NO FURTHER CONTINUANCES WILL BE GRANTED.

Dated this 1st day of December, 2017.


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 **NOTICE OF RESETTling** 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:

LISA HINTON, DECEASED
C/O WILLIAM HINTON
636 LAKE ST #1
RENO, NV 89501

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

Dated this 1st day of December, 2017.



Karen Dyer
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

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

Hearing Number: 1800992-SA
Claim Number: 09-10012982-CC

LISA HINTON, DECEASED
C/O WILLIAM HINTON
695 W 3RD ST #143
RENO, NV 89503

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

NOTICE OF RESETTING

~~Pursuant to an approved request for continuance, you are hereby notified a~~
hearing will be held by telephone on:

DATE: WEDNESDAY, NOVEMBER 29, 2017

TIME: 11:00AM

**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.

NOTE: NO FURTHER CONTINUANCES WILL BE GRANTED.

Dated this 13th day of November, 2017.


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 **NOTICE OF RESETTING** 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:

LISA HINTON, DECEASED
C/O WILLIAM HINTON
695 W 3RD ST #143
RENO, NV 89503

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

Dated this 13th day of November, 2017.

Karen Dyer

Karen Dyer
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

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

Hearing Number: 1800992-SA
Claim Number: 09-10012982-CC

LISA HINTON, DECEASED
C/O WILLIAM HINTON
695 W 3RD ST #143
RENO, NV 89503

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

NOTICE OF RESETTING

Pursuant to an approved request for continuance, you are hereby notified a hearing will be held by telephone on:

DATE: THURSDAY, NOVEMBER 16, 2017

TIME: 11:00AM

**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 31st day of October, 2017.


Sondra L Amodei, Hearing Officer

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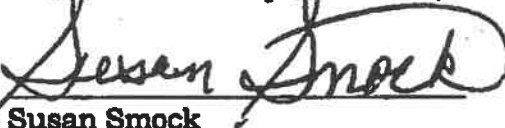
CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF RESETTING** 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:

LISA HINTON, DECEASED
C/O WILLIAM HINTON
695 W 3RD ST #143
RENO, NV 89503

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

Dated this 31st day of October, 2017.



Susan Smock
Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Industrial Insurance Claim of:

Hearing Number: 1800992-SA
Claim Number: 09-10012982-CC

LISA HINTON, DECEASED
C/O WILLIAM HINTON
695 W 3RD ST #143
RENO, NV 89503

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

NOTICE OF RESETTING

TO: ALL PARTIES IN INTEREST:

PLEASE TAKE NOTICE that pursuant to a conflict in the Hearing Officer's calendar, a hearing in the above-captioned matter is scheduled to come before the Hearings Officer on:

DATE: TUESDAY, OCTOBER 31, 2017

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 Fax (775) 687-8441**

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

Dated this 25th day of October, 2017.


Sondra L. Amodei, Hearing Officer

RECEIVED
OCT 30 2017
CCM

CERTIFICATE OF MAILING

The undersigned, an employee of the State of Nevada, Department of Administration, Hearings Division, does hereby certify that on the date shown below, a true and correct copy of the foregoing **NOTICE OF RESETTING** was 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:

LISA HINTON, DECEASED
C/O WILLIAM HINTON
695 W 3RD ST #143
RENO, NV 89503

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

Dated this 25th day of October, 2017.



Karen Dyer
Employee of the State of Nevada

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

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DEC 04 2017
CCSI

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

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

HEARING NO: 1800992-SA

William Hinton,)
Applicant)

VOCP NO: 09-10012982-CC

VOCP HEARING STATEMENT

William Hinton has an approved claim for the death of his wife, Lisa; that occurred on March 10, 2009. The Victims of Crime Program (VOCP) has paid just over \$2,300.00 for Lisa's medical bills and William's counseling. On September 12, 2017, VOCP received a letter from Mr. Hinton requesting the program reimburse him for the cost of Lisa's funeral, Mr. Hinton's relocation, as well as provide survivor benefits.

On September 20, 2017, VOCP issued a determination denying relocation and survivor benefits. The correspondence indicated that if Mr. Hinton locates his funeral bill and receipt, he should provide that to the program for reimbursement.

Mr. Hinton stated that as a result of his wife's death, he could no longer afford to live in the same place they had lived together. He provided documentation of that move, which took place in 2009. However, this program assists with relocation in order to help a victim of a violent crime avoid additional victimization. Mr. Hinton's situation does not qualify and therefore, his request for relocation is denied.

Regarding the request for survivor benefits, Mr. Hinton indicated that Lisa Reaves Hinton was not employed at the time of her death. Mr. Hinton submitted social security statements confirming that. The survivor benefit that is offered by this program is available to assist the surviving spouse with the income earned from the employment of the deceased spouse, per policy.

**Board of Examiner Policy: Section Eleven. Available Benefits
9. Survivor Benefits**

A. Loss of Income or support payments may be paid to qualified dependents of a deceased victim, who was employed at the time of the crime.

10. Funeral and Burial Expenses

A. The VOCP may reimburse any individual who pays funeral and burial expenses for a deceased victim of crime. This benefit is not restricted to family members, but can be paid to any individual who has paid funeral and burial expenses for a qualified victim. The VOCP may reimburse up to \$5,000 for a deceased victim's funeral and burial expenses.

Q. Funeral Expenses Not Covered include:

1) Costs of banquets or wake

2

- 2) Food or beverages
- 3) Floral Arrangements
- 4) A pre-purchased funeral or grave
- 5) Finance or interest charges
- 6) Merchandise, with the exception of a casket or urn

11. Relocation Expenses

A. The VOCP can assist with relocation expenses in cases involving domestic violence where the victim will be in immediate danger of physical injury if the victim is unable to relocate to a safe environment, away from the perpetrator. The relocation must be directly related to the crime, and required to avoid additional victimization by the perpetrator of the crime for which the application was approved. The relocation must be in close proximity to the crime and may not be used later than six months after the crime.

Section Ten. Claim Limits and Payment Policies

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

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

**Dated this 12th day of October, 2017
Victims of Crime Program**

CERTIFICATE OF MAILING

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

**STATE OF NEVADA
HEARINGS DIVISION
1050 E WILLIAM ST STE 400
CARSON CITY, NV 89701**

**LISA HINTON, DECEASED
C/O WILLIAM HINTON
695 W 3RD ST #143
RENO, NV 89503**

Dated this 12th day of October, 2017 -



Employee of the State of Nevada

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

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

Hearing Number: 1800992-SA
Claim Number: 09-10012982-CC

LISA HINTON, DECEASED
C/O WILLIAM HINTON
695 W 3RD ST #143
RENO, NV 89503

REBECCA SALAZAR VOCP
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: MONDAY, OCTOBER 30, 2017

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 5th day of October, 2017.

Sondra L Amodai, Hearing Officer

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OCT 09 2017
CCSI


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:

LISA HINTON, DECEASED
C/O WILLIAM HINTON
695 W. 3RD ST. #143
RENO, NV 89503

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

Dated this 5th day of October, 2017.


Annette Petro
Employee of the State of Nevada

1800472

FAXED

10-2-17

To: Department of Administration
Hearing Officer

To: William Horton, am requesting
in writing an appeal on the decision
made by Rebecca Salazar, Program Mgr.,
on my reimbursement claim request
made.

I have proof of reasons why I
believe I'm allowed to have the
reimbursement claim.

Sincerely,

William Horton

Lisa Horton 09-0012982

RECEIVED
AND
FILED

2017 OCT 14 AM 11:12
STATE OF TEXAS
DEPT OF ADMINISTRATION
HEARING DIVISION

MON.
10/30 @ 9:00
SA

ERIAN SANDOVAL
Governor

PATRICK CATES
Deputy



MOONELLE MURRANZO
Coordinator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Victims of Crime Program

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

voc.nv.gov

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

September 20, 2017

52 weeks

William Hinton
695 W 3rd St #143
Reno, NV 89503

RE: Claim No: 09-10012862-OC

Dear Mr. Hinton:

Based on the information you provided, your wife was not employed at the time of the crime, although she received social security payments. Because she was not employed, you do not qualify for survivor benefits.

You indicated to me on the phone that you had to move as a result of your wife's death, as you could not afford to live alone in your shared home. Our relocation benefit is limited to victims who have to move for their safety in order to avoid additional victimization. Unfortunately, you do not qualify for that benefit. You've submitted over \$2,500 in receipts for your move and we understand that caused hardship for you. We'll issue a check for \$500 to assist with that, which represents our maximum available in discretionary funds.

Regarding funeral costs, we cannot issue payment based on your handwritten receipt. You must either provide the paperwork you were given at the time which shows the itemized costs, or you must obtain that paperwork. We understand the funeral home has since closed, however, we cannot issue payments based on estimated handwritten receipts.

Board of Examiner Policy: Section Eleven. Available Benefits

8. Survivor Benefits

A. Loss of income or support payments may be paid to qualified dependents of a deceased victim, who was employed at the time of the crime.

10. Funeral and Burial Expenses

A. The VOCP may reimburse any individual who pays funeral and burial expenses for a deceased victim of crime. This benefit is not restricted to family members, but can be paid to any individual who has paid funeral and burial expenses for a qualified victim. The VOCP may reimburse up to \$5,000 for a deceased victim's funeral and burial expenses.

C. Funeral Expenses Not Covered Include:

- 1) Costs of banquets or wake
- 2) Food or beverages
- 3) Floral Arrangements
- 4) A pre-purchased funeral or grave
- 5) Finance or interest charges
- 6) Merchandise, with the exception of a casket or urn

11. Relocation Expenses

A. The VOCP can assist with relocation expenses in cases involving domestic violence where the victim will be in immediate danger of physical injury if the victim is unable to relocate to a safe environment, away from the perpetrator. The relocation must be directly related to the crime, and required to avoid additional victimization by the perpetrator of the crime for which the application was approved. The relocation must be in close proximity to the crime and may not be used later than six months after the crime.

Loss of Income

Section Ten. Claim Limits and Payment Policies

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

Sincerely,

Rebecca Salazar
Rebecca Salazar
Program Manager

cc: [illegible]

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, Hearings Division
2200 S. Rancho Dr Ste 210
Las Vegas, NV 89102
(702) 496-2525**

RECEIVED

05:02:09 p.m. 09-11-2017

4/9

SEP 12 2017

CCSI



LISA Hinton CCSI-10012982-CC
DOB 6/8/56

To: Whom it may concern: Compensation
Request of Payment: Remittance office
I, William Hinton husband of Anne
Victim LISA Hinton # 09-10012982-CC. I
have called and talked with CV about
why I was not helped by an advocate
@ the time of my wife's passing. She
filled out my application & checked that
I was entitled to them. She then former
was an advocate with CV. Then another one
was assigned & never made contact with
me. I was told to get together what
Receipts I could provide. I couldn't get what
Receipts due to the closing of the funeral
home I could send on what I knew
what I had paid for. Due to the crime
along with the New Investigation of my wife's
Death has left me with much grief that
has never gone away. My emotional status
of my dealing with this the death of my
Partner and the love of my life. I have
not just lost her. I lost my home
had to relocate there was a lot of money
that I had to borrow and still owe to
this day. My Counselor Advise me to
Relocate and to get rid of all LISA's

LISA HUNTER # 04-10012102-LL-000 015126

Washington Memorial Funeral Home.
 Reno Nevada = Closed down. NO State Record.
 Since closed! Low to keep

Breakdown of Services Charges.

Cremation 775⁰⁰ 775⁰⁰

Storage of Body. 150 x 3. 450⁰⁰

Autopsy Report. 2 x 15. 450⁰⁰

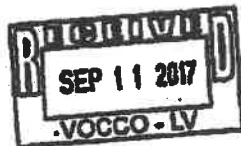
Death Cert 6 x 11 66⁰⁰

Transportation of Body = 1800⁰⁰

Filing Paperwork Basic Service. 175⁰⁰

Obituary filing cost. 125⁰⁰

3438.00



Lisa Horton 09-10012982 CC DOB. 6/18/56

Personal belongings. I'm physically hand capped. I had a 3 stroke over this. I had to hire someone to do the job. Sea attacked. I still need to see a caregiver but cannot find one close to me downtown. The caregiver I was seeing from NV just told me she cannot see me no more because she can't find to get paid more per hour and there is work here. So if you could cash her out on that. But he can see a caregiver here and pay. My loss of income when Lisa passed. If the advocate at the time would of helped me I wouldn't lose my cards. I had to relocate. See expenses. When I lost Lisa I lost everything.

Due

Hardship Loss of Income 800 a month @ 7.71%

Barbara's Funeral Cost

See attached breakdown

3436.00

2 Cays.

Relocating Moving Expenses

88.70

Removal of Lisa's estate stuff

443.21

Per Barbara's Advice for burial

Remaining Burial cost needed

1200.00

Mortgage Cost Rent deposit cost

1800.00

Mortgage Cost Cleaning unit

375.18

of Lisa's & my home we lost

unit cost & ASHES container

125.00

Bureau - Loan help for Barbara's funeral exp

1500.00

owing still

Lisa Hinton. DOB: 6/18/56
0910012982.CC.

Alma, Camp office Bills got standing.
still

Alma, I just want to let you know what I found out while helping William out with this. William is left feeling that the justice Dept and the Police Dept and CV ~~that~~ back in 2009 the Advocate could have helped him with the class of income and Lisa could have been paid instead of what was only what Bill could do, because of him not being helped by the CV advocate. They are trained on that and he is a was ~~trifling~~ physically handicapped: only making 35 or 40 ft motion in walking and standing. So the Reno Police Dept has this thing that is called a Demographic, which William's class & record & Race was talked about it was an issue was the ~~thing~~ ~~thing~~ searching why they didn't investigate Lisa Hinton. Also they didn't even the Crime ~~Vehicle~~ Vehicle Homicide. & also when Elizabeth who filled out & signed William's Application for Crime Victim - Quit all of a sudden then later this News Advocate was named who never spoke on that with William from CV. - Her future to deal.

With no one cares about who killed
 Lisa & her case sets as a Cold Case
 never going to be looked at again.
 What can I do to get the case
 changed to homicide instead of M.C.T.
 Ron. Who ever did this is Fair and
 So no longer gets to see her husband
 or Lisa alive. What can I do? Help
 me if you can do this.

Thank you

William Hunter

9-11-17

P.S. my Race as a black man should
 not change the Reno P.D. to do there
 job and go after the murderer of my
 wife so I can rest at night.

Jane Tubbs Don Bag Cleaning
 2507 Washington St
 Portland OR 97248

Alma: These two bills still are outstanding
 This Cleaning Company was my business
 wife & her daughter business I
 also borrowed money from them to help me
 pay for Lisa cremation and other stuff I
 couldn't afford at the time. Please pay them.

FAX

Date: 9-11-17

Pages (including cover):

9

To: <u>CV LV NEVADA</u>	Fax #: <u>702-888-9411</u>
Company: <u>CRIME VICTIMS</u>	Phone #: <u>7890</u>
<u>Compensation Dept</u>	
From: <u>William Hinton</u>	Fax #: <u>(775) 332-3215</u>
	Phone #: <u>702-486-2825</u>
SEP 11 2017	
VOCVO-LV	

Message:

ATTN: William Hinton

Lisa Hinton, 09-10012982-CC

William # 775-830-8421

OR

775-850-8527

6:11, 8.2017 6:01PM

LISA Hinton # 09-10012982-CC #2
6/8/56

No. 5779 P. 1

Parkside Gardens
1800 Sutton Lane
Owens, NV 89401

RECEIVED

SEP 12 2017

CCSI

Sof-Journal Resident
William Hinton
4500 Mrs Lane Dr
Reno, NV 89503-8401

Final account statement

Lodger Account at move-out	
Charges For Cleaning Hobbies - Hobbies	\$43.50
Damage Charges Full patch Hobbies	119.00
Rent	53.00
Balance at move-out	\$315.50

Deposit Available	
Deposit Received	\$275.00
Total Deposits on hand	(275.00)

Additional charges/credits/payments after move-out	
Total additional charges / credits / payments	0.00

Final Account balance	
Balance at move-out	\$315.50
Total Deposits	(275.00)
Total additional charges / credits / payments	0.00
Total account balance due	40.50

FAS Prepared

Date	07/10/2016
User	Purns, Shari

Pay to

Hobbies, William

Leave Information - Unit 07-025

Move-In	07/10/2016
Move-Out	08/10/2016
Lease Expires	01/01/2016
Move-out amount	07/03/2016

Total balance

300.00



Amount

Move in Cost	525.00
Deposit Rent etc	275.00
	<u>800.00</u>

Owens - Final account statement : William Hinton

Page 1 of 1

Two College Guys

889 Nugget Ave
 Sparks, NV 89431
 Phone: 855-5538, FAX: 352-5532

LSA Hinton # 09-12982-CC-#1
 6/8/56

Invoice

Date	Invoice #
7/6/2009	2246

PAID**RECEIVED****SEP 12 2017****CCSI**

BT To Eileen, DJ 4476 Madala Drive Reno, NV 89502 775 828-0087 775 830-1221

Description	Quantity	Rate	Amount
Two Man Chair with Equipment (upholstery and bag drying, includes pads, etc) A two hour minimum applies unless otherwise stated.	25	20.00	500.00
I have declared the Optional Handling Insurance provided by T.C.G. T.C.G. assumes no liability for security of electronics and appliances. Liability is limited to (50) each per pound per article. Any contract changes to liability coverage must have prior office authorization.		6.00	0.00
Truck Rental: Includes local gas and insurance. Nevada State requires that rental trucks be driven by the customer. Two College Guys does not provide driver.		110.00	110.00
20 _____ Estimated Miles @ 5.50 per mile		12.00	12.00
Shipping charges _____		75.00	75.00
Shipping charges _____			
Packing Materials: Boxes Small 15 @ \$ 1.50 each (\$19.50), large 1 @ \$3.00 each (\$ 3.00), medium @ \$2.25 each (\$ 4.50), wardrobe @ \$ 5.00 each (\$25.00), 3 rolls of tape @ \$2.00 each (\$ 6.00)			
887.00		Total	3367.00
		Balance Due	30.00

09/18/2017 16:15 7752842101

VRG COURTYARD CENTRE

PAGE 84/84

Lisa Hinton CV# 09-10012982-CC
 *** REC 2017257 185717 H7825881 1D01 CIPQYAF PQAF (F-1D1) ***

1099 DTE:09/14/17 SSN:560-02-0281

DOC:945 UNIT:060

PG: 001

+++++FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT - 2009+++++
 +PART OF YOUR SOCIAL SECURITY BENEFITS MAY BE TAXABLE INCOME FOR 2009.
 +USE \$ 2764.20 FROM BOX 3 BELOW WITH IRS NOTICE 703 TO SEE IF ANY PART
 OF YOUR BENEFITS MAY BE TAXABLE ON YOUR FEDERAL INCOME TAX RETURN.
 +ALSO SEE ATTACHED GENERAL INFORMATION.

BOX 1. NAME-LISA A REAVES

BOX 2. BENEFICIARY SOCIAL SECURITY NUMBER-560-02-0281 (SEE BOX 8 BELOW)

BOX 3. BENEFITS FOR 2009- \$ 2764.20 (SEE DESCRIPTION OF AMOUNT IN BOX 3)

BOX 4. BENEFITS REPAYED TO SSA IN 2009-NONE

(SEE DESCRIPTION OF AMOUNT IN BOX 4 BELOW)

BOX 5. NET BENEFITS (BOX 3 MINUS BOX 4) FOR 2009-\$ 2764.20

BOX 6. VOLUNTARY FEDERAL INCOME TAX WITHHELD-NONE

BOX 7. ADDRESS-LISA A REAVES 4476 HATCH DR

RENO NV 89502-6379

BOX 8. CLAIM NUMBER-560-02-0281A (USE THIS NUMBER IF YOU NEED TO CONTACT SSA)

+++DESCRIPTION OF AMOUNT IN BOX 3+++

ADD:

PAID BY CHECK OR DIRECT DEPOSIT-----	\$ 2475.00
MEDICARE PART B-----	\$ 289.20
MEDICARE PART C-----	\$ 0.00
MEDICARE PART D-----	\$ 0.00
WORKERS COMPENSATION OFFSET-----	\$ 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS-----	\$ 0.00
PAID TO ANOTHER FAMILY MEMBER-----	\$ 0.00
ATTORNEY FEES-----	\$ 0.00
VOLUNTARY FEDERAL INCOME TAX WITHHELD-----	\$ 0.00
TREASURY BENEFIT PAYMENT OFFSET, GARNISHMENT AND/OR TAX LEVY-----	\$ 0.00
TOTAL ADDITIONS-----	\$ 2764.20

SUBTRACT:

NONTAXABLE PAYMENTS-----	\$ 0.00
AMOUNTS FOR OTHER FAMILY MEMBERS PAID TO YOU-----	\$ 0.00
TOTAL SUBTRACTIONS-----	\$ 0.00
BENEFITS FOR 2009 (AMOUNT SHOWN IN BOX 3)-----	\$ 2764.20

+++DESCRIPTION OF AMOUNT IN BOX 4+++

ADD:

CHECKS RETURNED TO SSA-----	\$ 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS-----	\$ 0.00
OTHER REPAYMENTS-----	\$ 0.00
BENEFITS REPAYED TO SSA IN 2009 (AMOUNT SHOWN IN BOX 4)-----	\$ 0.00

SOCIAL SECURITY ADMIN.
 1170 HARVARD WAY
 RENO, NV 89502-2107

William Hinton
 09-10012982-CC

RECEIVED

SEP 18 2017

CCSI

7024862825

ST OF NV VOC

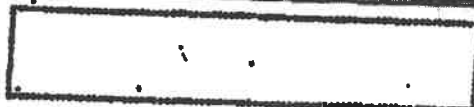
09:23:52 a.m. 09-18-2017

4/4

09/18/2017 16:15 7752842181

VRG COURTYARD CENTRE

PAGE 01/04



TO: CJ LU NEVADA.	FROM: William Hinton.
COMPANY:	DATE: 9-15-2017
FAX NUMBER: 702-486-2825	TOTAL NO. PAGES: 1
PHONE NUMBER:	SENDER'S FAX: 775-284-2100
RE:	PLEASE RESPOND BY:
<input type="checkbox"/> URGENT <input type="checkbox"/> FOR REVIEW <input type="checkbox"/> COMMENTS	<input checked="" type="checkbox"/> PLEASE REPLY <input type="checkbox"/> RECYCLE

If you have any questions, please feel free to call us at 775-284-2100.

**Social Security Administration
Retirement, Survivors and Disability Insurance**

**SOCIAL SECURITY
1170 HARVARD WAY
RENO, NV 89502-2107**

Date: September 18, 2017

Claim Number: 060-08-0000

044

RECEIVED

SEP 19 2017

RENO DO 9-5

**LISA A HEAVES
400 MATCH DR
RENO, NV 89502-4578**

Dear LISA A HEAVES:

Per Social Security records, Lisa Heaves was entitled to Social Security Disability benefits beginning July of 1998. Her gross benefits from January 2008 through December 2008 were \$970.00. This is the monthly benefit before her Medicare Part B premium of \$98.00 was withheld, making her net benefit \$774.00. She received the net amount of \$774.00 for the entirety of 2008.

If you have any questions, you should call, write, or visit our Social Security office. If you visit our office, please bring this letter. It will help us answer your questions.

Social Security Administration
**SOCIAL SECURITY ADMIN.
1170 HARVARD WAY
RENO, NV 89502-2107**

SOCIAL SECURITY ADMINISTRATION

Date: September 19, 2017
Claim Number: XXX-XX-2503A

WILLIAM A. KIRBY
604 WEST THIRD STREET
APT 343
NEW NY 10008-5334

RECEIVED
SEP 19 2017
RENO DO 94

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2016, the full monthly Social Security benefit before any deductions is.....\$ 1359.66

We deduct \$109.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1249.66 (We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Other Important Information

*** THE CLAIMANT IS RECEIVING DISABILITY BENEFITS OFF OF HIS OWN RECORD. THIS IS THE ONLY ENTITLEMENT HE IS RECEIVING AT THIS TIME. HE DOES NOT RECEIVE SURVIVOR'S BENEFITS.**

Medicare Information

You are entitled to hospital insurance under Medicare beginning April 1999.

You are entitled to medical insurance under Medicare beginning April 1999.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

RESPECT SOCIAL SECURITY FRAUD?

Please visit <http://edg.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1222, or call your local office at 800-888-5481. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-8778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1170 HARVARD WAY
RENO, NV 89502

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

SOCIAL SECURITY ADMIN.
1170 HARVARD WAY
RENO, NV 89502-2107
OFFICE MANAGER

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

May 1, 2009

**WILLIAM HINTON
4476 MATICH DR.
RENO NV 89502**

**RE: Claim Number: 09-10012982-CC
 Victim: Reaves-Hinton, Lisa
 Date Of Crime: March 10, 2009**

Please be advised your application for benefits from the VOCP has been approved based on the information you have provided in your application and the law enforcement crime report. You are still legally responsible for your medical bills and expenses. We will help you pay your crime related expenses when we receive proper documentation of the expense.

Please submit any crime related bills, receipts, Insurance Explanation of Benefits (EOB) or other payment documents to the address noted below. We remind you that it is illegal to submit non-crime related bills for payment.

If you recover any money from insurance, civil lawsuit or otherwise you are required to notify the VOCP, and to repay the money VOCP pays to you or on your claim.

You are required to keep us advised of any address changes. If you do not your claim may be closed. Your claim will be closed when all the payments we have approved for payment have been made, or 6 months after the last known payment is made on your claim. You may request reopening within 2 years if you have additional crime related bills or expenses.

Most questions regarding available benefits can be answered by reviewing the information provided on our website at <http://voc.nv.gov>. If you are unable to locate an answer to your specific question, please email us at support@voc-net.com, or contact us at the office number listed below.

**George Crown
Compensation Officer
Victims of Crime Program
PO Box 94525
Las Vegas, NV 89193-1525
775-688-2900**

12004/013


Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 1/14/04</small>				Accident Number: RPD-09-8290	
Date Received: 01/14/2004						<input type="checkbox"/> Property <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Fatal	
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> Emergency Use <input type="checkbox"/> Office Report	<input type="checkbox"/> Preliminary Report <input checked="" type="checkbox"/> Initial Report	<input type="checkbox"/> Description <input type="checkbox"/> Supplement Report	<input checked="" type="checkbox"/> LX and Run <input checked="" type="checkbox"/> Private Property	Agency Name: RENO POLICE DEPARTMENT		
Collision Date 3/10/2009	Time 14:53	Day TUESDAY	Road / Sector SOUTHEAST	<input type="checkbox"/> County <input checked="" type="checkbox"/> City RENO	Surface <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt <input type="checkbox"/> Snow	Intersection <input type="checkbox"/> Four Way <input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other	Pavement Markings <input type="checkbox"/> None <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> Both Side <input type="checkbox"/> Unknown
Mile Marker	# Vehicles 1	# Non Motorists 1	# Occupants 1	# Fatalities 0	# Injured 1	# Restrained 0	
Occurred On: Highway or Street Name <input type="checkbox"/> Parking Lot 4045 S. VIRGINIA ST							
<input type="checkbox"/> At Intersection With <input checked="" type="checkbox"/> Dr 0 <input type="checkbox"/> Front <input type="checkbox"/> Median <input type="checkbox"/> Approaches							
Of Cross Street NORTH 4045 S. VIRGINIA ST							
Roadway Character <input type="checkbox"/> Curve & Grade <input type="checkbox"/> Curve & Horizontal <input type="checkbox"/> Curve & Level <input type="checkbox"/> Straight & Grade <input type="checkbox"/> Straight & Horizontal <input type="checkbox"/> Straight & Level <input type="checkbox"/> Unknown <input type="checkbox"/> Other		Roadway Conditions <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Mud / Oil / Dirt / Gravel <input type="checkbox"/> Other		Total Thru Lanes <input type="checkbox"/> Main Road <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Six Total All Lanes: 0		Average Roadway Widths Travel Lane: 0 ft Storage / Turn Lane: 0 ft Median: 0 ft Paved Shoulder: Inside 0 ft, Outside 0 ft	
						Roadway Grade <input type="checkbox"/> Not Determined <input checked="" type="checkbox"/> Relatively Level <input type="checkbox"/> Up Slope (+) <input type="checkbox"/> Down Slope (-)	
						Relative To: Grade %	
Pavement Markings and Type Centerline, Broken Yellow Centerline, Solid Yellow Centerline, Double Yellow Lane Line, Broken White Lane Line, Solid White Other				No Crossing, Other Direction Turn Arrow Symbols Center Turn Lane Line Edge Line, Left, Yellow Edge Line, Right, White		Highway Description <input checked="" type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Div., Unimproved Median <input type="checkbox"/> Two-Way, Div., Median Barrier <input type="checkbox"/> One-Way, Not Div. <input type="checkbox"/> Unknown <input type="checkbox"/> Off Road	
				Weather Conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Dust, Dirt, Sand, Snow <input type="checkbox"/> Other			
Light Conditions <input type="checkbox"/> Dark <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Unknown <input type="checkbox"/> Other		Vehicle Collision Type <input type="checkbox"/> Head On <input type="checkbox"/> Rear End <input type="checkbox"/> Backing <input type="checkbox"/> Single <input type="checkbox"/> Head On <input type="checkbox"/> Rear End <input type="checkbox"/> Side-swipe - Meeting <input type="checkbox"/> Side-swipe - Overtaking <input type="checkbox"/> Station - Collision <input type="checkbox"/> Unknown		Location of First Event <input type="checkbox"/> Travel Lane <input type="checkbox"/> Turn Lane <input type="checkbox"/> Cross <input type="checkbox"/> Median <input type="checkbox"/> Outside Shoulder <input type="checkbox"/> Intersection <input type="checkbox"/> Private Property <input type="checkbox"/> Roadside <input type="checkbox"/> Other			
Highway / Environment Factors <input type="checkbox"/> None <input type="checkbox"/> Road Construction <input type="checkbox"/> Double <input type="checkbox"/> Glare <input type="checkbox"/> Other Highway <input type="checkbox"/> Other Environmental				Property Damage To Other Than Vehicle Describe Property Damage Owner's Name (Last First Middle): Owner's Address (Street Address City, State Zip):			
First Harmful Event Code #: 201 Description: 201 PEDESTRIAN							
Description of Accident / Narrative V1 N/B ON S. VIRGINIA ST SOUTH OF PECKHAM LN IN C/L. NM1 N/B ON WEST-SIDE DRIVEWAY TO 4045 S. VIRGINIA ST. V1 TURNED W/B INTO DRIVEWAY OF 4045 S. VIRGINIA ST AND STRUCK W/ THE L/F. THE R/S OF NM1, KNOCKING NM1 TO THE GROUND. V1 THEN RAN-OVER W/ THE L/S, THE L/S OF NM1. V1 FLED W/B THRU THE P-LOT. NM1 AT POR UPON RPD ARRIVAL.							
• W1 REPORTED V1 TO BE: A SILVER, NEWER MODEL EXT-CAB F-150, TINTED REAR WINDOWS, W/ UNK							
Investigation Complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Scene Diagram <input type="checkbox"/> Yes <input type="checkbox"/> No	Statements <input type="checkbox"/> Yes <input type="checkbox"/> No 1	Date Modified 3/10/2009	Time Modified 14:55	Arrival Date 3/10/2009	Arrival Time 14:56
Investigator(s) 9572 V MADDOCK		ID Number 9572	Date 3/10/2009	Reviewed By 1835 STEPHANIE	Date Reviewed 3/18/09	Page 1 of 1	

Event Number:	STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 05/03</small>	Accident Number: RPD-00-0290 Agency Name: RENO POLICE DEPARTMENT
Description of Accident / Narrative Continuation		
<p>OCC.</p> <ul style="list-style-type: none"> • V1 DID NOT SEE V1 INITIALLY STRIKE NM1; HOWEVER, SAW V1 "RUN OVER" NM1. FURTHER, IT APPEARED THAT V1 DID NOT WANT TO STOP, AS IT LOOKED LIKE IT "STEPPED ON THE GAS WHEN THE PERSON WENT OVER." V1 THEN FLED W/B THRU THE ATM DRIVE-THRU AND WENT AN UNK D.O.T. • NM1 REPORTED V1 TO BE: A BRIGE/GOLD LONGER STYLE 4X4 TRUCK • I TOOK DIGITAL IMAGES OF SCENE/NM1. I LATER IMPORTED THEM INTO VERIFIC PER RPD PROCEDURE. • I MADE CONTACT W/ NM1 AT RENOMN. SHE WAS CONSCIOUS/ALERT AT TIME OF CONTACT AND WAS AWAITING A CAT SCAN. SHE REPORTED THAT WHILE WALKING W/B ACROSS THE WELLS FARGO (1045 S. VIRGINIA ST) DRIVEWAY/SIDWALK, SHE STOPPED TO LOOK FOR SOMETHING IN HER PURSE. WHILE LOOKING DOWN, V1 APPROACHED FROM THE EAST SIDE AND STRUCK HER W/ THE L/S. WHEN SHE FELL TO THE GROUND, V1 RAN OVER THE LEFT SIDE OF HER "FROM HEAD TO TOE" W/ THE L/S OF THE VEH. SHE COMPLAINED OF HEAD PAIN, BACK PAIN, ABDOMINAL PAIN, AND L/S ANKLE PAIN. I OBSERVED AN APPROX. 2" CIRCULAR ABRASION ON THE R/S OF HER HEAD. • REGARDING POSSIBLE VIDEO SURVEILLANCE: OFFICER FLAME CHECKED W/ WELLS FARGO. OFFICER LEMBORA CHECKED W/ ATLANTIS SECURITY. I CHECKED W/ RSCVA CONVENTION CENTER SECURITY. ALL BUSINESS REPORTED NEGATIVE VIDEO SURV. <p>NFI.</p>		
<p>Indicate North</p> <p>A.I.C.:</p> <p style="text-align: right;">Page 2 of 7</p>		

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 07/004</small>		Accident Number: RPO-08-0290																									
Vehicle # 1	# Compacts 0	<input type="checkbox"/> At Fault <input type="checkbox"/> Non Contact Vehicle		Agency Name: RENO POLICE DEPARTMENT																									
Direction of Travel: <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> West <input type="checkbox"/> East		Highway / Street Name: 4045 S. VIRGINIA ST			Travel Lane #: 2																								
Vehicle Action: <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Left Turn <input type="checkbox"/> U-Turn <input type="checkbox"/> Wrong Way <input type="checkbox"/> Passing <input type="checkbox"/> Leaving Paved <input type="checkbox"/> Leaving Lane <input type="checkbox"/> Logging Lane <input type="checkbox"/> Enter Paved (r) <input type="checkbox"/> Lane Change <input type="checkbox"/> Unknown <input type="checkbox"/> Backing <input type="checkbox"/> Right Turn <input type="checkbox"/> Stopped (s) <input type="checkbox"/> Stopping <input type="checkbox"/> Entering Lane <input type="checkbox"/> Other Parking <input type="checkbox"/> Driverless Vehicle <input type="checkbox"/> Other		Transported By: <input checked="" type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other																											
Driver (Last Name, First Name, Middle Name Initial)		Transported To:																											
Street Address:		Foreign Type: 1																											
City:		State / Country <input type="checkbox"/> NV		Zip Code:	Seating Position:																								
DOB:		Phone Number:		Injury Severity:	Injury Location:																								
<input type="checkbox"/> Male <input type="checkbox"/> Female		State: <input type="checkbox"/> NV		<input type="checkbox"/> CDR <input type="checkbox"/> CPT	License Status:																								
OLN:		Absease:		Abuse Status:	Ejected:																								
Compliance:		Endorsements:		Restrictions:																									
<input type="checkbox"/> Restricted <input type="checkbox"/> Endorse		Alcohol/Drug Involvement:		Method of Determination (check up to 3)																									
<input type="checkbox"/> Not Involved		<input type="checkbox"/> Suspended Impairment		<input type="checkbox"/> Old Safety Test																									
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs		<input type="checkbox"/> Unknown		<input type="checkbox"/> Urine Test																									
Vehicle Year:		Vehicle Make:	Vehicle Model:	Vehicle Type:																									
Plate / Permit No.:	State:	Registration Date:	Vehicle Color:																										
Vehicle Identification Number:		Registered Owner Name:																											
Registered Owner Address:		Insurance Company Name:																											
Policy Number:		Effective:																											
Insurance Company Address or Phone Number:		Yol:																											
<input type="checkbox"/> Vehicle Towed <input type="checkbox"/> Towed By:		1st Contact																											
Removed To: RETAINED BY DRIVER																													
Traffic Control <input type="checkbox"/> Speed Zone <input type="checkbox"/> Signal Light <input type="checkbox"/> Flashing Light <input type="checkbox"/> School Zone <input type="checkbox"/> Ped. Signal <input type="checkbox"/> No Parking <input type="checkbox"/> No Control <input type="checkbox"/> Warning Sign <input type="checkbox"/> Turn Signal <input type="checkbox"/> Other		Sequence Of Events <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Code #</th> <th>Description</th> <th>Collision With Fixed Object</th> <th>Most Damaged Front</th> </tr> </thead> <tbody> <tr> <td>1st 201</td> <td>201 PEDESTRIAN</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2nd</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3rd</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5th</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Code #	Description	Collision With Fixed Object	Most Damaged Front	1st 201	201 PEDESTRIAN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2nd		<input type="checkbox"/>	<input type="checkbox"/>	3rd		<input type="checkbox"/>	<input type="checkbox"/>	4th		<input type="checkbox"/>	<input type="checkbox"/>	5th		<input type="checkbox"/>	<input type="checkbox"/>	Extent Of Damage <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Unknown	
Code #	Description	Collision With Fixed Object	Most Damaged Front																										
1st 201	201 PEDESTRIAN	<input type="checkbox"/>	<input checked="" type="checkbox"/>																										
2nd		<input type="checkbox"/>	<input type="checkbox"/>																										
3rd		<input type="checkbox"/>	<input type="checkbox"/>																										
4th		<input type="checkbox"/>	<input type="checkbox"/>																										
5th		<input type="checkbox"/>	<input type="checkbox"/>																										
<input type="checkbox"/> CDR <input type="checkbox"/> CPT <input type="checkbox"/> CDR / CPT <input type="checkbox"/> CDR / CPT <input type="checkbox"/> CDR <input type="checkbox"/> CPT <input type="checkbox"/> CDR / CPT <input type="checkbox"/> CDR / CPT		Violation		Citation Number																									
<input type="checkbox"/> CDR <input type="checkbox"/> CPT <input type="checkbox"/> CDR / CPT <input type="checkbox"/> CDR / CPT <input type="checkbox"/> CDR <input type="checkbox"/> CPT <input type="checkbox"/> CDR / CPT <input type="checkbox"/> CDR / CPT		Violation		Citation Number																									
Investigator(s) 8572 V MADDOX		ID Number 8572	Date 3/10/2009	Reviewed By	Date Reviewed 3 of 7																								

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT VEHICLE INFORMATION SHEET <small>Revised 02/00</small>		Accident Number: RPD-08-0290	
				Agency Name: RENO POLICE DEPARTMENT	
Name: (Last Name, First Name, Middle Name Initial)				Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown	
Street Address:				Transported To:	
City:	State / Country <input type="checkbox"/> NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
Name: (Last Name, First Name, Middle Name Initial)				Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown	
Street Address:				Transported To:	
City:	State / Country <input type="checkbox"/> NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
Name: (Last Name, First Name, Middle Name Initial)				Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown	
Street Address:				Transported To:	
City:	State / Country <input type="checkbox"/> NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female	DOB:	Phone Number:	Injury Severity:	Injury Location:	
			Airbags:	Airbag Switch:	Ejected: Trapped:
<input type="checkbox"/> Trailing Unit 1	VIN:	Plate:	State: <input type="checkbox"/> NV	Type:	
<input type="checkbox"/> Trailing Unit 2	VIN:	Plate:	State: <input type="checkbox"/> NV	Type:	
<input type="checkbox"/> Trailing Unit 3	VIN:	Plate:	State: <input type="checkbox"/> NV	Type:	
Commercial Vehicle Configuration			<input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> School Bus		
<input type="checkbox"/> Bus, 9-15 Seats <input type="checkbox"/> Bus, > 15 Seats <input type="checkbox"/> Single 2 Axle and 5 Tires <input type="checkbox"/> Single > 2 Axle <input type="checkbox"/> Any 4 Tire Vehicle	<input type="checkbox"/> Boxer Only <input type="checkbox"/> Boxer / Trailer <input type="checkbox"/> Tractor / Trailer <input type="checkbox"/> Tractor / Trailer <input type="checkbox"/> Truck with Trailer	<input type="checkbox"/> Tractor / Semi Trailer <input type="checkbox"/> Passenger Vehicle, (Bus-Min) <input type="checkbox"/> Light Truck, (Pick-Up) <input type="checkbox"/> Other Heavy Vehicle	<input type="checkbox"/> Driver <input type="checkbox"/> Log Book <input type="checkbox"/> Stepping Paper / Trip Market	Source <input type="checkbox"/> New Reg. <input type="checkbox"/> Used Reg. Vehicle <input type="checkbox"/> Other	
Carrier Name:			Power Unit GVWR <input type="checkbox"/> 15,000 Lbs <input type="checkbox"/> 16,000 - 25,000 Lbs <input type="checkbox"/> 25,000 Lbs		
Carrier Street Address:			City: State: <input type="checkbox"/> NV Zip:		
Cargo Body Type <input type="checkbox"/> Box <input type="checkbox"/> Van / Box <input type="checkbox"/> Gravel Chute <input type="checkbox"/> Tank <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Bus, 9-15 Seats <input type="checkbox"/> Flatbed <input type="checkbox"/> Auto Carrier <input type="checkbox"/> Bus, > 15 Seats <input type="checkbox"/> Dump <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable			Has-Mat ID #: _____ Hazard Classification #: _____		
Type of Carrier <input type="checkbox"/> Single Unit <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Canada <input type="checkbox"/> Other			NAS Safety Report #: Carrier Number: _____		

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT NON-MOTORIST INFORMATION SHEET <small>Revised 07/08/04</small>		Accident Number: RPD-09-0290	
Non-Motorist # 1	<input type="checkbox"/> At Fault <input type="checkbox"/> Non-Contact (person)			Agency Name: RENO POLICE DEPARTMENT	
Non-Motorist Type <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Wheel Chair <input type="checkbox"/> Peds/bicyclist <input type="checkbox"/> Unknown <input type="checkbox"/> Skater <input type="checkbox"/> Other		Direction of Travel <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown			
		Highway / Street Name: 4048 S. VIRGINIA ST			
Non-Motorist Last Name, First Name, Middle Name Initial REAVES-HINTON USA ANN		Transported By: <input type="checkbox"/> Not Transported <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown Other: REMSA			
Street Address: 4478 MATTICH DR		Transported To: RENOWN MEDICAL CENTER-77 PRINGLE			
City: RENO	State / Country: NV	Zip Code: 89502	Person Type: 4	Seating Position:	Occupant Releasable:
<input type="checkbox"/> Male <input type="checkbox"/> Unknown DOB: 6/6/1958 <input checked="" type="checkbox"/> Female	Phone Number: (775) 828-8003	Injury Severity: 3	Injury Location: 1	5	6
OLIN / ID Card: 0701624306	State: NV	Airbags:	Airbag Deployed:	Ejected:	Trapped:
Non-Motorist Condition <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Under Influence / Medication / Drugs / Alcohol <input type="checkbox"/> Emotional <input type="checkbox"/> Unknown <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Fatigued / Asleep / Pooped <input type="checkbox"/> Illness <input type="checkbox"/> Other					
Drug / Alcohol Involvement <input checked="" type="checkbox"/> Not Involved <input type="checkbox"/> Alcohol <input type="checkbox"/> Unknown <input type="checkbox"/> Suspected Impairment <input type="checkbox"/> Drugs		Method of Determination (Check up to 2) <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Blood Test <input type="checkbox"/> Urine Test Test Results <input type="checkbox"/> Preliminary Breath Test <input type="checkbox"/> Evidentiary Breath Test			
Non-Motorist Action <input checked="" type="checkbox"/> Entering or Crossing at Location <input type="checkbox"/> Pushing Vehicle <input type="checkbox"/> Walking, Running, Playing, Cycling <input type="checkbox"/> Working in Roadway <input type="checkbox"/> Approaching or Leaving Vehicle <input type="checkbox"/> Standing <input type="checkbox"/> Belaying or Working on Vehicle <input type="checkbox"/> Unknown <input type="checkbox"/> Other		Non-Motorist Factors <input type="checkbox"/> Improper Crossing <input type="checkbox"/> Wrong Side of Road <input type="checkbox"/> Lying / Illegally in Roadway <input type="checkbox"/> Not Visible <input type="checkbox"/> Fail to Yield Right of Way <input type="checkbox"/> Driving into Roadway <input type="checkbox"/> Fail to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> Inattentive <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
Location Prior to Impact <input type="checkbox"/> Marked Crosswalk at Intersection <input type="checkbox"/> Shared Use Path or Trail <input type="checkbox"/> At Intersection, No Crosswalk <input type="checkbox"/> On Highway, More than 10' from Travel Lanes <input type="checkbox"/> Non-Intersection Crosswalk <input type="checkbox"/> In Roadway <input checked="" type="checkbox"/> Driveway Access Crosswalk <input type="checkbox"/> Traffic Island <input type="checkbox"/> Sidewalk <input type="checkbox"/> Shoulder <input type="checkbox"/> Median <input type="checkbox"/> Unknown <input type="checkbox"/> Outside Highway <input type="checkbox"/> Other		Safety Equipment <input checked="" type="checkbox"/> None <input type="checkbox"/> Helmet <input type="checkbox"/> Protective Pads <input type="checkbox"/> Reflective Clothing <input type="checkbox"/> Lighting <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
Bike Lane / Path <input type="checkbox"/> No Bike Lane Path <input type="checkbox"/> Striped Bicycle Lane - Both Sides <input type="checkbox"/> Bicycle Route (Signed) <input type="checkbox"/> Separate Bicycle Path / Trail <input type="checkbox"/> Striped Bicycle Lane - Right Side Only <input type="checkbox"/> Unknown <input type="checkbox"/> Striped Bicycle Lane - Left Side Only <input type="checkbox"/> Other		Vehicle Number(s) Striking Non-Motorist #: #: #: From: To: Limit:			
(1) <input type="checkbox"/> gms <input type="checkbox"/> cfm <input type="checkbox"/> cc / mc <input type="checkbox"/> Pounds (2) <input type="checkbox"/> lbs <input type="checkbox"/> gms <input type="checkbox"/> cc / mc <input type="checkbox"/> Pounds		Violation		NOC	
Investigator(s)		ID Number		Date Reviewed	
9572 V MADDOX		9572		3/10/2009	
Reviewed By		Date Reviewed		Page 5 of 7	

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT NON-MOTORIST INFORMATION SHEET <small>Revised 04/00</small>		Accident Number: RPD-00-0290		
		Agency Name: RENO POLICE DEPARTMENT				
Non-Motorist: Last Name, First Name, Middle Name (Initials)				Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address:				Transported To:		
City:	State / Country (if NV)	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> Male <input type="checkbox"/> Unknown DOB:	Phone Number:		Injury Severity:	Injury Location:		
<input type="checkbox"/> Female			Airbags:	Airbag Switch:	Ejected: <input type="checkbox"/> Trapped: <input type="checkbox"/>	
GLN/ID Card:			State: <input type="checkbox"/> NV			
Non-Motorist: Last Name, First Name, Middle Name (Initials)				Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
Street Address:				Transported To:		
City:	State / Country (if NV)	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:	
<input type="checkbox"/> Male <input type="checkbox"/> Unknown DOB:	Phone Number:		Injury Severity:	Injury Location:		
<input type="checkbox"/> Female			Airbags:	Airbag Switch:	Ejected: <input type="checkbox"/> Trapped: <input type="checkbox"/>	
GLN/ID Card:			State: <input type="checkbox"/> NV			
Non-Motor Vehicle Description						
Make / Manufacturer:		Model:	Type:	Color:		
Identification / Serial Number:			Non-Motor Vehicle Removed By:			
Owner Name: <input type="checkbox"/> Same as Non-Motorist			Non-Motor Vehicle Removed To:			
Street Address:		City:	State: <input checked="" type="checkbox"/> NV <input type="checkbox"/> NV	Zip Code:		
1st Contact Area		Damage to Non-Motor Vehicle		Non-Motor Vehicle Damaged Area		
Pedalcyclist / Non-Motor Vehicle <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 1 —  <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 </div> <div> <input checked="" type="checkbox"/> Right Side <input type="checkbox"/> Left Side <input type="checkbox"/> Head / Feet <input type="checkbox"/> Front <input type="checkbox"/> Back </div> </div>		<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Total <input type="checkbox"/> None <input type="checkbox"/> Unknown		<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Right Side <input type="checkbox"/> Left Side <input type="checkbox"/> Right Front <input type="checkbox"/> Right Rear </div> <div> <input type="checkbox"/> Left Front <input type="checkbox"/> Left Rear <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Unknown <input type="checkbox"/> Other </div> </div>		
Sequence Of Events						
Date #	Description	Continuing With Prior Claim	Most Harmful Event	Non-Motor Vehicle Action <input type="checkbox"/> Straight <input type="checkbox"/> Easing <input type="checkbox"/> Stopped <input type="checkbox"/> Entering Lane <input type="checkbox"/> Left Turn <input type="checkbox"/> Leaving Lane <input type="checkbox"/> Right Turn <input type="checkbox"/> Lane Change <input type="checkbox"/> U-Turn <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
1st	214	214 MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/>			<input type="checkbox"/>
2nd			<input type="checkbox"/>			<input type="checkbox"/>
3rd			<input type="checkbox"/>			<input type="checkbox"/>
4th			<input type="checkbox"/>			<input type="checkbox"/>
5th	00000000		<input type="checkbox"/>			<input type="checkbox"/>
					Page 6 of 7	

Event Number:		STATE OF NEVADA TRAFFIC ACCIDENT REPORT Occupant / Witness Supplement Revised 07/04		Accident Number: RPD-08-8290	
V# W#		Name: Last Name, First Name, Middle Name Initial GUTIERREZ FERNANDO		Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> Bus <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Street Address:		515 SUMMERHILL DR		Transported To:	
City: SUN VALLEY		State / Country NV		Zip Code: 89433	
Person Type: 3		Seating Position:		Occupant Restraints:	
<input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female		DOB: 08/07/1983		Phone Number: (775)3388888	
Injury Severity:		Injury Location:			
Airbags:		Airbag Switch:		Ejected: <input type="checkbox"/> Trapped: <input type="checkbox"/>	
V#		Name: Last Name, First Name, Middle Name Initial		Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> Bus <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Street Address:				Transported To:	
City:		State / Country NV		Zip Code:	
Person Type:		Seating Position:		Occupant Restraints:	
<input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female		DOB:		Phone Number:	
Injury Severity:		Injury Location:			
Airbags:		Airbag Switch:		Ejected: <input type="checkbox"/> Trapped: <input type="checkbox"/>	
V#		Name: Last Name, First Name, Middle Name Initial		Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> Bus <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Street Address:				Transported To:	
City:		State / Country NV		Zip Code:	
Person Type:		Seating Position:		Occupant Restraints:	
<input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female		DOB:		Phone Number:	
Injury Severity:		Injury Location:			
Airbags:		Airbag Switch:		Ejected: <input type="checkbox"/> Trapped: <input type="checkbox"/>	
V#		Name: Last Name, First Name, Middle Name Initial		Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> Bus <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Street Address:				Transported To:	
City:		State / Country NV		Zip Code:	
Person Type:		Seating Position:		Occupant Restraints:	
<input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female		DOB:		Phone Number:	
Injury Severity:		Injury Location:			
Airbags:		Airbag Switch:		Ejected: <input type="checkbox"/> Trapped: <input type="checkbox"/>	
V#		Name: Last Name, First Name, Middle Name Initial		Transported By: <input type="checkbox"/> Not Transported <input type="checkbox"/> Bus <input type="checkbox"/> Police <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Street Address:				Transported To:	
City:		State / Country NV		Zip Code:	
Person Type:		Seating Position:		Occupant Restraints:	
<input type="checkbox"/> Male <input type="checkbox"/> Unknown <input type="checkbox"/> Female		DOB:		Phone Number:	
Injury Severity:		Injury Location:			
Airbags:		Airbag Switch:		Ejected: <input type="checkbox"/> Trapped: <input type="checkbox"/>	

Investigator(s)
9572 V MADDOX

ID Number
8572

Date
3/10/2009

Reviewed By

Date Reviewed

Page
1 of 1



RENO POLICE DEPARTMENT STATEMENT

FOR POLICE USE ONLY:

CASE NO: 09-B290TAKEN BY: LEVELO 0896

PERSON MAKING STATEMENT

NAME OF PERSON MAKING STATEMENT: <u>Fernando Gutierrez</u>				OTHER NAMES USED:	
RESIDENCE (STREET) ADDRESS: <u>515 Summerhill Dr</u>				HOME PHONE: <u>(775) 336-9868</u>	
CITY: <u>Sun Valley</u>		STATE: <u>NV</u>		ZIP: <u>89433</u>	
RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> OTHER		SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		WORK PHONE: <u>N/A</u>	
DATE OF BIRTH: <u>6-7-83</u>		HEIGHT: <u>5'10</u>		FAVORITE/PAGER: <u>(775) 336-9868</u>	
WEIGHT: <u>146</u>		HAIR: <u>black</u>		EYES: <u>black</u>	
OCCUPATION AND WHERE EMPLOYED: <u>Unemployed</u>				WORK HOURS:	
WORK/SCHOOL ADDRESS: <u>N/A</u>				DAYS OFF:	
INVOLVEMENT: <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> COMPLAINT VICTIM <input type="checkbox"/> WITNESS		MY LOCATION WHEN EVENT OCCURRED: <u>Going North on Virginia</u>			
<u>LAWE ONE WAITING FOR RED LIGHT</u>					

WRITTEN STATEMENT

I was in my truck waiting for a red light, I looked to my left and saw a silver truck looked like a Ford newer models and saw it run over a lady in red. It didn't look like it wanted to stop, it look like it stepped on the gas when the person went over the lady and then took off through the Atm out the other way. It looked like a F-150 Ford extended Cab, silver with slite tinted windows on the back.

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DATE & TIME OF STATEMENT: <u>1525 3/10/9</u>	NO PAGES IN STATEMENT: <u>1</u>	SIGNATURE OF PERSON MAKING STATEMENT: <u>Fernando Gutierrez</u>
FOR POLICE USE ONLY: REL. TO:	DATE:	BY:

DISSEMINATION RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION IS PROHIBITED.



RENO POLICE DEPARTMENT STATEMENT

FOR POLICE USE ONLY:

CASE NO: 09-8290

TAKEN BY: S. GARDNER 4078

PERSON MAKING STATEMENT

NAME OF PERSON MAKING STATEMENT: <u>Ruth Pallesen</u>		OTHER NAMES USED: <u>None</u>	
RESIDENCE (STREET) ADDRESS: <u>1830 Saturna Hts Dr</u>		HOME PHONE: <u>775-746-1830</u>	
CITY: <u>Reno</u>	STATE: <u>NV</u>	ZIP: <u>89523</u>	WORK PHONE: <u>None</u>
RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER	SEX: <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	DATE OF BIRTH: <u>7/18/29</u>	FAVORITE PAGER: <u>None</u>
HEIGHT: <u>5'9"</u>		WEIGHT: <u>155</u>	HAIR: <u>Brown</u>
EYES: <u>Green</u>		OTHER NO TO CALL: <u>None</u>	
OCCUPATION AND WHERE EMPLOYED: <u>Housewife</u>		WORK HOURS: <u>None</u>	
WORK/SCHOOL ADDRESS: <u>None</u>		DAYS OFF: <u>None</u>	

INVOLVEMENT: <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS	MY LOCATION WHEN EVENT OCCURRED: <u>Pecham & VA</u>
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WRITTEN STATEMENT

1 I was stopped at traffic light to go No. on Wagon St.
2 I saw a lady in the driveway of the bank. Turned to watch
3 the light and heard a truck and turned to see
4 the lady on the ground. I went to the car behind me
5 and asked the man if he had a cell phone. He called
6 police. I then returned to my car. Made a left hand
7 turn on Pecham and turned into Raluy parking lot.
8 looked to see if I could see the truck. could see
9 nothing. Police & fire truck arrived right away. so
10 I left.
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DATE & TIME OF STATEMENT:	NO PAGES IN STATEMENT:	SIGNATURE OF PERSON MAKING STATEMENT: <u>Ruth N. Pallesen</u>
FOR POLICE USE ONLY: REL. TO:	DATE:	BY:

DISSEMINATION RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION IS PROHIBITED.



RENO POLICE DEPARTMENT STATEMENT

FOR POLICE USE ONLY:

CASE NO: 09-8790TAKEN BY: HVALER

PERSON MAKING STATEMENT

NAME OF PERSON MAKING STATEMENT: <u>Amir Sajid</u>				OTHER NAMES USED: <u>None</u>	
RESIDENCE (STREET) ADDRESS: <u>3230 Imperial Way Apt. 38</u>				HOME PHONE: <u>720-0440</u>	
CITY: <u>Carson</u>		STATE: <u>NV</u>		ZIP: <u>89706</u>	
RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> INDIAN <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER		DATE OF BIRTH: <u>10-19-61</u>		HAIR: <u>BRN</u>	
HEIGHT: <u>5-11</u>		WEIGHT: <u>190</u>		EYES: <u>BRN</u>	
OCCUPATION AND WHERE EMPLOYED: <u>Max Manager Smith Landscaping</u>				FAX/CELL/PAGER:	
WORK/SCHOOL ADDRESS:				OTHER NO TO CALL:	
INVOLVEMENT: <input type="checkbox"/> DRIVER <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> PASSENGER <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS				MY LOCATION WHEN EVENT OCCURRED:	

WRITTEN STATEMENT

1. About 10:10-11 am. Took machine to Reno to
 2. look at structure and have lunch. At 11:00 am on
 3. route to Parkview Square left before to McDonald's
 4. on Carson Lane at 11:00 to 1:30. Went to Smith's on
 5. Carson and Sparks Blvd. Went in 2:15 left
 6. 345 to 3:30.

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DATE & TIME OF STATEMENT:	NO PAGES IN STATEMENT:	SIGNATURE OF PERSON MAKING STATEMENT:
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FOR POLICE USE ONLY: REL. TO:	DATE:	BY:
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DISSEMINATION RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION IS PROHIBITED.



**State of Nevada
Victims of Crime Program**

RECEIVED

MAR 24 2009

CCSI

09-10012982-CC
VOCP Date Stamp and Claim #

Application for Victim of Crime Compensation

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 Lisa	Middle Ann	Last Name Reaves - Hinton
Mailing Address 4476 Hatich Dr	Apt.	City, State, Zip Reno, NV. 89502
Home Phone 775-828-9083	Work Phone	Cell Phone MAR23'09 10:17
Date of Birth 06/08/1956	Age 52	Last 4 Digits SSN 0281
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		If victim is deceased, date of death: 03/16/2009

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 William	Middle	Last Name Hinton
Mailing Address (if different from victim) 4476 Hatich Dr	Apt.	City, State, Zip Reno, NV
Home Phone 775-828-9083	Work Phone	E-Mail
Relationship to victim: Spouse	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes skip to Section 4 below:	If not a citizen is the victim/ applicant legally entitled to "reside" in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes provide copy of "green card", drivers license, Passport, or other documentation.	If not entitled to reside in the U.S. describe victim/applicant status: <input type="checkbox"/> Tourist/ Visitor <input type="checkbox"/> Visiting Worker <input type="checkbox"/> Undocumented Alien <input type="checkbox"/> 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:

Reno Police Department

Date of Crime:

03/10/09

Date Crime was Reported:

Same

Crime Report No:

RPD 09-8290

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 crime:

- ☐ Misdemeanor Assault/Battery
☐ Felony Assault/Battery
☐ Domestic Violence/Assault
☐ Homicide

- ☒ Pedestrian Hit and Run
☐ Robbery
☐ Child Abuse
☐ Elder Abuse
☐ Stalking/Kidnapping

- ☐ DUI
☐ Vehicular Manslaughter
☐ Sexual Assault/ over 18*
☐ Sexual Assault/ under 18*
☐ Other:

County where crime occurred:

- ☐ Clark
☐ Carson City
☐ Churchill
☐ Douglas
☐ Elko
☐ Eureka
☐ Esmeralda
☐ Humboldt

- ☐ Lyon
☐ Lincoln
☐ Lander
☐ Mineral
☐ Nye
☐ Pershing
☒ Storey
☒ Washoe
☐ White Pine

* 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)

Unknown

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

E. Peckham / S. Virginia St. Reno NV 89502

Describe how the crime occurred:

On 3/10/09 Mrs. Peaves-Hinton was near the intersection of Peckham Ln and South Virginia St. and she was struck by a hit and run driver twice.

Describe victims crime injuries:

Broken Ribs, bruises all over her body, staples on her head.

Section 5: Tell us about your Crime Related Expenses.

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

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

She was suffering from Asthma, bad back. Prior to this incident many year ago, she suffered a severe upper body injury resulting in the SSD.

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?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 type="checkbox"/> \$0 to \$10,000 <input checked="" type="checkbox"/> \$10,000 to \$20,000 <input type="checkbox"/> \$20,000 to \$30,000 <input type="checkbox"/> \$30,000 to \$40,000 <input type="checkbox"/> \$40,000 to \$50,000 <input type="checkbox"/> \$50,000 to \$60,000 <input type="checkbox"/> \$60,000 to \$70,000 <input type="checkbox"/> \$70,000 to \$80,000 <input type="checkbox"/> \$80,000 to \$90,000 <input type="checkbox"/> \$90,000 to \$100,000 <input type="checkbox"/> Over \$100,000	Employment at Time of Crime: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input checked="" type="checkbox"/> Other:	Primary Language: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Asian <input type="checkbox"/> Other:	Were Alcohol or Drugs a factor in this crime, in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Race: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Bi-Racial	Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Education Level: <input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Attended College <input type="checkbox"/> Attended Graduate School/University <input checked="" type="checkbox"/> Have Advanced Degree	

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

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

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

Section 10: Person helping the Applicant Complete this Application.

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

First Name	Last Name	Name of Company, Affiliation, or Relationship (Hospital, Dental Provider, Victim Program, etc):
Tels	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 Elizabeth	Last Name Chavez	Office Telephone 715-326-6835
Office Address 455 E 2nd St	City, State, Zip Reno, NV 89505	
Victim Advocate Program or Law Firm Name: Victim Services Unit R.P.D		Victim Advocate VOCP Account #
		Email: chavezeci@reno.nv.us

☒ 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:

[Signature]

3/19/09

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

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

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

Brian Sandoval
Governor



Paul Nicks
Acting Director

Susan Brown
Acting 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: July 31, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Curtis Palmer, Executive Branch Budget Officer *CP*
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE PARKS**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Conservation and Natural Resources, Division of State Parks requests approval to purchase one used vehicle for a total amount not to exceed \$1,817 during fiscal year 2019.

Additional Information:



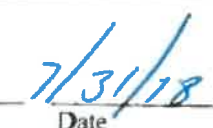
The request is to purchase a used 1997 Ford box van being excessed by the Department of Public Safety. The total purchase price of the vehicle totals \$1,817. The agency reports the vehicle will be used in transporting park interpretive information to schools for educational purposes.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: *CP*
ACTION ITEM: _____

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

Agency Name: State Parks	Budget Account #: 4162	
Contact Name: Jennifer Idema	Telephone Number: 775-684-2773	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: 1 Amount of the request: \$1,816.50		
Is the requested vehicle(s) new or used: Used		
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Ford Van		
Mission of the requested vehicle(s): Vehicle to be used for interpretive events		
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? 4162-04 Operating	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input checked="" type="checkbox"/> 1 Addition(s) <input type="checkbox"/> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. No, vehicles are to be used in off-road terrain.		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. N/A If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. N/A	
<i>Please attach an additional sheet if necessary</i>		
APPOINTING AUTHORITY APPROVAL:		
 Agency Appointing Authority	 Title	 Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
Board of Examiners _____ Date _____		

BRADLEY CROWELL
Director
Department of Conservation and
Natural Resources

ERIC M. JOHNSON
Administrator

BRIAN SANDOVAL
Governor

STATE OF NEVADA



901 S. Stewart Street,
Suite 5005
Carson City, NV
89701-5248

Phone: (775) 684-2770
Fax: (775) 684-2777
stparks@parks.nv.gov
<http://parks.nv.gov>

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE PARKS

July 31, 2018

Mr. Palmer,

Nevada State Parks would like to acquire a 1997 Ford box van from the Nevada Highway Patrol. The purchase price is \$1,816.50.

We intend to use this van to travel to schools and other locations, primarily for interpretive events. With slight modifications, the layout of the van will enable us to store and display interpretive items.

Please see the attached document for further information.

Thank you,

Dale

Dale M. Conner
Western Region Manager
Nevada Division of State Parks
16799 Carson Hwy, Fallon NV, 89406
(775) 867-3001 x223
dconner@cccomm.net

S. Parks must purchase - BOE

NEVADA STATE PURCHASING DIVISION
PROPERTY MANAGEMENT PROGRAM

VEHICLE/EQUIPMENT TURN-IN DOCUMENT

FOR OFFICE USE ONLY

Control#: 18-472RM
BA #: 4713/201

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

FROM: Agency Name: NEVADA HWY PATROL
Address: 555 WRIGHT WAY CC 89711
Phone: 702-498-5295 Fax: ✓
Property location: RENO
Contact: TERRY LUKAS Phone: 684-4982

PROCEDURES:

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

Vehicle Information:

Vehicle Type: FORD VAN Unit # 97-935	Year: 1997
Make: FORD	Model: VAN
VIN/Serial No.: 1FDKE30L4VHB97975	State I.D. No./License No.: V003702
Engine: V6	Odometer: 20,841
Transmission: YES	Hours: N/A
Fuel Type: GAS	Drive Type: AUTOMATIC
Exterior Color: BLUE	Interior Color: GRAY

Rev. 6/2013

RC-2 3307
S11114
277448 JB.

Cost \$ 1816.50
State park
BA 4162 FUND 101

Vehicle Options:

- ☒ Air Conditioning
- ☒ Power Steering
- ☒ Power Windows
- ☒ Power Door Locks
- ☒ Tilt Steering Wheel

- ☒ Power Seat
- ☒ Dual Power Seat
- ☒ Driver Air Bag
- ☒ Dual Front Air Bags
- ☒ ABS Brakes

- ☐ AM/FM Radio
- ☐ Cassette
- ☐ CD Player
- ☒ Cruise Control

Additional Features:

20,841 MILEAGE

Known Defects:

OLDER VEHICLE

Turned In By: Terry Lukas

DATE: 01/31/2018

Agency Approving
Authority:

Sherry Gantner

DATE: 4/25/18

Received By:

DATE:

Title Received By:

July Gates

DATE: 5/14/18

Title Received By:

DATE:

Office Use Only:

Warehouse Control No.:

18-472RV

Budget Account No.:

4713



**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: August 23, 2018

To: Paul Nicks, Clerk of the Board

From: Heather Field, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION
FLEET SERVICES DIVISION**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Administration, Fleet Services Division, requests approval to purchase eight new vehicles in Fiscal Year 2019 for a total amount not to exceed \$261,438 to complete the legislatively approved increases to the number of agency leased vehicles.

Additional Information:


This request is funded in the legislatively approved budget (SFY19 E720). Decision Unit E720 funds the lease payments for FY18 and FY19. Total amount funded for the two years is \$1,258,302. The total vehicle increase request was previously approved during FY18. This request completes the approved purchases of the agency leased vehicle increase for the biennium.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: 
ACTION ITEM: _____

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

Agency Name: Fleet Services	Budget Account #: 1356
Contact Name: Robbie Burgess	Telephone Number: 775 684-1883
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>8</u> Amount of the request: <u>261,438.00</u> Is the requested vehicle(s) new or used: <u>new</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: SUV interceptors, trucks Mission of the requested vehicle(s): various depending on the mission of the using agency	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E720 If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input checked="" type="checkbox"/> <u>8</u> Addition(s) <input type="checkbox"/> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. yes where applicable	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <hr/> <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1300? If no, explain why the vehicle is being replaced. yes <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
APPOINTING AUTHORITY APPROVAL:	
 _____ Agency Appointing Authority	Administrator _____ Title
	8/22/18 _____ Date
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

Revised 12/26/17



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
FLEET SERVICES DIVISION**

750 E. King Street
Carson City, Nevada 89701-4768
Phone: (775) 684-1880 | Fax: (775) 684-1888
Website: www.fleetservices.nv.gov

Date: August 22, 2018

To: Heather Field, Executive Branch Officer
Governor's Office of Finance

From: Lyn Letarti, Fleet Specialist II

Subject: September BOE Agenda Item Request

Please put the attached Board of Examiners (BOE) vehicle request on the September BOE agenda. This request is to purchase additional vehicles approved in the FY19 budget. These vehicles will be purchased on the municipal lease purchase agreements.

Attachments:

- BOE vehicle purchase form
- Vehicle spreadsheet

Purchasing Division
Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3252
Fax: (775) 887-3343



Brian Sandoval
Governor

James Dzurenda
Director

John Borrowman
Deputy Director
Support Services

**State of Nevada
Department of Corrections**

MEMORANDUM

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

FROM: John Borrowman, Deputy Director Support Services

DATE: August 7, 2018

SUBJECT: Request to Contract with Current State Employees

RECEIVED
AUG - 7 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

John Borrowman
8/7/18

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

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

Attached are the final five requests for Authorization to Contract with a Current Employee and a memo of explanation detailing why the requests were not submitted prior to the contract's approval and corrective action taken by the Department.

Should you have any questions please contact me at (775) 887-3346 or by email at jborrowman@doc.nv.gov.

Thank you.

Inmate Services Division
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3316
Fax: (775) 887-3225



Brian Sandoval
Governor

James Dzurenda
Director

Inmate Commissary Section
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3305
Fax: (775) 887-3225

State of Nevada
Department of Corrections

John Borrowman
Deputy Director
Support Services

July 30, 2018

TO: John Borrowman, Deputy Director
Support Services

FROM: Stephanie Pacheco, Inmate Commissary Section Manager
Inmate Services

RE: Access SecurePak Employment/BOE Approval

A handwritten signature in blue ink, appearing to read "Steph Pacheco", is written over the "FROM:" line of the memo.

Attached are the final five (5), Authorization to Contract with a Current Employee requests for your approval. These will be submitted to the September 2018 Board of Examiners; authorizing staff to continue performing their employment with Access SecurePak while off duty from the NDOC till September 30, 2019.

Moving forward additional positions are being pursued in the SFY 20-21 budget to combine this function within the commissaries. The earliest the commissaries would be able to assume this function is September 30, 2019.

These requests are stemmed from the audit of the current Access SecurePak contract it was found that Nevada Department of Corrections (NDOC) Staffs who work on this contract are not in compliance with AR 355 Employment Secondary Employment, NRS 333.705, nor SAM 0323.

In order to bring the vendor and NDOC back into compliance a memo went out to all Access SecurePak Employees and Access SecurePak on March 9, 2018; advising both the employee and the vendor what steps were needed to bring everyone into compliance.

Should you have questions feel free to contact me at (775) 887-3305.

Cc: Venus Fajota, Chief of Purchasing & Inmate Services
Michele Killian, Management Analyst II, Contracts

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: August 14, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

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

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Pamela Bellinger, a current Correctional Officer with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.


Additional Information:

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

Due to safety and security within NDOC facilities, Keefe Group, LLC employs current NDOC staff to deliver the packages to inmates during off duty hours.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Authorization to Contract with a Current Employee

Employee Information

Employee Name:	Pamela Bellinger
Employee ID Number:	0758
Job Title:	Correctional Officer
Current Employee Agency:	Nevada Department of Corrections - Casa Grande Transitional Housing
Current Class and Grade:	13.313
Employment Dates:	4/19/17 – Current
Contracting Agency:	Nevada Department of Corrections

Please check which of the following applies:

- ☐ Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.
- ☒ Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.

a. Summarize scope of contract work.

Title of Contracted Position is a Commissary Representative – Delivery Clerk. Delivery clerks deliver individually packaged orders to inmates at specified correctional facilities. Verify identity of inmates and obtain signature from inmate upon delivery of goods.

b. Document the employee's current job description.

See attached State of Nevada Work Performance Standards

c. Explain how this differs from current State duties.

Commissary Representative – Delivery Clerk is different from a Correctional Officer as they monitor assigned areas to ensure proper supervision of inmates is met in accordance of state policy. Maintain safety and security of the institution/facility, inmates, staff, and the public according to established procedures.


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

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

<p>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.</p>
<p>No</p>
<p>f. List contractor's hourly rate.</p>
<p>The vendor pays the Delivery Clerk \$5 per packaged delivered.</p>
<p>g. List the range of comparable State employee rates.</p>
<p>Not applicable</p>
<p>h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.</p>
<p>Not applicable</p>
<p>i. Document justification for hiring contractor.</p>
<p>While the vendor must incur the cost of hiring off-duty custody or non-custody staff to deliver packages; NDOC is requesting an additional FTE in the SFY 20-21 budget. This request is to formalize the current relationship with the employee, vendor, and the State of Nevada.</p>
<p>j. Will the employee be collecting PERS at any time during the contract?</p>
<p>No</p>
<p>k. What is the duration of the contract with the current employee? (include start and end date)</p>
<p>Currently – September 30, 2019</p>
<p>l. Will the current employee be working FT/PT? If PT how many hours</p>
<p>Part-time depending on number of packages received at the facility.</p>

Comments:

 7/31/16
Contracting Agency Head's Signature and Date

 8/7/18
Budget Analyst Signature and Date

 8/14/18 for Paul Nicks
Clerk of the Board of Examiners Signature and Date

**Secondary Employment Disclosure
To Contract with a Current State Employee**

Employee Name:

Pamela Bellinger

Employee ID number:

000758

Name of Secondary Employer:

(If self employed, enter the business name)

Access SecurePak

Address of Secondary Employer/Self
Employment:

Secondary Employer Phone Number:

Describe the nature of the work performed by the secondary employer or self employment business.	<u>Package Delivery</u>
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	<u>No</u>
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	<u>Deliver and handout Food & clothing packages to inmates</u>
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	<u>Saturday 6P-7P 1hr/wk = secondary</u> <u>WED-SAT 6A-6P = State</u> <u>No Conflict with State work schedule</u>
If applicable, list provider agreements, brief scope of services, and associated State agencies.	<u>N/A</u>

Comments:

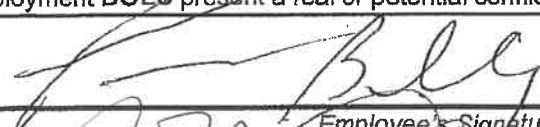
Employee statement


☒ I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

☒ I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.

☐ I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

 6/28/18
Employee's Signature and Date

 7/31/18
Agency Head's Signature and Date

**NEVADA DEPARTMENT OF CORRECTIONS
REQUEST FOR SECONDARY EMPLOYMENT**

PRINT NAME: Pamela Bellinger DATE: 6-14-18

TITLE: C/O INSTITUTION: CGTH B/A #: _____

☐ New Secondary Employment ☒ Existing Employment Start Date: unknown
(if unknown, indicate unknown)

PROPOSED SECONDARY EMPLOYMENT: Access SecurePak

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

SPECIFIC ACTIVITY, BUSINESS, OR ENTERPRISE: Delivering Inmate Access Packages

PROPOSED DUTIES, RESPONSIBILITIES, OR ACTIVITIES: Delivering Inmate Access Packages

ESTIMATED NUMBER OF WORKING HOURS AT SECONDARY EMPLOYMENT: 30-60 min/wk

PROPOSED WORKING HOURS: 6 a.m. ~~to~~ 7:00 a.m. ~~p.m.~~

I UNDERSTAND THAT MY PRIMARY RESPONSIBILITY IS TO THE DEPARTMENT OF CORRECTIONS.
I HAVE READ AND UNDERSTAND THE PROCEDURES AND RESTRICTIONS IN AR 355. I
UNDERSTAND MY APPROVAL FOR SECONDARY EMPLOYMENT MAY BE REVOKED AT ANYTIME.

[Signature] Date 6-14-18
Employee's Signature

RECOMMEND:

(☒) Approved
(☐) Denied

[Signature] Date 6/15/2018
Signature of Warden / Division Head

(☒) Approved
(☐) Denied

[Signature] Date 6-20-18
Signature of Deputy Director / Directors Designee

Cc: HR Employee File

NDOC Hours 6A-6P
RDO'S Sun-Tues (Every other Wed.)



**DIVISION OF HUMAN RESOURCE
MANAGEMENT
EMPLOYEE WORK PERFORMANCE
STANDARDS FORM**

Supervisors are responsible for establishing the initial standards, but standards must be reviewed annually and amended when appropriate. The employee must be given the opportunity to provide comment when the standards are revised (NAC 284.468).

Employee Name:	Last		First		MI		Employee ID #	
Class Title:	Correctional Officer (13.313)						Date Standards Est/Rev:	3/12

Department/Division:	Nevada Department of Corrections				
Agency # (3 digits):	440	Home Org # (4 digits):		Position Control #:	35

I have read and understand the work performance standards for this position. I understand these standards may be modified after discussion with my immediate supervisor and with the concurrence of the appointing authority.

Employee Signature: _____ **Date:** _____

Supervisor Title & Signature: _____ **Date:** _____

Reviewing Officer Title & Signature: _____ **Date:** _____

Appointing Authority Title & Signature: _____ **Date:** _____

Job Elements (Defined as principal assignments, goals, responsibilities and/or related factors.)	*Weighted Value	Performance Standards
Job Element #1: Custodial Responsibilities All work is performed under supervision. <ul style="list-style-type: none">• Comply with Administrative Regulations and Institutional Procedures for control of inmate activities.• Ensure proper supervision of inmates.• Ensure health and safety of staff and inmates.• Control housing assignments.• Control perimeters of boundaries.• Supervise inmates during meals.• Feed inmates in a timely manner.• Maintain sanitary and orderly living conditions.• Counsel inmates concerning attitude and conduct.• Enforce inmate discipline.• Supervise inmate use of personal and DOC property.• Supervise inmate mail and correspondence.• Conduct institutional searches for contraband.• Enforce inmate dress code.• Supervise inmate participation in recreational activities.• Be familiar with emergency procedures and evacuation plans.• Prevent escapes from confinement.• Assist unit officers and Case Work staff as needed.• Notes security discrepancies to supervisors.		<p>Complies with ARs and IPS with no more than two minor violations in a 12-month period.</p> <p>Maintain proper supervision of all inmate activities, including inmate meals ensuring timely feeding, and counseling inmates on attitude and conduct - no more than two minor violations in a 12-month period.</p> <p>Ensures health and safety of staff and inmates by controlling housing assignments, perimeters of boundaries and maintaining sanitary living conditions - no more than two minor violations in a 12-month period.</p> <p>Enforces inmate Code of Discipline, and procedures for inmate use of personal/ DOC property, inmate mail & correspondence procedures and enforces inmate dress code - no more than one minor violation in a three-month period.</p> <p>Conducts searches for contraband - no more than two minor violations in 12-month period.</p> <p>Familiar with emergency procedures/evacuation plans; reads & signs post orders at each position assigned at least yearly or upon any changes.</p> <p>Prevents escapes - no exceptions.</p> <p>Assist unit officers and Caseworkers as needed with no more than two minor negative incidents in a 12-month period.</p> <p>Security deficiencies reported immediately - no exceptions.</p>

Job Element #2: Facility Control <ul style="list-style-type: none"> • Maintain proper control of inmates. • Report incidents involving inmates or staff. • Maintain proper procedures for the mechanical operation of equipment. • Report any mechanical discrepancies. 		<p>Proper control of inmates - no more than one minor violation in a 12-month period.</p> <p>Report incidents involving staff or inmates - no exceptions.</p> <p>Proper operation of assigned equipment - no more than two minor infractions in a 12-month period.</p> <p>Mechanical deficiencies reported to supervisors - no exceptions.</p>
Job Element #3: Legal Responsibilities <ul style="list-style-type: none"> • Complete and maintain log books, i.e., shower, yard, etc. • Process legal mail. • Have proficient knowledge of A.R.'s, I.P.'s and Administrative Directives. • Learns and implements any changes. • Reports and documents all violations. • Recommend ideas on improving institutional procedures. • Direct correspondence to supervisor. 		<p>Maintain accurate logs of required activities - no more than two minor violations in a 12-month period.</p> <p>Properly process legal mail - no more than two minor violations in a 3-month period.</p> <p>Proficient knowledge of all procedures and any changes - no more than two minor infractions in a 12-month period</p> <p>Reports and documents all violations to supervisor - one minor discrepancy in a 12-month period.</p> <p>Directs correspondence to supervisor - one minor discrepancy in a 12-month period.</p>
Job Element #4: Security Equipment <ul style="list-style-type: none"> • Be proficient in the use of firearms. • Maintain equipment for use in emergencies. • Report deficiencies noted. • Proficient in the use, care and maintenance of security equipment. 		<p>Maintain successful annual firearm qualifications - no exceptions.</p> <p>Maintain emergency equipment and report any deficiencies - no more than one minor violation in a 12-month period.</p> <p>Maintain proper care and maintenance of equipment - no more than one minor infraction in a 12-month period.</p>
Job Element #5: Training <ul style="list-style-type: none"> • Assist with training of new staff. • Report unusual behavior/actions by staff. 		<p>Assists in training new staff and reporting any unusual behavior to supervisors immediately - no exceptions.</p>
Job Element #6: Key Control <ul style="list-style-type: none"> • Understand all key control policies. • Be proficient in the use, storage and exchange of institutional/personal keys. • Report damaged and lost keys. 		<p>Knowledgeable of all key control policies and is proficient in key control procedures - no exceptions.</p> <p>Immediately reports damaged or lost key immediately to supervisors - no exceptions.</p>
Job Element #7: Tool Control <ul style="list-style-type: none"> • Understands all tool control policies. • Report any lost or damaged tools. • Proficient in the use of door and key control. • Proficient in the use electronic panels and emergency systems. 		<p>Knowledgeable in tool control policies reporting any damaged or lost tools to supervisor immediately - no exceptions.</p> <p>Proficient in door and key control and electronic panels/emergency systems - no exceptions.</p>

Job Element #8: Vehicles <ul style="list-style-type: none"> • Operate vehicles in a safe, legal and proficient manner. • Maintain travel and service records. • Provide vehicle maintenance. 		<p>Operates vehicles in a safe, legal and proficient manner - no exceptions.</p> <p>Maintains vehicle logs - no more than two minor infractions in a 12-month period.</p> <p>Reports maintenance needs to appropriate source - no exceptions.</p>
Job Element #9: Counts <ul style="list-style-type: none"> • Conduct formal and informal inmate population counts. 		<p>Performs inmate counts per procedure ensuring that a "living, breathing" inmate is observed - no exceptions.</p> <p>Count errors which are corrected to 100% are permitted with up to four minor miscounts in a 12-month period.</p>
Job Element #10: Appearance <ul style="list-style-type: none"> • Maintain uniform and appearance to standard. 		<p>Maintains clean, neat appearance and appropriate uniform standards - no more than two minor violations in a 12-month period.</p>
Job Element #11: Work Ethic <ul style="list-style-type: none"> • Ability to prioritize tasks, estimate time frames, meet deadlines, plan and use available resources and coordinate work assignments with others. 		<p>Appropriately prioritize tasks and work assignments - no more than two minor infractions in a 12-month period.</p> <p>Notify supervisors of problems in completing assignments - no more than three minor discrepancies in a 12-month period.</p>
Job Element #12: Customer Service and Communication <ul style="list-style-type: none"> • Provide quality and quantity of information and service to co-workers and external customers. • Answer telephones; greet customers; answer general questions; refer callers/visitors to appropriate personnel. • Maintain and project an approachable, open-minded attitude and respect confidentiality to ensure open, two-way communication. 		<p>Communicates information to fellow staff and other employees clearly and concisely as needed - no more than two minor negative incidents in a 12-month period</p> <p>Maintains professional demeanor during telephone conversations with both staff and the general public - no more than two minor infractions in a 12-month period.</p> <p>Is approachable, open and respectful to encourage two-way communication - no more than two discrepancies in a 12-month period.</p>
Job Element #13: Safety <ul style="list-style-type: none"> • Observe safe practices at all times. • Observe terms of safety of self, others, and care of Department property, equipment, and vehicles. • Follow Department accident reporting procedures. 		<p>Maintains safe practices in assigned duties and in the care of Departmental equipment and vehicles - no more than two minor violations in a 12-month period.</p> <p>All accidents must be immediately reported per procedure - no exceptions.</p>

Job Element #14: Professionalism		
<ul style="list-style-type: none"> • Display a professional demeanor at all times when interacting with staff and inmates. • Be courteous and considerate. • Avoid critical and argumentative statements. • Observe the Chain-of-Command in all interactions and correspondence. • Cooperate with and maintain a good relationship with operations and program staff. 		<p>Maintains professional demeanor with staff and inmates in compliance with NDOC Code of Ethics - no more than two minor violations in a 12-month period.</p> <p>Follows the Chain-of-Command - no more than two minor violations in a 12-month period.</p> <p>Cooperates with operations <u>and</u> program staff - no more than two minor negative interactions in a 12-month period.</p>

*If a weighted value is not designated, each job element has an equal weight.

Distribution: Original to Agency; Copy to Employee; Copy to Supervisor

NPD-14 Est. 1/03
Revised 3/12

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: August 14, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

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

A handwritten signature in blue ink, appearing to read "B. Garrison", is written over the name "Bridgette Garrison" in the "From:" field.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Ty Halverson, a current Correctional Sergeant with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

Additional Information:

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

Due to safety and security within NDOC facilities, Keefe Group, LLC employs current NDOC staff to deliver the packages to inmates during off duty hours.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____



ACTION ITEM: _____



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Authorization to Contract with a Current Employee

Employee Information	
Employee Name:	Ty Halverson
Employee ID Number:	15551
Job Title:	Correctional Sergeant
Current Employee Agency:	Nevada Department of Corrections - Warm Springs Correctional Center
Current Class and Grade:	13.311
Employment Dates:	3/8/1999 - Current
Contracting Agency:	Nevada Department of Corrections

Please check which of the following applies:

- ☐ Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.
- ☒ Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.

a. Summarize scope of contract work.

Title of Contracted Position is a Commissary Representative – Delivery Clerk. Delivery clerks deliver individually packaged orders to inmates at specified correctional facilities. Verify identity of inmates and obtain signature from inmate upon delivery of goods.

b. Document the employee's current job description.

See attached State of Nevada Work Performance Standards

c. Explain how this differs from current State duties.

Commissary Representative – Delivery Clerk is different from a Correctional Sergeant work in a line supervisory capacity and have charge of an assigned watch or major area in a State correctional institution/facility and supervise the work of subordinate officers in the safe custody, discipline and welfare of inmates in State correctional facilities in a controlled humane environment.

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

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

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

No

f. List contractor's hourly rate.

The vendor pays the Delivery Clerk \$5 per packaged delivered.

g. List the range of comparable State employee rates.

Not applicable

h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.

Not applicable

i. Document justification for hiring contractor.

While the vendor must incur the cost of hiring off-duty custody or non-custody staff to deliver packages; NDOC is requesting an additional FTE in the SFY 20-21 budget. This request is to formalize the current relationship with the employee, vendor, and the State of Nevada.

j. Will the employee be collecting PERS at any time during the contract?

No

k. What is the duration of the contract with the current employee? (include start and end date)

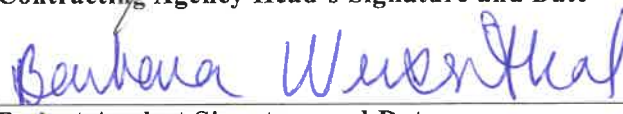
Currently – September 30, 2019

l. Will the current employee be working FT/PT? If PT how many hours

Part-time depending on number of packages received at the facility.

Comments:

 8/1/18
Contracting Agency Head's Signature and Date

 8/7/18
Budget Analyst Signature and Date

 8/14/18 for Paul Nicks
Clerk of the Board of Examiners Signature and Date

Secondary Employment Disclosure To Contract with a Current State Employee

Employee Name:	<u>Ty Halverson</u>
Employee ID number:	<u>15551</u>
Name of Secondary Employer: (If self employed, enter the business name)	<u>Access package program at WSCC</u>
Address of Secondary Employer/Self Employment:	<u>Access Securepak</u> <u>10880 Linpage Place</u> <u>St. Louis, MO 63132</u>
Secondary Employer Phone Number:	<u>1-800-546-6283</u>

Describe the nature of the work performed by the secondary employer or self employment business.	Issuing packages to inmates at WSCC
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	NO
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	I will be issuing packages to inmates at WSCC
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	NO this will not conflict with my primary job for the State. My current hours for the State is 5am to 5pm (12hr. shifts) working Sunday, Monday, Tuesday every other Wednesday. I issue the packages Sunday mornings and finish the paper work on Monday morning before the shift starts.
If applicable, list provider agreements, brief scope of services, and associated State agencies.	N/A

Comments:


Employee statement

☒ I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

☐ I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.

☐ I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

 _____ Employee's Signature and Date	7-8-18
 _____ Agency Head's Signature and Date	8/1/18

NEVADA DEPARTMENT OF CORRECTIONS
REQUEST FOR SECONDARY EMPLOYMENT

PRINT NAME: Ty Halverson DATE: 4-16-18

TITLE: Sgt. INSTITUTION: WSEC B/A #: 3716

☐ New Secondary Employment

☒ Existing Employment

Start Date: _____
(If unknown, indicate unknown)

PROPOSED SECONDARY EMPLOYMENT: Access Secure Pak Package Program

BUSINESS ADDRESS: 10880 Linpage Place St. Louis, MO 63132

BUSINESS PHONE: 1-800-546-6283

SPECIFIC ACTIVITY, BUSINESS, OR ENTERPRISE: _____

PROPOSED DUTIES, RESPONSIBILITIES, OR ACTIVITIES: Issue Packages to inmates.

ESTIMATED NUMBER OF WORKING HOURS AT SECONDARY EMPLOYMENT: 4 hrs.

PROPOSED WORKING HOURS: Varies a.m./p.m. TO Varies a.m./p.m.

I UNDERSTAND THAT MY PRIMARY RESPONSIBILITY IS TO THE DEPARTMENT OF CORRECTIONS.
I HAVE READ AND UNDERSTAND THE PROCEDURES AND RESTRICTIONS IN AR 355. I
UNDERSTAND MY APPROVAL FOR SECONDARY EMPLOYMENT MAY BE REVOKED AT ANYTIME.

Ty Halverson
Employee's Signature

4-16-18
Date

RECOMMEND:

☒ Approved
☐ Denied

[Signature]
Signature of Warden / Division Head

4/17/18
Date

☒ Approved
☐ Denied

[Signature]
Signature of Deputy Director / Directors Designee

4-20-18
Date

Cc: HR Employee File



**DIVISION OF HUMAN RESOURCE
MANAGEMENT
EMPLOYEE WORK PERFORMANCE
STANDARDS FORM**

Supervisors are responsible for establishing the initial standards, but standards must be reviewed annually and amended when appropriate. The employee must be given the opportunity to provide comment when the standards are revised (NAC 284.468).

Employee Name:	Last	Halverson	First	Ty	MI	L	Employee ID #	15551
Class Title:	Correctional Sergeant (13.311)						Date Standards Est/Rev:	11/11
Department/Division:								
Agency # (3 digits):	440		Home Org # (4 digits):	3716		Position Control #:		
I have read and understand the work performance standards for this position. I understand these standards may be modified after discussion with my immediate supervisor and with the concurrence of the appointing authority.								
Employee Signature:					Date:			
Supervisor Title & Signature:					Date:			
Reviewing Officer Title & Signature:					Date:			
Appointing Authority Title & Signature:					Date:			
Job Elements (Defined as principal assignments, goals, responsibilities and/or related factors.)			*Weighted Value	Performance Standards				
Job Element #1: Shift/Employee Management								
<ul style="list-style-type: none">• Verify attendance for sufficient staffing.• Authorize/recommend overtime.• Supervise/evaluate staff performance.• Provide appropriate training for staff.• Resolve formal/informal grievances.• Actively participate in employee related activities to include professional growth, misconduct and disciplinary actions. This includes training, counseling, referring to EAP, letters of instructions, written reprimands, and specificity of charges.				<p>Maintain appropriate staffing levels, authorize or recommend overtime - no more than two minor violations in a 12-month period.</p> <p>Supervise & evaluate subordinate staff performance ensuring employee evaluations are completed in a timely manner, ensures employee attendance records are accurate and correspond with timesheets - no more than two minor discrepancies in a 12-month period.</p> <p>Provide training, resolve grievances, counsel staff, and actively participate in the progressive disciplinary process - no more than two minor discrepancies in a 12-month period.</p>				
Job Element #2: Security Supervision								
<ul style="list-style-type: none">• Supervise/enforce security policies and procedures.• Inspect institutions/grounds for breaches of security and damage.• Search inmates, institutions and work areas for contraband, etc.				<p>Security supervision and enforcement of security policies and procedures, inspections for security breaches, search of inmates and work areas for contraband and proper reporting of such - no more than one minor violation per quarter.</p>				
Job Element #3: Safety Supervision								
<ul style="list-style-type: none">• Report or correct security, safety and sanitation infractions.• Conduct special/routine inmate counts.• Control inmate activity and movement in facilities or housing.• Ensure compliance with security procedures.				<p>Maintains safety supervision ensuring safe and secure operation of the institution including inmate counts, inmate movement, and compliance with security procedures and proper reporting of any discrepancies - no more than one minor violation per quarter.</p>				

Job Element #4: Investigate/Review Reports <ul style="list-style-type: none"> Review inmate misconduct reports. Review staff incident reports. Conduct investigations as assigned by the appointing authority 		Reviews inmate misconduct reports and staff incident reports taking needed corrective action and distributing the information via the Chain-of-Command - no more than one minor violation per quarters. Conduct investigations as assigned by appointing authority in a timely manner
Job Element #5: Incident Control <ul style="list-style-type: none"> Place inmates in a segregated area due to major misconduct or need for protection. Serve as incident commander in emergency situations. 		Places inmates in segregation if they are threat to themselves or the security of the institution - no exceptions. Serves as incident commander in emergencies and has a working knowledge of the Emergency Response Manual - no more than one minor violation per quarter.
Job Element #6: Disciplinary Officer <ul style="list-style-type: none"> Assist in determining the level of custody and disciplinary actions taken against inmates. Conduct investigations as assigned by the appointing authority 		Perform the duties of Disciplinary Officer in accordance with DOC regulations and procedures - no exceptions. Conduct investigations as assigned by appointing authority in a timely manner.
Job Element #7: Transportation <ul style="list-style-type: none"> Plan/coordinate staff for inmate transportation. Prioritize scheduled transportation appointments. 		Coordinate staffing for inmate transportation ensuring proper coverage, recognizing DOC requirements for transportation and proper prioritizing for scheduled and emergency transportation - no exceptions.
Job Element #8: Mail Supervision <ul style="list-style-type: none"> Supervise incoming/outgoing inmate mail for contraband. Review inventory documents for inmate packages. 		<i>When assigned:</i> <ul style="list-style-type: none"> Supervise inmate incoming and outgoing mail per DOC regulations and procedures - one minor violation per quarter. Review inventory documents for inmate packages per DOC regulations and procedures - one minor violation per quarter.
Job Element #9: Inmate File Management <ul style="list-style-type: none"> Review inmate files and assignments for appropriate ethnic, racial and medical constraints. 		When appropriate, review inmate files and assignments for any ethnic, racial or medical constraints - no exceptions.
Job Element #10: Customer Service and Communication <ul style="list-style-type: none"> Provide quality and quantity of information and service to co-workers and external customers. Answer telephones; greet customers; answer general questions; refer callers/visitors to appropriate personnel. Maintain and project an approachable, open-minded attitude and respect confidentiality to ensure open, two-way communication. 		Provides clear, concise information to staff and general public and maintains professional demeanor on telephone - no more than 4 minor discrepancies in a 12 month period. Is approachable, open and respectful to encourage two-way communication - no more than two minor discrepancies in a 12-month period.
Job Element #11: Work Ethic <ul style="list-style-type: none"> Ability to prioritize tasks, estimate time frames, meet deadlines, plan and use available resources and coordinate work assignments with others. 		Appropriately prioritizes tasks and work assignments - no more than two minor discrepancies in a 12-month period. Notifies supervisors of any problems - no exceptions.

Job Element #12: Safety <ul style="list-style-type: none"> Observe safe practices at all times. Observe terms of safety of self, others, and care of Department property, equipment, and vehicles. Follow Department accident reporting procedures. 		Maintains safe practices in assigned duties and in the care of Departmental equipment and vehicles - no more than 2 minor discrepancies in a 12-month period. All accidents will be reported per procedure - no exceptions.
Job Element #13: Professionalism <ul style="list-style-type: none"> Display a professional demeanor at all times when interacting with staff and inmates. Be courteous and considerate. Avoid critical and argumentative statements. Observe the Chain-of-Command in all interactions and correspondence. Cooperate with and maintain a good relationship with operations and program staff. 		Maintains professional demeanor with staff and inmates in compliance with DOC Code-of-Ethics - no more than two minor negative incidents in a 12-month period. Is courteous and considerate not using critical or argumentative statements - no exceptions. Follows the Chain-of Command - no more than two minor violations in a 12-month period. Cooperates with operations <u>and</u> program staff - no more than two minor negative incidents in a 12-month period.
Job Element #14: Key Control <ul style="list-style-type: none"> Maintain a proficient knowledge of institutional and departmental procedures concerning key control. Be proficient in the use, storage and exchange of keys. Report lost or damaged keys. 		Proficient in DOC policies and procedures for key control reviewing any changes in such - no exception. Proficient in use, storage and exchange of keys - no exceptions. Report lost or damaged keys immediately - no exceptions.
Job Element #15: Tool Control <ul style="list-style-type: none"> Maintain a proficient knowledge of institutional and departmental procedures concerning tool control. Report lost or damaged tools. 		Proficient in DOC policies and procedures for toll control reviewing any changes in such - no exceptions. Report lost or damaged tools immediately - no exceptions.
Job Element #16: Security Control <ul style="list-style-type: none"> Be proficient in the use of firearms. Maintain equipment for use in emergencies. Proficient in the use, care and maintenance of security equipment. Proficient in the use of door and key controls. 		Maintain successful firearms qualifications - no exceptions. Maintains emergency equipment and is proficient in use and care of security equipment - no exceptions. Proficient in use of door and key controls - no exceptions.
Job Element #17: Vehicles <ul style="list-style-type: none"> Operate vehicles in a safe, legal and proficient manner. Provide vehicle maintenance. 		Operates vehicles in a safe, legal and proficient manner - no exceptions. Reports maintenance needs to proper source - no more than two minor discrepancies in a 12-month period.

*If a weighted value is not designated, each job element has an equal weight.

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: August 14, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Bridgette Garrison, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Garrison, is written over the "From:" line.

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

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Greg Ingham, a current Correctional Officer with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

Additional Information:

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

Due to safety and security within NDOC facilities, Keefe Group, LLC employs current NDOC staff to deliver the packages to inmates during off duty hours.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Authorization to Contract with a Current Employee

Employee Information	
Employee Name:	Greg Ingham
Employee ID Number:	43562
Job Title:	Correctional Officer
Current Employee Agency:	Nevada Department of Corrections - Casa Grande Transitional Housing
Current Class and Grade:	13.313
Employment Dates:	8/17/2009 – Current
Contracting Agency:	Nevada Department of Corrections
Please check which of the following applies:	
<input type="checkbox"/> Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.	
<input checked="" type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
a. Summarize scope of contract work.	
Title of Contracted Position is a Commissary Representative – Delivery Clerk. Delivery clerks deliver individually packaged orders to inmates at specified correctional facilities. Verify identity of inmates and obtain signature from inmate upon delivery of goods.	
b. Document the employee's current job description.	
See attached State of Nevada Work Performance Standards	
c. Explain how this differs from current State duties.	
Commissary Representative – Delivery Clerk is different from a Correctional Officer as they monitor assigned areas to ensure proper supervision of inmates is met in accordance of state policy. Maintain safety and security of the institution/facility, inmates, staff, and the public according to established procedures.	
d. Explain why existing State employees within your agency cannot perform this function.	
After reviewing, this duty can be performed by a state employee, a Retail Storekeeper within the NDOC; however, at this time there is not a dedicated FTE assigned to this function. Moving forward an additional FTE is being pursued in the FY 20-21 budget.	

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

No

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

The vendor pays the Delivery Clerk \$5 per packaged delivered.

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

Not applicable

- h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.**

Not applicable

- i. Document justification for hiring contractor.**

While the vendor must incur the cost of hiring off-duty custody or non-custody staff to deliver packages; NDOC is requesting an additional FTE in the SFY 20-21 budget. This request is to formalize the current relationship with the employee, vendor, and the State of Nevada.

- j. Will the employee be collecting PERS at any time during the contract?**

No

- k. What is the duration of the contract with the current employee? (include start and end date)**

Currently – September 30, 2019

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

Part-time depending on number of packages received at the facility.

Comments:

 8/1/18
Contracting Agency Head's Signature and Date

 8/7/18
Budget Analyst Signature and Date

 8/14/18
Clerk of the Board of Examiners Signature and Date

for Paul Nicks

Secondary Employment Disclosure To Contract with a Current State Employee

Employee Name: Greg Ingham
Employee ID number: 43562
Name of Secondary Employer: Access Securepak
(If self employed, enter the business name)
Address of Secondary Employer/Self Employment: 55 Vista Blvd
Sparks NV. 89434
Secondary Employer Phone Number: 775-297-2628

Describe the nature of the work performed by the secondary employer or self employment business.	Passing out boxes from the Access Securepak package program
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	Negative
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	Passing out inmate packages, making sure orders are complete, correcting orders that are incorrect, completing all paperwork and sending to Access.
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	2pm to 3:30 pm on Saturday's prior to my shift starting. I work about 1 to 1 1/2 hours per week. This will not conflict with my State Of Nevada Job.
If applicable, list provider agreements, brief scope of services, and associated State agencies.	

Comments:

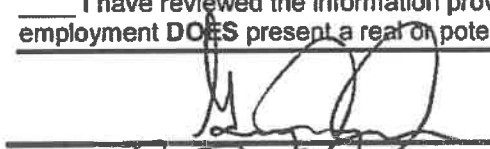
Employee statement


☒ GTI I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

☒ I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.

☐ I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.



Employee's Signature and Date


Agency Head's Signature and Date 8/1/18

NEVADA DEPARTMENT OF CORRECTIONS
REQUEST FOR SECONDARY EMPLOYMENT

PRINT NAME: GREG INGRAM DATE: 6/11/18

TITLE: OFFICER INSTITUTION: SCC B/A #: 3722

☐ New Secondary Employment

☒ Existing Employment

Start Date: 7/2013
(if unknown, indicate unknown)

PROPOSED SECONDARY EMPLOYMENT: Access Secure Data

BUSINESS ADDRESS: 55 VISTA BLVD
SPARKS NV 89434

BUSINESS PHONE: 775-297-2628

SPECIFIC ACTIVITY, BUSINESS, OR ENTERPRISE: DELIVERY OF
PACKAGES TO INMATES

PROPOSED DUTIES, RESPONSIBILITIES, OR ACTIVITIES: SAME

ESTIMATED NUMBER OF WORKING HOURS AT SECONDARY EMPLOYMENT: 8/10 HOURS PER
MONTH

PROPOSED WORKING HOURS: _____ a.m./p.m. TO _____ a.m./p.m.

I UNDERSTAND THAT MY PRIMARY RESPONSIBILITY IS TO THE DEPARTMENT OF CORRECTIONS.
I HAVE READ AND UNDERSTAND THE PROCEDURES AND RESTRICTIONS IN AR 355. I
UNDERSTAND MY APPROVAL FOR SECONDARY EMPLOYMENT MAY BE REVOKED AT ANYTIME.

[Signature] 6/11/18
Employee's Signature Date

RECOMMEND:

(☒) Approved
() Denied

[Signature] 6/12/2018
Signature of Warden / Division Head Date

(☒) Approved
() Denied

[Signature] 6-20-18
Signature of Deputy Director / Directors Designee Date

Cc: HR Employee File



**DIVISION OF HUMAN RESOURCE
MANAGEMENT
EMPLOYEE WORK PERFORMANCE
STANDARDS FORM**

Supervisors are responsible for establishing the initial standards, but standards must be reviewed annually and amended when appropriate. The employee must be given the opportunity to provide comment when the standards are revised (NAC 284.468).

Employee Name:	Last	Ingham	First	Gregory	MI		Employee ID #	43562
Class Title:	Correctional Officer (13.313)						Date Standards Est/Rev:	3/12

Department/Division:	Nevada Department of Corrections / Stewart Conservation Camp						
Agency # (3 digits):	440	Home Org # (4 digits):	3722	Position Control #:	35		

I have read and understand the work performance standards for this position. I understand these standards may be modified after discussion with my immediate supervisor and with the concurrence of the appointing authority.

Employee Signature:	Date:
Supervisor Title & Signature:	Date:
Reviewing Officer Title & Signature:	Date:
Appointing Authority Title & Signature:	Date:

Job Elements (Defined as principal assignments, goals, responsibilities and/or related factors.)	*Weighted Value	Performance Standards
Job Element #1: Custodial Responsibilities All work is performed under supervision. <ul style="list-style-type: none">• Comply with Administrative Regulations and Institutional Procedures for control of inmate activities.• Ensure proper supervision of inmates.• Ensure health and safety of staff and inmates.• Control housing assignments.• Control perimeters of boundaries.• Supervise inmates during meals.• Feed inmates in a timely manner.• Maintain sanitary and orderly living conditions.• Counsel inmates concerning attitude and conduct.• Enforce inmate discipline.• Supervise inmate use of personal and DOC property.• Supervise inmate mail and correspondence.• Conduct institutional searches for contraband.• Enforce inmate dress code.• Supervise inmate participation in recreational activities.• Be familiar with emergency procedures and evacuation plans.• Prevent escapes from confinement.• Assist unit officers and Case Work staff as needed.• Notes security discrepancies to supervisors.		<p>Complies with ARs and IPS with no more than two minor violations in a 12-month period.</p> <p>Maintain proper supervision of all inmate activities, including inmate meals ensuring timely feeding, and counseling inmates on attitude and conduct - no more than two minor violations in a 12-month period.</p> <p>Ensures health and safety of staff and inmates by controlling housing assignments, perimeters of boundaries and maintaining sanitary living conditions - no more than two minor violations in a 12-month period.</p> <p>Enforces inmate Code of Discipline, and procedures for inmate use of personal/ DOC property, inmate mail & correspondence procedures and enforces inmate dress code - no more than one minor violation in a three-month period.</p> <p>Conducts searches for contraband - no more than two minor violations in 12-month period.</p> <p>Familiar with emergency procedures/evacuation plans; reads & signs post orders at each position assigned at least yearly or upon any changes.</p> <p>Prevents escapes - no exceptions.</p> <p>Assist unit officers and Caseworkers as needed with no more than two minor negative incidents in a 12-month period.</p> <p>Security deficiencies reported immediately - no exceptions.</p>

ment #2: Facility Control

Maintain proper control of inmates.
Report incidents involving inmates or staff.
Maintain proper procedures for the mechanical operation of equipment.
Report any mechanical discrepancies.

Proper control of inmates - no more than one minor violation in a 12-month period.

Report incidents involving staff or inmates - no exceptions.

Proper operation of assigned equipment - no more than two minor infractions in a 12-month period.

Mechanical deficiencies reported to supervisors - no exceptions.

Job Element #3: Legal Responsibilities

- Complete and maintain log books, i.e., shower, yard, etc.
- Process legal mail.
- Have proficient knowledge of A.R.'s, I.P.'s and Administrative Directives.
- Learns and implements any changes.
- Reports and documents all violations.
- Recommend ideas on improving institutional procedures.
- Direct correspondence to supervisor.

Maintain accurate logs of required activities - no more than two minor violations in a 12-month period.

Properly process legal mail - no more than two minor violations in a 3-month period.

Proficient knowledge of all procedures and any changes - no more than two minor infractions in a 12-month period

Reports and documents all violations to supervisor - one minor discrepancy in a 12-month period.

Directs correspondence to supervisor - one minor discrepancy in a 12-month period.

Job Element #4: Security Equipment

- Be proficient in the use of firearms.
- Maintain equipment for use in emergencies.
- Report deficiencies noted.
- Proficient in the use, care and maintenance of security equipment.

Maintain successful annual firearm qualifications - no exceptions.

Maintain emergency equipment and report any deficiencies - no more than one minor violation in a 12-month period.

Maintain proper care and maintenance of equipment - no more than one minor infraction in a 12-month period.

Job Element #5: Training

- Assist with training of new staff.
- Report unusual behavior/actions by staff.

Assists in training new staff and reporting any unusual behavior to supervisors immediately - no exceptions.

Job Element #6: Key Control

- Understand all key control policies.
- Be proficient in the use, storage and exchange of institutional/personal keys.
- Report damaged and lost keys.

Knowledgeable of all key control policies and is proficient in key control procedures - no exceptions.

Immediately reports damaged or lost key immediately to supervisors - no exceptions.

Job Element #7: Tool Control

- Understands all tool control policies.
- Report any lost or damaged tools.
- Proficient in the use of door and key control.
- Proficient in the use electronic panels and emergency systems.

Knowledgeable in tool control policies reporting any damaged or lost tools to supervisor immediately - no exceptions.

Proficient in door and key control and electronic panels/emergency systems - no exceptions.

Job Element #8: Vehicles <ul style="list-style-type: none"> • Operate vehicles in a safe, legal and proficient manner. • Maintain travel and service records. • Provide vehicle maintenance. 		<p>Operates vehicles in a safe, legal and proficient manner - no exceptions.</p> <p>Maintains vehicle logs - no more than two minor infractions in a 12-month period.</p> <p>Reports maintenance needs to appropriate source - no exceptions.</p>
Job Element #9: Counts <ul style="list-style-type: none"> • Conduct formal and informal inmate population counts. 		<p>Performs inmate counts per procedure ensuring that a "living, breathing" inmate is observed - no exceptions.</p> <p>Count errors which are corrected to 100% are permitted with up to four minor miscounts in a 12-month period.</p>
Job Element #10: Appearance <ul style="list-style-type: none"> • Maintain uniform and appearance to standard. 		<p>Maintains clean, neat appearance and appropriate uniform standards - no more than two minor violations in a 12-month period.</p>
Job Element #11: Work Ethic <ul style="list-style-type: none"> • Ability to prioritize tasks, estimate time frames, meet deadlines, plan and use available resources and coordinate work assignments with others. 		<p>Appropriately prioritize tasks and work assignments - no more than two minor infractions in a 12-month period.</p> <p>Notify supervisors of problems in completing assignments - no more than three minor discrepancies in a 12-month period.</p>
Job Element #12: Customer Service and Communication <ul style="list-style-type: none"> • Provide quality and quantity of information and service to co-workers and external customers. • Answer telephones; greet customers; answer general questions; refer callers/visitors to appropriate personnel. • Maintain and project an approachable, open-minded attitude and respect confidentiality to ensure open, two-way communication. 		<p>Communicates information to fellow staff and other employees clearly and concisely as needed - no more than two minor negative incidents in a 12-month period</p> <p>Maintains professional demeanor during telephone conversations with both staff and the general public - no more than two minor infractions in a 12-month period.</p> <p>Is approachable, open and respectful to encourage two-way communication - no more than two discrepancies in a 12-month period.</p>
Job Element #13: Safety <ul style="list-style-type: none"> • Observe safe practices at all times. • Observe terms of safety of self, others, and care of Department property, equipment, and vehicles. • Follow Department accident reporting procedures. 		<p>Maintains safe practices in assigned duties and in the care of Departmental equipment and vehicles - no more than two minor violations in a 12-month period.</p> <p>All accidents must be immediately reported per procedure - no exceptions.</p>

Job Element #14: Professionalism		
<ul style="list-style-type: none"> • Display a professional demeanor at all times when interacting with staff and inmates. • Be courteous and considerate. • Avoid critical and argumentative statements. • Observe the Chain-of-Command in all interactions and correspondence. • Cooperate with and maintain a good relationship with operations and program staff. 		<p>Maintains professional demeanor with staff and inmates in compliance with NDOC Code of Ethics - no more than two minor violations in a 12-month period.</p> <p>Follows the Chain-of-Command - no more than two minor violations in a 12-month period.</p> <p>Cooperates with operations <u>and</u> program staff - no more than two minor negative interactions in a 12-month period.</p>

*If a weighted value is not designated, each job element has an equal weight.

Distribution: Original to Agency; Copy to Employee; Copy to Supervisor

NPD-14 Est. 1/03
Revised 3/12

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: August 14, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Bridgette Garrison, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to be "JSG", is written over the "From:" line.

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

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Russell Lyons, a current Correctional Caseworker I with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

Additional Information:

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

Due to safety and security within NDOC facilities, Keefe Group, LLC employs current NDOC staff to deliver the packages to inmates during off duty hours.

Statutory Authority:

NRS 333.705 (1)

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



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Authorization to Contract with a Current Employee

Employee Information

Employee Name:	Russell Lyons
Employee ID Number:	10833
Job Title:	Correctional Caseworker I
Current Employee Agency:	Nevada Department of Corrections - Ely Conservation Camp
Current Class and Grade:	12.565
Employment Dates:	11/28/1998 - Current
Contracting Agency:	Nevada Department of Corrections

Please check which of the following applies:

- ☐ Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.
- ☒ Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.

a. Summarize scope of contract work.

Title of Contracted Position is a Commissary Representative – Delivery Clerk. Delivery clerks deliver individually packaged orders to inmates at specified correctional facilities. Verify identity of inmates and obtain signature from inmate upon delivery of goods.

b. Document the employee's current job description.

See attached State of Nevada Work Performance Standards

c. Explain how this differs from current State duties.

Commissary Representative -- Delivery Clerk is different from a Correctional Caseworker I as it performs duties involving the evaluation and classification of individual inmates incarcerated within State correctional facilities; maintain a comprehensive record of each inmate regarding personal data, legal data, criminal history, institutional adjustment, program needs, program achievements, classification history and rule infractions as stipulated under NRS Chapter 209; evaluate, develop and implement plans for inmate program participation.

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

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

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

No

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

The vendor pays the Delivery Clerk \$5 per packaged delivered.

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

Not applicable

- h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.**

Not applicable

- i. Document justification for hiring contractor.**

While the vendor must incur the cost of hiring off-duty custody or non-custody staff to deliver packages; NDOC is requesting an additional FTE in the SFY 20-21 budget. This request is to formalize the current relationship with the employee, vendor, and the State of Nevada.

- j. Will the employee be collecting PERS at any time during the contract?**

No

- k. What is the duration of the contract with the current employee? (include start and end date)**

Currently – September 30, 2019

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

Part-time depending on number of packages received at the facility.

Comments:

 8/1/18
Contracting Agency Head's Signature and Date

 8/7/18
Budget Analyst Signature and Date

 8/14/18 for Paul Nicks
Clerk of the Board of Examiners Signature and Date

Secondary Employment Disclosure To Contract with a Current State Employee

Employee Name:	<u>Russell Lyons</u>
Employee ID number:	<u>10833</u>
Name of Secondary Employer: (If self employed, enter the business name)	<u>Keefe</u>
Address of Secondary Employer/Self Employment:	<u>55-101 Vista Blvd, Sparks, NV 89434</u>
Secondary Employer Phone Number:	<u>800-890-5206</u>

Describe the nature of the work performed by the secondary employer or self employment business.	Receiving Inmate Packages and distributing them by inspecting the contents, marking any discrepancies and if problems with the packages occur contact the Company for re-issuance.
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	No
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	When packages arrive for inmates I check the invoices to make sure to distribute this package to the correct inmate. I inspect it's contents to make sure all items are accounted for.
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	State work schedule is Monday – Friday from 8:00 am – 4:30 pm to include 30 minutes for lunch and 2 -15 minute breaks. Secondary is based on if and when packages come in. When they arrive I disperse these packages usually on Tuesday and Wednesday from 12:00pm to 12:30 pm
If applicable, list provider agreements, brief scope of services, and associated State agencies.	Be a self-starter. Treat customers and co-workers with respect. Take risks and prepare for success. Share ideas, criticism and praise Be committed, honest, reliable and ethical



Comments: Packages are issued at Ely Conservation Camp

Employee statement

X I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

X I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.
____ I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

	<u> </u>
Employee's Signature and Date	
	<u>8/1/16</u>
Agency Head's Signature and Date	



**DIVISION OF HUMAN RESOURCE
MANAGEMENT
EMPLOYEE WORK PERFORMANCE
STANDARDS FORM**

Supervisors are responsible for establishing the initial standards, but standards must be reviewed annually and amended when appropriate. The employee must be given the opportunity to provide comment when the standards are revised (NAC 284.468).

Employee Name:	Last	First	MI	Employee ID #
Class Title:	Correctional Caseworker Specialist I (12.565)			Date Standards Est/Rev:
Department/Division:				
Agency # (3 digits):	440	Home Org # (4 digits):		Position Control #:

I have read and understand the work performance standards for this position. I understand these standards may be modified after discussion with my immediate supervisor and with the concurrence of the appointing authority.

Employee Signature:

Date:

Supervisor Title & Signature:

Date:

Reviewing Officer Title & Signature:

Date:

Appointing Authority Title & Signature:

Date:

Job Elements (Defined as principal assignments, goals, responsibilities and/or related factors.)	*Weighted Value	Performance Standards
Job Element #1: Classification Reviews <ul style="list-style-type: none">Conduct routine casework assignments under the general supervision of the Correctional Casework Specialist III.Determine the need for reclassification of individual inmates.Analyze case factors, which contribute to classification decisions such as changes in legal status, progress in service of sentence, decisions of parole authority and achievements and infractions.Make determinations based on the application of laws, rules and regulations through analysis and verification of data.Compare inmate status against classification criteria.		<ul style="list-style-type: none">Demonstrates ability and skill at conducting initial, regular and special classification of inmates based on classification criteria within designated time frame barring unforeseen circumstances under the general supervision the CCS III, with a minimum of errors.Review caseload as needed to determine the need or reclassification of individual inmates based on case factors, time frames, parole board decisions and achievements or infractions.Will have no more than 3 Work Performance errors in a reporting period.
Job Element #2: Disciplinary Services Officer <ul style="list-style-type: none">Serve as a member of the facility's Disciplinary Committee.Review inmate case files, investigative reports and statements from witnesses, evidence and inmate testimony.Submit disciplinary sanctions to the Associate Warden of Programs for review and approval.Make determinations as to the guilt of inmates and the severity of the violation.		<ul style="list-style-type: none">Display knowledge, skills, and ability to serve as a member of the facilities Disciplinary Committee within the legal guidelines of Code of Penal Discipline.Prepare for disciplinary committee hearing by reviewing case files, investigate reports, and statements from witnesses, evidence and inmate's testimony.Results of hearing will be submitted to AWP for review in a timely manner.Determinations as to the guilt of inmates and the severity of the violation will be based on the evidence and the legal guidelines of the Code of Penal Discipline.Will have no more than 1 Work Performance error in a reporting period.

Job Element #3: Committee Involvement <ul style="list-style-type: none"> • Serve as a member of the Institutions/Facilities Classification Committee involving the classification of inmates. • Present and explain all data regarding inmates, i.e., inmate files, statements, etc., in the classification process. 		<ul style="list-style-type: none"> • Will serve as a member of the Institutions Classification Committee to determine housing changes, job placement, or job removal etc. as needed. • Will demonstrate skill and ability at presenting all pertinent information regarding inmates being reviewed by the committee in a clear, accurate and concise manner. • Will have no more than 3 Work Performance errors in a reporting period.
Job Element #4: Progress Reports/Parole <ul style="list-style-type: none"> • Prepare parole progress reports regarding inmate history and activity prior to and during the incarceration period. • Provide information regarding the inmate's criminal history, legal status, progression the service of sentence, etc. • Interview inmate for relevant input for parole report. • Represent the department at parole board hearings. 		<ul style="list-style-type: none"> • Will prepare Parole Progress reports following the guidelines set forth in a timely manner by the collocation of Central Office and the Parole Board Commissioners. • Using relevant information from inmate interviews, the PSI reports, Institutional records and staff input. • Will demonstrate courtesy, competency and professionalism when representing the Department at Parole Board hearings. • Will have no more than 2 Work Performance errors in a reporting period.
Job Element #5: Inmate Management <ul style="list-style-type: none"> • Assist inmates in obtaining work assignments during incarceration. • Assess their ability to perform various tasks based on medical records, inmate file history and personal interviews. • Make job assignment recommendations to the Classification Committee. • Observe and evaluate work performance and ensure that work time credits are properly received and documented. • Handle inquiries concerning sentence structure and sentence credits of inmates. • Obtain information regarding inmate work status by reviewing work history reports, institutional files, work time forfeitures/credits and applicable laws involving parole and discharge eligibility. • Monitor status of assigned inmate custody levels on a daily basis to determine if any housing changes or disciplinary/protective protective custody actions have been taken. • Review incident reports. • Ensure that inmates receive due process and assistance. • Provide guidance to inmates regarding institutional rules, appropriate behavior, program opportunities, or medical/psychological needs. • Encourage behavior modification and performance expectations within the institution. 		<ul style="list-style-type: none"> • Demonstrate skill and ability in evaluation of caseload inmates to determine specific needs and job placement as needed, based on medical records inmate file history, and personal interviews. • Handle inmate inquiries concerning a variety of issues including, but not limited to sentence structure and credits of inmates in a timely manner • Demonstrate ability to research and review inmate work history and credits in a timely manner in case there is a problem. • Demonstrate skill and ability in monitoring status of assigned inmate custody on a daily basis to determine if any housing changes need to be done. • Review incident reports as needed. • Assist a needed as a member of the due process hearing committee in ensuring that inmate receive due process and assistance to maintain safety and security in the Institution. • Demonstrate ability to appropriately communicate with inmate to provide guidance regarding Institutional rules, appropriate behavior, program opportunities and medical/psychology needs. • Will have no more than 2 Work Performance errors in a reporting period.
Job Element #6: Legal Responsibilities <ul style="list-style-type: none"> • Respond to legal matters involving inmates within the facilities. • Conduct research to develop written response. • Conduct research and draft correspondence for Prison Administrators. 		<ul style="list-style-type: none"> • Display knowledge, skill and ability to research, process and prepare appropriate paperwork in a timely manner regarding legal matters involving inmates including AG referrals, court cases, and outstanding warrants. • Will have no more than 2 Work Performance errors in a reporting period.

Job Element #7: Inmate Grievances <ul style="list-style-type: none"> • Process inmate grievances by reviewing administrative remedy forms. • Maintain a logbook and assign case numbers of grievances received and forward to appropriate party. • Prepare written response to inmates and attempt to resolve grievances. • Forward unresolved grievances to supervisor. 		<ul style="list-style-type: none"> • Will forward unresolved grievances to supervisor in the appropriate time frame. • Will have no more than 2 Work Performance errors in a reporting period.
Job Element #8: Work Ethic <ul style="list-style-type: none"> • Ability to prioritize tasks, estimate time frames, meet deadlines, plan and use available resources and coordinate work assignments with others. 		<ul style="list-style-type: none"> • Display knowledge, skills and ability to perform all CCS I Case Management assignments. Perform all CCS duties by planning, prioritizing, and performing tasks in a timely manner meeting all deadlines barring unforeseen circumstances with a minimum of errors. Work cooperatively with other staff and assist others as needed. Maintain a moral and ethical work standard, display an appropriate role-modeling behavior for fellow staff members and abide by all organizational standards, policies, procedures and guidelines. • Will have no more than 2 Work Performance errors in a reporting period.
Job Element #9: Customer Service and Communication <ul style="list-style-type: none"> • Provide quality and quantity of information and service to co-workers and external customers. • Answer telephones; greet customers; answer general questions; refer callers/visitors to appropriate personnel. • Maintain and project an approachable, open-minded attitude and respect confidentiality to ensure open, two-way communication. 		<ul style="list-style-type: none"> • Maintain and ensure appropriate communication skills with clients, staff and other individuals when conducting department business. • Fulfill this obligation whether interaction is in person, on a telephone, or other communication medium. • Appropriate communication is defined as providing accurate, positive, professional, collaborative and respectful interaction with all parties involved. • Will have no more than 2 Work Performance errors in a reporting period.
Job Element #10: Safety <ul style="list-style-type: none"> • Observe safe practices at all times. • Observe terms of safety of self, others, and care of Department property, equipment, and vehicles. • Follow Department accident reporting procedures. 		<ul style="list-style-type: none"> • Abide by all safety and security guidelines, as mandated by the Department's policies and procedures, as well as State and Federal guidelines at all times. • Observe all safety and security policies and procedures set forth by the Department. • Report any breaches of these standards, as well as any accidents that may arise during the performance of duties. • Will have 0 Work Performance errors in a reporting period.

*If a weighted value is not designated, each job element has an equal weight.

Distribution: Original to Agency; Copy to Employee; Copy to Supervisor

NPD-14 Est. 1/03
Revised 3/12

**NEVADA DEPARTMENT OF CORRECTIONS
REQUEST FOR SECONDARY EMPLOYMENT**

PRINT NAME: Russell Lyons DATE: 04/12/2018
TITLE: CCWS INSTITUTION: ECC B/A #: 3747
☐ New Secondary Employment ☐ Existing Employment Start Date: UNKN
(if unknown, indicate unknown)

PROPOSED SECONDARY EMPLOYMENT: Centric Group/Keefe Supply

BUSINESS ADDRESS: 55 Vista Blvd #101 Sparks, NV 89434

BUSINESS PHONE: 775-355-7006

SPECIFIC ACTIVITY, BUSINESS, OR ENTERPRISE: Issuing Packages

PROPOSED DUTIES, RESPONSIBILITIES, OR ACTIVITIES:

ESTIMATED NUMBER OF WORKING HOURS AT SECONDARY EMPLOYMENT:

PROPOSED WORKING HOURS: 12:00 a.m. (p.m.) TO 12:30 a.m. (p.m.)

I UNDERSTAND THAT MY PRIMARY RESPONSIBILITY IS TO THE DEPARTMENT OF CORRECTIONS.
I HAVE READ AND UNDERSTAND THE PROCEDURES AND RESTRICTIONS IN AR 355. I
UNDERSTAND MY APPROVAL FOR SECONDARY EMPLOYMENT MAY BE REVOKED AT ANYTIME.

Russell Lyons
Employee's Signature

4/12/18
Date

RECOMMEND:

☒ Approved
☐ Denied

[Signature]
Signature of Warden / Division Head

ELY STATE PRISON

Date 4-23-2018

☒ Approved
☐ Denied

[Signature]
Signature of Deputy Director / Directors Designee

T. FILSON

Date 4-23-18

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: August 14, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

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

A handwritten signature in blue ink, appearing to read "B. Garrison", is written over the name "Bridgette Garrison" in the "From:" field.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with David Tolotti, a current Correctional Sergeant with the Nevada Department of Corrections, to deliver packages to inmates. Deliveries are completed on an as needed basis through September 30, 2019.

Additional Information:

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

Due to safety and security within NDOC facilities, Keefe Group, LLC employs current NDOC staff to deliver the packages to inmates during off duty hours.

Statutory Authority:

NRS 333.705 (1)

REVIEWED:  _____

ACTION ITEM: _____



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Authorization to Contract with a Current Employee

Employee Information

Employee Name:	David Tolotti
Employee ID Number:	43538
Job Title:	Correctional Sergeant
Current Employee Agency:	Nevada Department of Corrections - Northern Nevada Correctional Center
Current Class and Grade:	13.311
Employment Dates:	8/17/2009 – Current
Contracting Agency:	Nevada Department of Corrections

Please check which of the following applies:

- ☐ Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.
- ☒ Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.

a. Summarize scope of contract work.

Title of Contracted Position is a Commissary Representative – Delivery Clerk. Delivery clerks deliver individually packaged orders to inmates at specified correctional facilities. Verify identity of inmates and obtain signature from inmate upon delivery of goods.

b. Document the employee's current job description.

See attached State of Nevada Work Performance Standards

c. Explain how this differs from current State duties.

Commissary Representative -- Delivery Clerk is different from a Correctional Sergeant work in a line supervisory capacity and has charge of an assigned watch or major area in a State correctional institution/facility and supervises the work of subordinate officers in the safe custody, discipline and welfare of inmates in State correctional facilities in a controlled humane environment.

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

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

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

No

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

The vendor pays the Delivery Clerk \$5 per packaged delivered.

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

Not applicable

- h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent.**

Not applicable

- i. Document justification for hiring contractor.**

While the vendor must incur the cost of hiring off-duty custody or non-custody staff to deliver packages; NDOC is requesting an additional FTE in the SFY 20-21 budget. This request is to formalize the current relationship with the employee, vendor, and the State of Nevada.

- j. Will the employee be collecting PERS at any time during the contract?**

No

- k. What is the duration of the contract with the current employee? (include start and end date)**

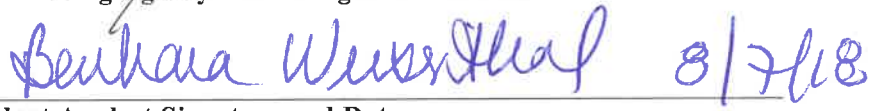
Currently – September 30, 2019

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

Part-time depending on number of packages received at the facility.

Comments:


Contracting Agency Head's Signature and Date


Budget Analyst Signature and Date


Clerk of the Board of Examiners Signature and Date

for Paul Nicks

Secondary Employment Disclosure To Contract with a Current State Employee

Employee Name: David Tolotti
Employee ID number: 43538
Name of Secondary Employer: Access Secure Pack
(If self employed, enter the business name)
Address of Secondary Employer/Self Employment: 55 Vista Blvd
Sparks NV 89434
Secondary Employer Phone Number: (775)355-7006

Describe the nature of the work performed by the secondary employer or self employment business.	Delivery of Inmate Packages ordered from Keefe Commissary
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	NO
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	Delivery of Inmate Packages ordered from Keefe Commissary
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	3-6 hours/week All work done off duty Zero conflict
If applicable, list provider agreements, brief scope of services, and associated State agencies.	N/A


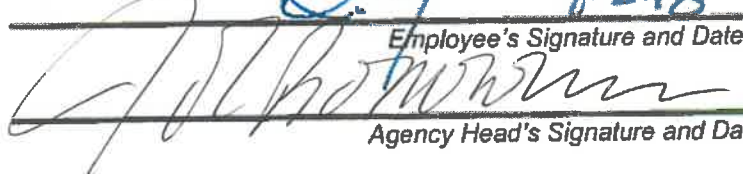
Comments:

Employee statement

DT I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

 I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.
 I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

 7.2.18
Employee's Signature and Date
 8/1/18
Agency Head's Signature and Date

EMPLOYEE WORK PERFORMANCE STANDARDS FORM

Supervisors are responsible for establishing initial standards, but standards must be reviewed annually and amended, as appropriate.
Employees must be given an opportunity to comment when standards are revised (NAC 284.468).

EMPLOYEE NAME: Last <i>Tolotti</i>	First <i>DAVID</i>	Initial <i>L</i>	SOCIAL SECURITY #: <i>530-58-8964</i>
CLASS TITLE: Correctional Sergeant (12.512)	BUDGET/POSITION #: <i>3717/792</i>		DATE STANDARDS EST/REV:
I have read and understand the work performance standards for this position. I understand these standards may be modified after discussion with my immediate supervisor and with the concurrence of the appointing authority.			
EMPLOYEE SIGNATURE: <i>[Signature]</i>		DATE: <i>4-13-18</i>	
SUPERVISOR TITLE & SIGNATURE: <i>Lt. Bell</i> <i>[Signature]</i>		DATE: <i>4-22-18</i>	
REVIEWING OFFICE TITLE & SIGNATURE:		DATE:	
APPOINTING AUTHORITY TITLE & SIGNATURE:		DATE:	

JOB ELEMENTS (Defined as principal assignments, goals, responsibilities and/or related factors.)	Weighted Value	WORK PERFORMANCE STANDARDS
JOB ELEMENT #1: A. Shift/Employee Management <ul style="list-style-type: none"> Verify attendance for sufficient staffing. Authorize/recommend overtime. Supervise/evaluate staff performance. Provide appropriate training for staff. Resolve formal/informal grievances. Recommend disciplinary actions. Counsel staff in work related activities and professional growth. 		Maintain appropriate staffing levels, authorize or recommend overtime - no more than two minor violations in a 12-month period. Supervise & evaluate subordinate staff performance ensuring employee evaluations are completed in a timely manner, ensures employee attendance records are accurate and correspond with timesheets - no more than two minor discrepancies in a 12-month period. Provide training, resolve grievances, recommend disciplinary and counsel staff - no more than two minor discrepancies in a 12-month period.
JOB ELEMENT #2: B. Security Supervision <ul style="list-style-type: none"> Supervise/enforce security policies and procedures. Inspect institutions/grounds for breaches of security and damage. Search inmates, institutions and work areas for contraband, etc. 		Security supervision and enforcement of security policies and procedures, inspections for security breaches, search of inmates and work areas for contraband and proper reporting of such - no more than one minor violation per quarter.
JOB ELEMENT #3: C. Safety Supervision <ul style="list-style-type: none"> Report or correct security, safety and sanitation infractions. Conduct special/routine inmate counts. Control inmate activity and movement in facilities or housing. Ensure compliance with security procedures. 		Maintains safety supervision ensuring safe and secure operation of the institution including inmate counts, inmate movement, and compliance with security procedures and proper reporting of any discrepancies - no more than one minor violation per quarter.
JOB ELEMENT #4: D. Investigate/Review Reports <ul style="list-style-type: none"> Review inmate misconduct reports. Review staff incident reports. 		Reviews inmate misconduct reports and staff incident reports taking needed corrective action and distributing the information via the Chain-of-Command - no more than one minor violation per quarters.
JOB ELEMENT #5: E. Incident Control <ul style="list-style-type: none"> Place inmates in a segregated area due to major misconduct or need for protection. Serve as incident commander in emergency situations. 		Places inmates in segregation if they are threat to themselves or the security of the institution - no exceptions. Serves as incident commander in emergencies and has a working knowledge of the Emergency Response Manual - no more than one minor violation per quarter.

JOB ELEMENT #6: F. Disciplinary Officer <ul style="list-style-type: none"> • Assist in determining the level of custody and disciplinary actions taken against inmates. 		Perform the duties of Disciplinary Officer in accordance with DOC regulations and procedures - no exceptions.
JOB ELEMENT #7: G. Transportation <ul style="list-style-type: none"> • Plan/coordinate staff for inmate transportation. • Prioritize scheduled transportation appointments. 		Coordinate staffing for inmate transportation ensuring proper coverage, recognizing DOC requirements for transportation and proper prioritizing for scheduled and emergency transportation - no exceptions.
JOB ELEMENT #8: H. Mail Supervision <ul style="list-style-type: none"> • Supervise incoming/outgoing inmate mail for contraband. • Review inventory documents for inmate packages. 		When assigned: <ul style="list-style-type: none"> • Supervise inmate incoming and outgoing mail per DOC regulations and procedures - one minor violation per quarter. • Review inventory documents for inmate packages per DOC regulations and procedures - one minor violation per quarter
JOB ELEMENT #9 I. Inmate File Management <ul style="list-style-type: none"> • Review inmate files and assignments for appropriate ethnic, racial and medical constraints. 		When appropriate, review inmate files and assignments for any ethnic, racial or medical constraints - no exceptions.
JOB ELEMENT #10 J. Customer Service and Communication <ul style="list-style-type: none"> • Provide quality and quantity of information and service to co-workers and external customers. • Answer telephones; greet customers; answer general questions; refer callers/visitors to appropriate personnel. • Maintain and project an approachable, open-minded attitude and respect confidentiality to ensure open, two-way communication. 		Provides clear, concise information to staff and general public and maintains professional demeanor on telephone - no more than 4 minor discrepancies in a 12 month period. Is approachable, open and respectful to encourage two-way communication - no more than two minor discrepancies in a 12-month period.
JOB ELEMENT #11 K. Work Ethic <ul style="list-style-type: none"> • Ability to prioritize tasks, estimate time frames, meet deadlines, plan and use available resources and coordinate work assignments with others. 		Appropriately prioritizes tasks and work assignments - no more than two minor discrepancies in a 12-month period. Notifies supervisors of any problems - no exceptions.
JOB ELEMENT #12: L. Safety <ul style="list-style-type: none"> • Observe safe practices at all times. • Observe terms of safety of self, others, and care of Department property, equipment, and vehicles. • Follow Department accident reporting procedures. 		Maintains safe practices in assigned duties and in the care of Departmental equipment and vehicles - no more than 2 minor discrepancies in a 12-month period. All accidents will be reported per procedure - no exceptions.

JOB ELEMENT #13: M. Professionalism <ul style="list-style-type: none"> • Display a professional demeanor at all times when interacting with staff and inmates. • Be courteous and considerate. • Avoid critical and argumentative statements. • Observe the Chain-of-Command in all interactions and correspondence. • Cooperate with and maintain a good relationship with operations and program staff. 	<p>Maintains professional demeanor with staff and inmates in compliance with DOC Code-of-Ethics - no more than two minor negative incidents in a 12-month period.</p> <p>Is courteous and considerate not using critical or argumentative statements - no exceptions.</p> <p>Follows the Chain-of Command - no more than two minor violations in a 12-month period.</p> <p>Cooperates with operations <u>and</u> program staff - no more than two minor negative incidents in a 12-month period.</p>
---	--

JOB ELEMENT #14: E. Key Control <ul style="list-style-type: none"> • Maintain a proficient knowledge of institutional and departmental procedures concerning key control. • Be proficient in the use, storage and exchange of keys. • Report lost or damaged keys. 	<p>Proficient in DOC policies and procedures for key control reviewing any changes in such - no exception.</p> <p>Proficient in use, storage and exchange of keys - no exceptions.</p> <p>Reports lost or damaged keys immediately - no exceptions.</p>
JOB ELEMENT #15: F. Tool Control <ul style="list-style-type: none"> • Maintain a proficient knowledge of institutional and departmental procedures concerning tool control. • Report lost or damaged tools. 	<p>Proficient in DOC policies and procedures for toll control reviewing any changes in such - no exceptions.</p> <p>Reports lost or damaged tools immediately - no exceptions.</p>
JOB ELEMENT #16: G. Security Control <ul style="list-style-type: none"> • Be proficient in the use of firearms. • Maintain equipment for use in emergencies. • Proficient in the use, care and maintenance of security equipment. • Proficient in the use of door and key controls. 	<p>Maintain successful firearms qualifications - no exceptions.</p> <p>Maintains emergency equipment and is proficient in use and care of security equipment - no exceptions.</p> <p>Proficient in use of door and key controls - no exceptions.</p>
JOB ELEMENT #17: H. Vehicles <ul style="list-style-type: none"> • Operate vehicles in a safe, legal and proficient manner. • Provide vehicle maintenance. 	<p>Operates vehicles in a safe, legal and proficient manner - no exceptions.</p> <p>Reports maintenance needs to proper source - no more than two minor discrepancies in a 12-month period.</p>

*If a weighted value is not designated, each job element has an equal weight.

Distribution: Original to State Personnel Department; Copy to Employee; Copy to Employee's Department

NPD-15 Rev. 11/02

**NEVADA DEPARTMENT OF CORRECTIONS
REQUEST FOR SECONDARY EMPLOYMENT**

PRINT NAME: David Tolatti DATE: 4.13.18

TITLE: Sergeant INSTITUTION: NNCC B/A #: _____

☐ New Secondary Employment ☒ Existing Employment Start Date: _____
(if unknown, indicate unknown)

PROPOSED SECONDARY EMPLOYMENT: Access Securepak

BUSINESS ADDRESS: 55 Vista Blvd Sparks, NV 89434

BUSINESS PHONE: (775) 355-7006

SPECIFIC ACTIVITY, BUSINESS, OR ENTERPRISE: Access Package delivery

PROPOSED DUTIES, RESPONSIBILITIES, OR ACTIVITIES: delivery, tracking
and delivery security of Access packages

ESTIMATED NUMBER OF WORKING HOURS AT SECONDARY EMPLOYMENT: 5-7

PROPOSED WORKING HOURS: VARIES week to week a.m./p.m. TO _____ a.m./p.m.

I UNDERSTAND THAT MY PRIMARY RESPONSIBILITY IS TO THE DEPARTMENT OF CORRECTIONS.
I HAVE READ AND UNDERSTAND THE PROCEDURES AND RESTRICTIONS IN AR 355. I
UNDERSTAND MY APPROVAL FOR SECONDARY EMPLOYMENT MAY BE REVOKED AT ANYTIME.

Employee's Signature [Signature]

Date 4.13.18

RECOMMEND:

(☒) Approved
(☐) Denied

[Signature]
Signature of Warden / Division Head

Date 6/11/18

(☒) Approved
(☐) Denied

[Signature]
Signature of Deputy Director / Directors Designee

Date 6-18-18

Cc: HR Employee File

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: August 13, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Lynnette Aaron, 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.

SECRETARY OF STATE

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Secretary of State (SOS) requests authority to contract with a former employee, Tracy Gillespie, through Manpower Temporary Services, Master Service Agreement #18404. Ms. Gillespie will be working from October 14, 2018 through June 30, 2019 on a part-time, as-needed basis.

Additional Information:

Ms. Gillespie will assist in testing Uniform Commercial Code functionality in the new eSoS processing system and eliminating backlog of document archiving. She left state service in July 2018 and is currently collecting benefits from PERS. Furthermore, she has worked for the agency in this same capacity for 35 years and participated in the development and implementation of multiple eSoS processing systems. She worked closely with the Business Process Analysts and State Micrographics on answering questions and developing an inventory of SOS microfilm, microfiche and paper records leftover from the prior implementations that will be converted to electronic file format.

and migrated into the new eSoS processing system.

Statutory Authority:

NRS 333.705(1)

REVIEWED: 
ACTION ITEM: _____



RECEIVED

AUG - 8 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Patrick Cates
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:	Tracy Gillespie
Former Employee ID Number:	010099
Former Job Title:	Administrative Assistant IV
Former Employee Agency:	Secretary of State
Former Class and Grade:	Class 2.210, Grade 29
Former Employment Dates:	6/27/1983 – 7/13/2018
Contracting Agency:	Secretary of State

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.

- Assist in testing Uniform Commercial Code (UCC) functionality in the new eSoS processing system.
- Assist in eliminating backlog of document archiving.
- Provide expert knowledge and quality control during the historical document imaging project.

b. Document former job description.

This position served as the Uniform Commercial Code (UCC) and Copies divisions' supervisor, overseeing the receipting and filing processes related to UCC, as well as the long-term storage, retrieval and restoration of all imaged documents.

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?

This person worked for the agency in this same capacity for 35 years and participated in the development and implementation of multiple eSoS processing systems. Not only does she possess expert knowledge about the current systems in place, but also the historical knowledge about data issues and anomalies. Until her retirement this past July, she worked closely with the business process analysts and state micrographics on answering questions and developing an inventory of SOS microfilm, microfiche and paper records leftover from the prior implementations that will be converted to electronic file format and migrated into this new system. All remaining issues and data anomalies after the new system is launched will be documented for future reference.

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

Existing State employees do not possess the expertise and background knowledge.

- 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

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

\$27.15 (per State of Nevada 2018 Compensation Schedule)

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

This is the same wage she earned as a State Employee as a grade 29 with 10 steps (per State of Nevada 2018 Compensation Schedule)

- 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?**

No, this does not apply.

- i. Document justification for hiring contractor.**

Refer to item c.

- 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)**

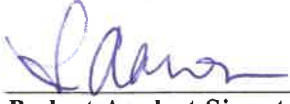
October 14, 2018 thru June 30, 2019

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

P/T-Intermittent on as needed basis This person will only work a couple days a week or as needed to train the new employee in her former position. She will be working thru the Temp Service Manpower that is contracted through the State of Nevada as a Master Service Agreement. RFP/Contract #3296/18404

Comments:

 8/8/18
Contracting Agency Head's Signature and Date

 8/13/18
Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

Retirement Board

Mark R. Vincent
Chair
Katherine Ong
Vice Chair

Lee-Ann Easton
Scott M. Gorgon
Yolanda T. King
Timothy M. Ross
Brian A. Wallace

**Executive Staff**

Tina Leiss
Executive Officer

Cheryl Price
Operations Officer

Steve Edmundson
Investment Officer

August 10, 2018

Ms. Tracy L Gillespie
3425 Princeton Ave
Carson City, NV 89705

Dear Ms. Gillespie:

We received your request for a verification of your retirement account. Our records show you retired on 07/14/2018. This benefit is payable for your lifetime.

Should you have any questions, please contact us and ask to speak with a Counseling Services Representative.

Sincerely,

Tony Simmons
Production and Pension Services

Brian Sandoval
Governor

Paul Nicks
Acting Director

Susan Brown
Acting 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: August 14, 2018
To: Paul Nicks, Clerk of the Board
Governor's Finance Office
From: Bridgette Garrison, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Garrison.

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

NEVADA DEPARTMENT OF TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Reid Kaiser. HDR Engineering, Inc. plans to utilize Mr. Kaiser's expertise to assist in preparing final design plans and traffic analysis for the Centennial Bowl (US-95 NW Phase 3) Agreement. Mr. Kaiser will be working from September 11, 2018 through June 30, 2019 and per agreement can only charge up to eight hours per month even though working many more.

Additional Information:

Mr. Kaiser retired from State service on June 15, 2018. HDR Engineering, Inc. was selected to perform the required services for the Centennial Bowl in December 2009. Mr. Kaiser retired as Assistant Director of Operations and has spent over 28 years with NDOT. Mr. Kaiser has had no influence or authority over consultant procurement for any State project for which HDR Engineering, Inc. has participated.

Statutory Authority:

NRS 333.705

REVIEWED: _____
ACTION ITEM: _____



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

MEMORANDUM

July 23, 2018

To: State of Nevada Board of Examiners
From: Rudy Malfabon, Director *Rudy Malfabon*
Subject: Authorization to Contract with a Former Employee

RECEIVED

JUL 24 2018

SUMMARY

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Mr. Reid Kaiser. Mr. Kaiser, retired from state service on June 15, 2018. HDR Engineering, Inc. has hired Mr. Kaiser to fill as HDR's Principle for Agreement P011-10-015, Project 73518E1P.

BACKGROUND

The Centennial Bowl (US-95 NW Phase 3) will accommodate projected traffic growth; decrease travel times, congestion, idling, and vehicle emissions; improve mobility and safety for the public; and maintain stakeholders' trust. The Centennial Bowl is a proposed system-to-system interchange between US-95 and Clark County 215 (CC-215) in Clark County. It will provide direct connect access between US-95 and CC-215 to enhance local and regional access and mobility, support planned land uses and economic development, and improve efficiency of freight movement.

The goal of this Agreement is to assist the DEPARTMENT in preparing final design plans, traffic analysis and assistance with Project Management as well as Public Information.

Through a Request for Proposal (RFP) process, HDR Engineering, Inc. was selected to perform the required services for the Centennial Bowl in December 2009. Mr. Kaiser recently began his employment with HDR Engineering, Inc. on June 25, 2018. Upon his start, HDR Engineering, Inc. has requested to use Mr. Kaiser's expertise to assist in the managing the agreement for HDR. Mr. Kaiser spent over 28 years with NDOT serving in District II, Construction, Materials and most recently in the Director's Office and brings tremendous value and expertise to this project.

At no time during Mr. Kaiser's State service was Mr. Kaiser involved in the RFP procurement and selection of the HDR Engineering, Inc. for the required services for the Centennial Bowl.

RECOMMENDATION

We respectfully request your consideration for approval for NDOT to allow the addition of Mr. Kaiser to the HDR Engineering Inc., team to manage the agreement with HDR associated with the Centennial Bowl, Agreement P011-10-015, Project 73518.



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:	Reid G. Kaiser
Former Employee ID Number:	11083
Former Job Title:	Assistant Director, Operations
Former Employee Agency:	Nevada Department of Transportation
Former Class and Grade:	Grade 55 – unclassified
Former Employment Dates:	October 9, 1989 – June 15, 2018
Contracting Agency:	HDR Incorporated, Engineering Company

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.

Acting as a Principal for a consultant managing agreements with NDOT.

b. Document former job description.

Assistant Director, Operations. Supervised 5 division within NDOT; Materials Division, Construction Division, Traffic Operations Division, Maintenance and Asset Management and Equipment Divisions. Testified at Legislature as required, administered the Construction Working Group for NDOT Board.

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, the former employee has specialized knowledge of the agencies operations. He is very familiar with what NDOT needs regarding consultant services and will help meet NDOT's needs to meet the engineering demand that current staff cannot supply.

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.

- 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.**

\$79.33/hour

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

\$40.60 – \$61.58 (Grade 47)

- 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?**

This contract will only allow the principal to charge 8 hours per month to the agreement even though the principal will work many more hours on the agreement procuring staff as requested by NDOT, working with subcontractors that the prime is responsible for and meeting the owner's needs.

- i. **Document justification for hiring contractor.**

Limited quality of staff available, Dis-Advantaged Business requirements, prime firm does not employee testers or survey crews and they are needed per the agreement, specialized needs written in the agreement that the prime cannot supply within its own firm.

- 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)**

These are active agreements, so at Board of Examiners approval through June 30, 2019.

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

Per the agreement, a Principal can only charge up to 8 hours per month to the agreement.

Comments:

DocuSigned by:

Rodney Mayfield

07/23/2018

04676E56D564445...

Contracting Agency Head's Signature and Date

Sudgitha Hudson 8/14/18

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

NEVADA DEPARTMENT OF TRANSPORTATION

AGREEMENT SUMMARY

Task Order No. 11510 Agreement No. FD01-10-015 Amendment No. 11510 (If Applicable)
 Return to Contract Services Yes No (If Applicable)

ORIGINATING DIVISION/DISTRICT: C015 - Project Management

CONTACT PERSON: Cole Mortensen PHONE NO.: (775) 888-7742 DIV CODE: C015

PROJECT MANAGER: Cole Mortensen PHONE NO.: (775) 888-7742 DIV CODE: C015

NAME AND ADDRESS OF SECOND PARTY: HDR Engineering Inc. CONTACT PERSON: Lolene Terry

7180 Pollock Drive TELEPHONE #: (702) 938-6000

Las Vegas, NV 89119-90056

PURPOSE OF AGREEMENT/AMEND: Provide engineering services for the design of the US 95/CC-215 interchange

(US 95 NW Corridor)

TYPE OF AGREEMENT: Consultant

WERE BIDS OR PROPOSALS SOLICITED? Yes If so, please attach.

WHY WAS THIS CONTRACTOR CHOSEN IN PREFERENCE TO OTHERS? Committee Evaluation of Proposals

BEGINNING DATE: 12/15/09 ESTIMATED COMPLETION DATE: 7/31/2012

BOE APPROVAL (IF APPLICABLE): DATE:

TOTAL ESTIMATED COST OF AGREEMENT: \$3,418,829.00 (including 10% contingency) FIXED FEE %:

AMENDMENT AMOUNT: (If Applicable)

PROJECT IDENTIFICATION: (must complete)	FEDERAL PARTICIPATION:	For Agreement Services/ROW use only:
CONTRACT NUMBER	YES <u> </u> NO <u> </u>	B/S SEC. DEPOSIT:
WORK OR NUMBER		B/S INTEREST:
PROJECT ID NUMBER <u>EA 73518</u>		B/S PREPAID:
PCMS NUMBER		
PROJECT NUMBER		
SUB-PROJECT		
PHASE		
NONE		

COUNTY WHERE WORK IS PERFORMED: Clark County

DO YOU HAVE MONEY IN YOUR BUDGET TO FUND AGREEMENT? (ATTACH APPROVAL) Yes

DIVISION RESPONSIBLE FOR BILLING REQUEST TO ACCOUNTING? C015 - Project Management

PAYMENT CODE: P PAYABLE PAYMENT CYCLE: M MONTHLY

R-RECEIVABLE P-PAYABLE B-BI-WEEKLY Q-QUARTERLY

REVIEW APPROVAL: S-SEMI-ANNUAL Y-YEARLY C-CUPON COMPLETION

LEGAL ASST: Yvonne Coates FINAL DISTRIBUTION: No. Copies

PROJ. ACCTG.

DIST./DIV. HEAD

RW

ENVIRON.

AGREE, SVC.

NDOT

070-001 Rev. 10/07 1-28 tH Em

CONSULTANT'S AGREEMENT

This Agreement, made and entered into the 15th day of December, 2009 by and between the STATE OF NEVADA, acting by and through its Department of Transportation, hereinafter called the DEPARTMENT and HDR Engineering, Inc., 7180 Pollock Drive, Suite 200, Las Vegas, NV 89119, hereinafter called the CONSULTANT.

WITNESSETH:

WHEREAS, pursuant to the provisions contained in Chapter 408 of the Nevada Revised Statutes, the Director of the DEPARTMENT may contract for such technical services that may be required; and

WHEREAS, provisions contained in Chapter 284 of the Nevada Revised Statutes authorizes heads of departments to contract for the services of independent contractors; and

WHEREAS, engineering services to design a new System-to-System Interchange at the Bruce Woodbury Beltway (CC-215) and US-95 are necessary for the safety of the motorist public, hereinafter called the PROJECT; and

WHEREAS, the CONSULTANT's services will be of great benefit to the DEPARTMENT and to the people of the State of Nevada;

NOW, THEREFORE, in consideration of the premises and of the mutual covenants hereinafter contained, it is hereby agreed by and between the parties as follows:

ARTICLE I - SCOPE OF SERVICES

1. The CONSULTANT agrees to assist the DEPARTMENT Roadway Design Division in the design of the system to system interchange as identified in the US-95 Northwest Environmental Assessment by producing final design plans, specifications and estimates for the construction of the structures necessary to complete the interchange and work as shown in "Exhibit A".

2. The CONSULTANT agrees to furnish all labor, materials, services, equipment, tools and personal expenses necessary to perform the professional services required under the terms of this Agreement, except as specifically provided herein.

3. The CONSULTANT agrees to comply with all requirements contained in the Request for Proposal, which is incorporated into this Agreement by reference.

ARTICLE II - PERFORMANCE

1. The term of this Agreement shall be from the date first written above through and including July 31, 2012, unless a change is further agreed to by written amendment signed by all parties.

2. The CONSULTANT shall not proceed with said work until the CONSULTANT receives a written "Notice to Proceed" from the DEPARTMENT. If the CONSULTANT does commence said work prior to receiving said "Notice to Proceed", the CONSULTANT shall forfeit any and all right to reimbursement for that portion of the work performed prior to the receipt of said "Notice to Proceed". The CONSULTANT shall notify the DEPARTMENT in writing of the exact date of commencement.

3. The DEPARTMENT shall promptly notify CONSULTANT of all necessary revisions or corrections related to CONSULTANT's errors and omissions. DEPARTMENT's notice to CONSULTANT shall specify the maximum time frame necessary for the correction. The CONSULTANT shall make all necessary revisions or corrections resulting from errors and omissions on the part of the CONSULTANT, and shall make such revisions and corrections without delay caused by the negligence, lack of adequate resources or any other cause within the CONSULTANT's control, and shall make such revisions and corrections without additional compensation. CONSULTANT shall track all related costs for the correction. Acceptance of the professional services by the DEPARTMENT will not relieve the CONSULTANT of the responsibility for subsequent correction of any such errors and omissions, and the clarification of any ambiguities. The CONSULTANT will be held responsible for additional costs in subsequent related construction resulting from its errors or omissions. Should the DEPARTMENT use its own personnel, supplies or equipment to remedy the deficiency, all such costs incurred by the DEPARTMENT shall be deducted from the sum due or which may become due to the CONSULTANT. In the event all such costs and charges incurred by the DEPARTMENT exceed the sum which would have been payable under this Agreement, then the CONSULTANT shall reimburse the DEPARTMENT the amount of said excess.

4. The CONSULTANT shall assign one individual throughout the life of this Agreement who shall have overall PROJECT responsibility unless illness or termination should require replacement. This individual shall be registered in accordance with Nevada Revised Statute Chapter 625, Professional Engineers and Land Surveyors. This individual shall ensure that each sheet of the final submittal, including the title sheet, is stamped (electronic or wet stamp acceptable), signed and dated (original signature and date required) in accordance with Nevada Revised Statutes, Chapter 625 and Nevada Administrative Code, Chapter 625.

5. The CONSULTANT acknowledges and agrees that the award of this Agreement was based, in part, on the qualifications, experience and capacity of the CONSULTANT's PROJECT team and its commitment that such individuals would be available to undertake and perform all services identified herein in addition to its ability to manage the PROJECT. The CONSULTANT further represents, warrants and covenants that such individuals are available for and will fulfill the roles identified in its proposal. A key person is defined as any individual identified in the CONSULTANT's proposal as part of the PROJECT team. If such a person leaves his position for a reason other than as set forth in Article II, Paragraph 6, the DEPARTMENT shall have the unilateral right to terminate this Agreement. If this Agreement is terminated in this manner, the CONSULTANT shall be paid for actual costs incurred for all services rendered and accepted by the DEPARTMENT and an amount of fee proportional to the work completed as of the date of termination. Additionally, the CONSULTANT shall not be entitled to any settlement costs, if any. Such termination will not occur if the CONSULTANT provides a replacement who is acceptable to the DEPARTMENT within thirty (30) calendar days of the date when such individual has left his/her position. The CONSULTANT shall notify the DEPARTMENT within ten (10) calendar days, in writing, when such a vacancy occurs.

6. The termination rights described in Article II, Paragraph 5 above, shall not apply if the CONSULTANT removes or replaces such individual at the direction of the DEPARTMENT, or such individual dies, retires, becomes incapacitated or leaves the employment of the CONSULTANT (including the CONSULTANT's affiliates, subsidiaries and parent companies/organizations), or such entity that employed the individual for performance of services contained in this Agreement. This clause does not waive the requirement for the CONSULTANT to promptly propose a suitable replacement within thirty (30) calendar days for the DEPARTMENT's review and written consent. In the proposal for this PROJECT as submitted by the CONSULTANT, key personnel were listed to perform or supervise various aspects of design. Any change to these key positions or their salaries must be approved by the DEPARTMENT before payment shall be authorized.

7. The CONSULTANT shall at all times maintain control over and have complete responsibility for all services performed by the CONSULTANT and any subconsultants under this Agreement.

8. The CONSULTANT warrants that all deliverables and professional services produced under this Agreement shall be completed in a workmanlike manner consistent with standards in the trade, profession or industry. The standard of care applicable to CONSULTANT's services will be of the degree of skill and diligence normally employed by consultants performing the same or similar services at the time said services are performed.

9. This Agreement, and any amendments, may be suspended temporarily, either wholly or in part, by the DEPARTMENT upon oral notice confirmed in writing within ten (10) calendar days, when the DEPARTMENT determines that conditions beyond the control of the CONSULTANT are unfavorable to its satisfactory prosecution. Should such conditions be encountered, the time for completion may be extended in an amount determined by the DEPARTMENT to be equivalent to the delay. Requests for suspension of time by the CONSULTANT must have the written approval of the DEPARTMENT. No allowance shall be made for delay or suspension of the services solely due to the fault of the CONSULTANT.

10. An alteration ordered by the DEPARTMENT which substantially changes the services provided for by the expressed intent of this Agreement will be considered extra professional services, and shall be specified in a written amendment signed by all parties, which will set forth the nature and scope thereof. The method of payment for extra professional services shall be specified at the time the amendment is written.

11. The CONSULTANT shall not assign or subcontract any of the professional services performed under this Agreement without the prior written approval of the DEPARTMENT. The CONSULTANT will, subsequent to obtaining written approval from the DEPARTMENT, provide the DEPARTMENT with a copy of the contract or agreement for said professional services. Should the CONSULTANT subcontract any professional services under this Agreement, it is the CONSULTANT's responsibility to include the requirement that the subconsultant comply with all provisions of 48 CFR Chapter 1, Part 31 in the agreement with the subconsultant. Should the subconsultant fail to comply with 48 CFR Chapter 1, Part 31, then the CONSULTANT will be responsible for any costs or deficiencies resulting from such noncompliance. Any attempted assignment of rights or delegation of duties under this Agreement, without the prior written consent of the DEPARTMENT, shall be void.

12. The CONSULTANT agrees to complete and sign Attachment B - "Affidavit Required under Section 112 (c) of Title 23 United States Code and Attachment C - "Certification Required by Section 1352 of Title 31, United States Code, Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities", attached hereto and incorporated herein.

ARTICLE III - TERMINATION

1. The DEPARTMENT may terminate this Agreement without cause ten (10) calendar days after service of a termination letter to the CONSULTANT. In the event this Agreement is terminated in this manner, the CONSULTANT shall be paid for the cost of the professional services which have been completed and accepted by the DEPARTMENT up to the date of termination.

2. The continuation of this Agreement beyond the current biennium is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the Nevada State Legislature and/or federal sources. The DEPARTMENT may terminate this Agreement, and the CONSULTANT waives any and all claim(s) for damages, effective immediately upon receipt of written notice, or any date specified therein, if for any reason the DEPARTMENT's funding from state and/or federal sources is not appropriated or is withdrawn, limited or impaired.

3. A default or breach may be declared with or without termination. This Agreement may be terminated by either party upon written notice of default or breach to the other party as follows:

a. If the CONSULTANT fails to provide or satisfactorily perform any of the professional services called for by this Agreement within the time requirements specified in this Agreement or within any granted extension of those time requirements; or

b. If any state, county, city or federal license, authorization, waiver, permit, qualification or certification required by statute, ordinance, law or regulation to be held by the CONSULTANT to provide the goods or services required by this Agreement is for any reason denied, revoked, debarred, excluded, terminated, suspended, lapsed or not renewed; or

c. If the CONSULTANT becomes insolvent, subject to receivership, or becomes voluntarily or involuntarily subject to the jurisdiction of the bankruptcy court; or

d. If the DEPARTMENT materially breaches any material duty under this Agreement and any such breach impairs the CONSULTANT's ability to perform; or

e. If it is found by the DEPARTMENT that any quid pro quo or gratuities in the form of money, services, entertainment, gifts or otherwise were offered or given by the CONSULTANT, or any agent or representative of the CONSULTANT, to any officer or employee of the State of Nevada with a view toward securing an Agreement or securing favorable treatment with respect to awarding, extending, amending or making any determination with respect to the performing of such Agreement.

4. Termination upon a declared default or breach may be exercised after service of written notice and the subsequent failure of the defaulting party, within fifteen (15) calendar days of service of that notice, to provide evidence, satisfactory to the aggrieved party, showing the declared default or breach has been corrected. Such correspondence shall be deemed to have been served on the date of postmark.

5. In the event of the CONSULTANT's breach of the Agreement, all costs and charges incurred by the DEPARTMENT, together with the cost of completing the work under this Agreement, shall be deducted from any money due or which may become due to said CONSULTANT. In case expenses exceed the sum which would have been payable under this Agreement, then the CONSULTANT shall be liable and shall pay to the DEPARTMENT the amount of said excess.

6. Whenever the professional services contemplated and covered by this Agreement have been completely performed on the part of the CONSULTANT, and all items of professional services have been approved and accepted by the DEPARTMENT, according to this Agreement, and the final payment made, this Agreement shall be terminated.

ARTICLE IV - COST

1. The "cost plus fixed fee" method of compensation shall be used for the CONSULTANT's services.

2. Indirect costs (overhead) of the CONSULTANT shall be apportioned among all professional services projects being done by the CONSULTANT during the term of this Agreement and will be billed at the provisional indirect cost rate of One Hundred Fifty-Eight and Fifteen Hundredths percent (158.15%) of direct labor costs. This rate may be adjusted to the actual indirect cost rate at the time of final audit.

3. Costs shall include direct salary costs, other direct costs, indirect costs and fixed fee as set forth in 46 CFR Chapter 1, Part 31, incorporated herein by reference. The total cost for direct salary costs, other direct costs and indirect costs shall not exceed the sum of Two Million, Nine Hundred Twenty Thousand, Nine Hundred Seventy-One and 07/100 Dollars (\$2,920,971.07). The fixed fee, to cover profit, shall be One Hundred Eighty-Seven Thousand, Fifty-Five and No/100 Dollars (\$187,055.00). This fixed fee will not vary irrespective of final PROJECT costs except in the event of a material and substantial change to the PROJECT scope.

4. The total cost of the services by the CONSULTANT shall not exceed the sum of Three Million, One Hundred Eight Thousand, Twenty-Six and 07/100 Dollars (\$3,108,026.07), which includes the fixed fee.

5. The DEPARTMENT will pay the CONSULTANT in monthly installments based upon progress and final payment reports in the DEPARTMENT's format submitted by the CONSULTANT in accordance with the unit price scheduled in the Agreement.

ARTICLE V - SCHEDULE OF PAYMENTS

1. The CONSULTANT shall submit a signed invoice monthly for all services rendered along with one copy of substantiating documentation. The invoice must be submitted on the CONSULTANT's stationery using the DEPARTMENT's format or submitted on the DEPARTMENT's standard invoice form. The DEPARTMENT will utilize its normal accounting

procedure in the payment of the invoices submitted. The Fixed Fee shall be paid monthly and shall be calculated as a percentage of the direct salary plus overhead costs of that month's invoice until the full agreed fee is paid.

2. Payment will be made for one hundred percent (100%) of the amount of each invoice, until a maximum of ninety percent (90%) of the total Agreement costs have been billed by the CONSULTANT. Thereafter payment for the remaining ten percent (10%) of the total Agreement costs shall be withheld by the DEPARTMENT until such time as the professional services delivered by the CONSULTANT have been completely accepted by the DEPARTMENT. The final audit shall be performed after the release of the retained amount and may cause an adjustment of payments to the DEPARTMENT or to the CONSULTANT. No interest shall be paid to the CONSULTANT on this retained amount or any adjustment of payments.

3. The DEPARTMENT reserves the right to inspect and approve the professional services performed before payment is made to the CONSULTANT. Payment will be withheld for deliverables and professional services the DEPARTMENT determines to be unsatisfactory in that they have not been provided in a workmanlike manner consistent with standards in the trade, profession or industry. Payment shall remain unpaid until the professional services are completed in accordance with the standards and work requirements defined in this Agreement. In such an event, the DEPARTMENT will provide the CONSULTANT with a written explanation as to why payment has been withheld.

4. The total cost of services for this Agreement is the negotiated amount identified in Article IV, Paragraph 4. This amount was based upon the CONSULTANT's costs and fixed fee as well as the costs and fixed fees, if any, of all subconsultants. If a subconsultant does not expend all funds allocated to it for services identified in its agreement with the CONSULTANT, a copy of which shall be provided to the DEPARTMENT prior to issuance of the Notice to Proceed, the CONSULTANT shall not redistribute or expend such funds without the prior written approval of the DEPARTMENT. Failure to notify the DEPARTMENT prior to the use of such funds will constitute grounds for denial of reimbursement for such expenditures.

5. In accordance with Chapter 338, 155 of the Nevada Revised Statutes, prompt payment, interest penalties and discounts shall be paid as follows:

a. The CONSULTANT shall be paid within sixty (60) calendar days of postmarked invoice which is complete, correct and undisputed by the DEPARTMENT.

b. The DEPARTMENT shall have twenty (20) calendar days after postmark of an invoice to dispute any or all of the charges on that invoice. The undisputed amount shall be paid to the CONSULTANT within sixty (60) calendar days of the date of postmark. The disputed amount shall be negotiated and resolved in good faith by both parties and paid within forty (40) calendar days after the date the corrected invoice is received by the DEPARTMENT or is approved by both parties for payment.

c. If the DEPARTMENT fails to pay the CONSULTANT the undisputed amount within sixty (60) calendar days after the postmark date of the invoice, the interest penalty assessed to the DEPARTMENT shall be one percent (1%) of the undisputed amount per month, not to exceed One Thousand and no/100 Dollars (\$1,000.00).

d. Payment of penalties shall not apply to the final payment or bill pertaining to this Agreement as determined by the post audit.

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6. The prevailing party in an action to enforce this Agreement is entitled to reasonable attorney's fees and costs.

ARTICLE VI - MISCELLANEOUS PROVISIONS

1. The CONSULTANT shall be responsible for and shall comply with all applicable federal, state, and local government obligations and the DEPARTMENT policies and procedures. The CONSULTANT will be responsible for and shall pay all taxes, assessments, fees, premiums, permits, and licenses required by law. Real property and personal property taxes are the responsibility of the CONSULTANT in accordance with NRS Chapter 361.157 and 361.159. The CONSULTANT warrants that it has a valid business license. The CONSULTANT agrees to be responsible for and shall pay any such government obligations not paid by its subconsultants during performance of this Agreement. The DEPARTMENT may set-off against consideration due any delinquent government obligation.

2. It is expressly understood that the CONSULTANT is an independent contractor, and is subject to all statutes and laws, including Section 284.173 of the Nevada Revised Statutes, relating to independent contractors. Nothing contained in this Agreement shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for the DEPARTMENT whatsoever with respect to the indebtedness, liabilities, and obligations of the CONSULTANT or any other party. Neither the CONSULTANT nor its employees, agents or representatives shall be considered employees, agents or representatives of the DEPARTMENT.

3. The CONSULTANT shall be solely responsible for its own employees, and the DEPARTMENT shall have no obligation with respect to:

- a. Withholding of income taxes, FICA or any other taxes or fees;
- b. Industrial insurance coverage;
- c. Participation in any group insurance plans available to employees of the DEPARTMENT;
- d. Participation or contributions by either the CONSULTANT or the DEPARTMENT to the Public Employees Retirement System;
- e. Accumulation of vacation leave or sick leave; or
- f. Unemployment compensation coverage provided by the DEPARTMENT.

The CONSULTANT shall indemnify and hold the DEPARTMENT harmless from, and defend the DEPARTMENT against, any and all losses, damages, claims, costs, penalties, liabilities, and expenses arising or incurred because of, incident to, or otherwise with respect to any such taxes or fees.

4. Unless expressly provided in this Agreement, the CONSULTANT shall not engage or use the devices and/or services of the DEPARTMENT's personnel without the prior written consent of the DEPARTMENT.

5. The CONSULTANT shall, before commencing professional services under the provisions of this Agreement, furnish to the DEPARTMENT proof of worker's compensation insurance as required by Nevada Revised Statutes.

6. The CONSULTANT shall furnish a Certificate of Errors and Omissions Insurance with a minimum limit of Three Million and No/100 Dollars (\$3,000,000.00).

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7. The CONSULTANT shall furnish a Certificate, Declarations, Page and an Endorsement designating the DEPARTMENT as an additional insured evidencing Commercial General Liability Insurance with a minimum limit of One Million and No/100 Dollars (\$1,000,000.00) per occurrence. These policies shall be maintained for the entire period of the Agreement. The policies shall include 30-days advance written notice of any cancellation of said policies. The CONSULTANT shall furnish the DEPARTMENT with certificates of such insurance prior to commencement of professional services.

8. All insurance required by this Agreement shall be placed with insurers with a rating from the current issue of Best's Key Rating Guide of no less than A-; VII.

9. The DEPARTMENT has the option of requesting, at any time a meeting with the CONSULTANT or his authorized representative to discuss and review PROJECT status and the CONSULTANT shall furnish thereafter a copy of the minutes of such meetings to the DEPARTMENT.

10. The CONSULTANT has total responsibility for the accuracy and correctness of data prepared under the terms of this Agreement, and shall check all such material accordingly for completeness, missing items, correct multiples and consistency. The deliverables shall be reviewed by the DEPARTMENT for conformity with the DEPARTMENT'S procedures and contract terms. The CONSULTANT acknowledges that review by the DEPARTMENT does not include detailed review or checking of major components and related details or the accuracy of such deliverables, and the DEPARTMENT'S review shall not relieve the CONSULTANT of its total responsibility for the accuracy and correctness of data prepared under the terms of the Agreement.

11. The CONSULTANT shall appear as an expert witness on behalf of the DEPARTMENT in any subsequent court action which involves any of the services required by this Agreement. Compensation for services rendered in this regard will be paid at the CONSULTANT'S current rate at the time such services are necessary.

12. Upon completion, termination or cancellation of the services embraced under this Agreement, all professional services inclusive of research, investigation and analysis data, reports (including files on disks), computations, tabulations, original drawings and design files (including CAD information on disks), correspondence input from external sources (including subconsultants), etc., shall be delivered to and become the property of the DEPARTMENT without limitation. Reuse of said materials, information or data, during performance or following termination of this Agreement, on any other project or for any other purpose except as provided for herein, shall be at the DEPARTMENT'S discretion and the DEPARTMENT'S sole responsibility. The CONSULTANT shall not utilize any materials, information or data obtained as a result of performing the services called for in this Agreement in any commercial or academic publication or presentation without the express written permission of the DEPARTMENT. The CONSULTANT shall not reference an opinion of an employee or agent of the DEPARTMENT obtained as a result of performing the services called for in this Agreement in any publication or presentation without the written permission of the employee or agent to whom the opinion is attributed, in addition to the permission of the DEPARTMENT.

13. All design drawings must be created and delivered to the DEPARTMENT in Microstation "dgn" format. Drawing files converted to Microstation format from AutoCad, or other formats, will not be accepted by the DEPARTMENT. Files must be delivered using CD-ROM (ISO 9660) or tape (CIC 80). If the files require fewer than five (5) 3.5" floppy disks, the floppy disks may be substituted in lieu of CD-ROM or the tape. Files may be delivered compressed using "WINZIP 5.5" software. Delivery of a hard copy of design drawings shall also be required. All files must adhere to the DEPARTMENT'S standards.

14. All roadway design engineering files shall be created and delivered to the DEPARTMENT in InRoads format. Design files converted to InRoads format, from other formats, will not be accepted by the DEPARTMENT. Files must be delivered using CD-ROM (ISO 9660) or tape (CIC 80). If the files require fewer than five (5) 3.5" floppy disks, the floppy/compact disc or flash drive, may be substituted in lieu of CD-ROM or the tape. Files may be delivered compressed using "WINZIP 5.5" software. All files must adhere to the DEPARTMENT'S standards.

15. All reports and notes for special provisions shall be delivered to the DEPARTMENT on 3.5" floppy disks, compact disc or flash drive, using the most current version of Microsoft Word. Delivery of a hard copy of reports and notes for special provisions shall also be required.

16. The CONSULTANT and all successors, executors, administrators, and assigns of the CONSULTANT'S interest in the professional services or the compensation herein provided shall be bound to the DEPARTMENT to the full legal extent to which the CONSULTANT is bound with respect to each of the terms of this Agreement.

17. The CONSULTANT warrants that they have not employed or retained any company or persons (other than a bona fide employee working solely for the CONSULTANT) to solicit or secure this Agreement and that he has not paid or agreed to pay any company or persons (other than a bona fide employee working solely for the CONSULTANT) any fee, commission, percentage, brokerage fee, or any other gifts contingent upon or resulting from the award or making of this Agreement. For breach or violation of this warranty, the DEPARTMENT shall have the right to annul this Agreement without liability, or, in its discretion, to deduct from the Agreement price or consideration, or otherwise recover, the full amount of such fee, commission, percentage, brokerage fee, gift, or contingent fee.

18. Any dispute arising under this Agreement as to performance, compensation, and the interpretation of satisfactory fulfillment of the terms of this Agreement shall be decided by the DEPARTMENT. It is the intent of the DEPARTMENT to resolve disputes at the lowest level possible. Nothing herein contained shall impair the parties' rights to file suit in the state district courts of the State of Nevada.

19. During the performance of this Agreement, the CONSULTANT, for itself, its assigns and successors in interest (hereinafter referred to as the "CONSULTANT") agrees as follows:

a. Compliance with Regulations: The CONSULTANT shall comply with the Regulations relative to nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation, Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time, (hereinafter referred to as the Regulations), which are herein incorporated by reference and made a part of this Agreement.

b. Nondiscrimination: The CONSULTANT, with regard to the professional services performed by it during the Agreement, shall not discriminate on the grounds of race, color, age, religion, sex, creed, handicap, or national origin in the selection and retention of subconsultants, including procurement of materials and leases of equipment. The CONSULTANT shall not participate either directly or indirectly in the discrimination prohibited by Section 21.5 of the Regulations, including employment practices when the Agreement covers a program set forth in Appendix B of the Regulations.

c. Solicitations for Subcontracts, including Procurement of Materials, and Equipment: In all solicitations either by competitive bidding or negotiation made by the CONSULTANT for professional services to be performed under a subcontract, including procurement of materials or leases of equipment, each potential subconsultant or supplier shall be notified by the CONSULTANT of the CONSULTANT's obligations under this Agreement and the Regulations relative to nondiscrimination on the grounds of race, color, age, religion, sex, creed, handicap or national origin.

d. Information and Reports: The CONSULTANT shall provide all information and reports required by the Regulations, or directives issued pursuant thereto, and shall permit access to its facilities as may be determined by the DEPARTMENT or the Federal Highway Administration (FHWA) to be pertinent to ascertain compliance with such Regulations or directives. Where any information required of a CONSULTANT is in the exclusive possession of another who fails or refuses to furnish this information, the CONSULTANT shall so certify to the DEPARTMENT, or the FHWA as appropriate, and shall set forth what efforts it has made to obtain the information.

e. Sanctions for Noncompliance: In the event of the CONSULTANT's noncompliance with the nondiscrimination provisions of this Agreement, the DEPARTMENT shall impose such Agreement sanctions as it or the FHWA may determine to be appropriate, including, but not limited to:

1. Withholding of payments to the CONSULTANT under the Agreement until the CONSULTANT complies, and/or
2. Cancellation, termination or suspension of the Agreement, in whole or in part.

f. Agreements with subconsultants will include provisions making all subconsultant records available for audit by the DEPARTMENT or the FHWA.

9. Incorporation of Provisions: The CONSULTANT will include the provisions of Paragraphs (a) through (e) in every subcontract including procurement of materials and leases of equipment, unless exempt by Regulations, order, or instructions issued pursuant thereto. The CONSULTANT will take such action with respect to any subcontract or procurement as the DEPARTMENT or the FHWA may direct as a means of enforcing such provisions including sanctions for non-compliance. Provided, however, that in the event the CONSULTANT becomes involved in, or is threatened with, litigation with a subconsultant or supplier as a result of such direction, the CONSULTANT may request the DEPARTMENT to enter into such litigation to protect the interests of the DEPARTMENT, and, in addition, the CONSULTANT may request the United States to enter into such litigation to protect the interests of the United States.

20. In the event federal funds are used for payment of all or part of this Agreement, the CONSULTANT, for itself, its assignees and successors in interest agrees as follows:

a. Debarment and/or Suspension: The CONSULTANT certifies that neither it nor its subconsultants, nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

b. ADA: The CONSULTANT and subconsultant shall comply with all terms, conditions, and requirements of the Americans with Disabilities Act of 1980, as amended, and regulations adopted thereunder contained in 49 CFR, Part 27, and any relevant program-specific regulations.

c. Civil Rights: The CONSULTANT and subconsultant shall comply with the requirements of the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or person offered employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition, including AIDS and AIDS-related conditions.

21. Each party agrees to keep and maintain under generally accepted accounting principles full, true and complete records and documents pertaining to this Agreement and present, at any reasonable time, such information for inspection, examination, review, audit and copying at any office where such records and documentation are maintained. It is expressly understood that the duly authorized representatives of the DEPARTMENT and the FHWA shall have the right to inspect/audit the professional services and charges of the CONSULTANT whenever such representatives may deem such inspection to be desirable or necessary. Such records and documentation shall be maintained for three (3) years after final payment is made.

22. To the fullest extent permitted by law, the CONSULTANT shall defend, indemnify and hold harmless the State of Nevada, and the employees, officers and agents of the State of Nevada from any liabilities, damages, losses, claims, actions or proceedings, including, without limitation, reasonable attorney's fees, that are caused by the negligence, errors, omissions, reckless or intentional misconduct of the CONSULTANT or the employees or agents of the CONSULTANT in the performance of this Agreement.

23. The CONSULTANT shall use its own vehicles and the DEPARTMENT is not responsible for the payment of any premiums, deductible or assessments on any insurance policies purchased by the CONSULTANT.

24. The CONSULTANT is required to register as a vendor with the Nevada State Controller's office. The Registration Substitute IRS Form W-9 can be accessed at http://controller.nv.gov/Vendor_Services.html. The CONSULTANT will follow the Registration Instructions, complete the Registration Substitute IRS Form W-9 and submit it to the State Controller's Office.

25. The CONSULTANT hereby agrees that, prior to any sale, transfer, business name change, change in principals or any other occurrence that alters this Agreement in any way between the CONSULTANT and the DEPARTMENT, the CONSULTANT shall notify the DEPARTMENT of their intent at least seven (7) days prior to making said change.

26. All notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth below:

FOR DEPARTMENT:

Susan Martinovich, P.E., Director
Attn: Cole Mortensen
Nevada Department of Transportation
Project Management
1263 South Stewart Street
Carson City, NV 89712
(775) 888-7742
Fax: (775) 888-7322
E-mail: cmortensen@dol.state.nv.us

FOR CONSULTANT:

Lolene Terry, P.E., Vice President NV Ops.
HDR Engineering, Inc.
7180 Pollock Drive, Suite 200
Las Vegas, NV 89119
(702) 938-6002
Fax: (702) 938-6060
E-mail: Lolene.Terry@hdrinc.com

27. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the exclusive jurisdiction of the Nevada state district courts for enforcement of this Agreement.

28. As used herein the term "CONSULTANT" shall include the plural as well as the singular, and the feminine as well as the masculine.

29. Neither party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder for any reason beyond its control, including, without limitation, strikes, inmate disturbances, acts of God, civil or military authority, act of public enemy, or accidents, fires, explosions, earthquakes, floods, winds, failure of public transportation, or any other similar serious cause beyond the reasonable control of either party. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated promptly to perform in accordance with the terms of the Agreement after the intervening cause ceases.

30. The CONSULTANT shall keep confidential all information, in whatever form, produced, prepared, observed or received by the CONSULTANT to the extent that such information is confidential by law or otherwise required by this Agreement.

31. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is confidential by law or a common law balancing of interests.

32. The CONSULTANT shall provide a minimum of fifty-one percent (51%) of the combined value of all items of work covered by this Agreement. The CONSULTANT shall not assign or subcontract any of the work performed under this Agreement without the prior written

approval of the DEPARTMENT. The CONSULTANT shall, prior to obtaining written approval from the DEPARTMENT, provide the DEPARTMENT with a copy of the contract or agreement for said work. Any attempted assignment of rights or delegation of duties under this Agreement, without the prior written consent of the DEPARTMENT, shall be void.

33. The illegality or invalidity of any provision or portion of this Agreement shall not affect the validity of the remainder of the Agreement and this Agreement shall be construed as if such provision did not exist. The unenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

34. Except as otherwise provided for by law or this Agreement, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including, without limitation, the recovery of actual damages, and the prevailing party's reasonable attorney's fees and costs.

35. It is specifically agreed between the parties executing this Agreement that it is not intended by any of the provisions of any part of this Agreement to create in the public or any member thereof a third party beneficiary status hereunder, or to authorize anyone not a party to this Agreement to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this Agreement.


36. The parties hereto represent and warrant that the person executing this Agreement on behalf of each party has full power and authority to enter into this Agreement and that the parties are authorized by law to perform the services set forth herein.

37. This Agreement constitutes the entire Agreement of the parties and such is intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Agreement specifically displays a mutual intent to amend a particular part of this Agreement, general conflicts in language between any such attachment and this Agreement shall be construed consistent with the terms of this Agreement. Unless otherwise expressly authorized by the terms of this Agreement, no modification or amendment to this Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto.

IN WITNESS WHEREOF, the CONSULTANT has signed and the DEPARTMENT has caused its name to be signed hereon on the date first above written.

CONSULTANT: HDR Engineering, Inc.

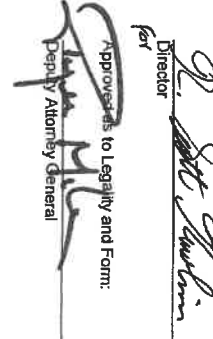
State of Nevada, acting by and through its
DEPARTMENT OF TRANSPORTATION



Name (Print)
Lolene S. Terry

Vice President

Title (Print)



for
Director

Approves to Legality and Form:

Deputy Attorney General

Attachment B
AFFIDAVIT REQUIRED UNDER SECTION 112(c)
of Title 23 United States Code, Act of August 27, 1968
and
Part 29 of Title 49, Code of Federal Regulations,
November 17, 1987.

STATE OF Nevada
COUNTY OF Clark } SS

I, Lolene J. Terry (Name of party signing this affidavit and the Proposal Form) Vice President (title), being duly sworn do depose and say: That HDC, Inc. (name of person, firm, association, or corporation) has not, either directly or indirectly, entered into agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this contract; and further that, except as noted below to the best of knowledge, the above named and its principals:

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(Insert Exceptions, attach additional sheets)

The above exceptions will not necessarily result in denial of award, but will be considered in determining bidder responsibility and whether or not the Department will enter into contract with the party. For any exception noted, indicate on an attached sheet to whom it applies, initiating agency, and dates of action. Providing false information may result in criminal prosecution or administrative sanctions. The failure to furnish this affidavit and required exceptions if any shall disqualify the party.

Sworn to before me this 12th day of January 20 12

Signature [Signature]
Title Vice President
Signature [Signature]
Title Vice President

(SEAL)

Notary Public, Judge or other Official



Attachment C
CERTIFICATION REQUIRED BY SECTION 1362 OF TITLE 31, UNITED STATES CODE
RESTRICTIONS OF LOBBYING USING APPROPRIATED FEDERAL FUNDS

The undersigned certifies, to the best of his or her knowledge and belief that:

- No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name (please type or print) Lolene J. Terry
Signature [Signature]
Title Vice President

INSTRUCTIONS FOR COMPLETION OF SF-LLI, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation of receipt of a covered Federal action, or material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of a Federal agency, a member of Congress, or an employee of a member of Congress in connection with a Federal action. Use the SF-LLI to report information for each payment or agreement to pay a lobbying entity that is published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity in and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter to which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate box(es) indicating the type of reporting entity. If the reporting entity is a subawardee, enter the name of the subawardee recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawardees include but are not limited to subcontractors, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Request for Quote (RFQ) number, application/proposal control number assigned by the grant, or loan award number). Include the application/proposal control number assigned by the Federal agency. Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from item 4(a). Enter Last Name, first Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
12. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
13. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, for the reporting entity. Indicate whether the services are performed on a full-time basis, part-time basis, or on an actual contract with Federal officials. Identify the Federal official(s) (e.g., member of Congress, or employee of a member of Congress, employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLI-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing existing materials, gathering existing data, reviewing current instructions, searching existing data sources, gathering the needed data, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0045), Washington, D.C. 20503.

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

OMB

1. Type of Federal Action: a. contract b. grant c. cooperative agreement d. loan guarantee e. loan extension		2. Status of Federal Action: a. bid/interposition b. award c. post-award		3. Report Type: a. initial filing b. material change c. material change d. material change e. material change f. material change g. material change h. material change i. material change j. material change k. material change l. material change m. material change n. material change o. material change p. material change q. material change r. material change s. material change t. material change u. material change v. material change w. material change x. material change y. material change z. material change	
6. Federal Department/Agency:		7. Federal Program Name/Description:		8. Federal Action Number, if known:	
10. a. Name and address of lobbying entity (if individual, last name, first name, MI):		9. Award Amount, if known:		b. Individual(s) performing services (including address of last name, first name, MI):	
(Insert Continuation Sheet) 2012-1-4 (inserting)		(Insert Continuation Sheet) 2012-1-4 (inserting)		(Insert Continuation Sheet) 2012-1-4 (inserting)	
12. Item of Payment (check all that apply): a. cash b. in-kind, specify: _____ value: _____		13. Type of Payment (check all that apply): a. regular b. one-time fee c. contingent fee d. other, specify: _____		14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, (for Payment indicated in item 11):	
15. (a) Signature of certifying official: _____ Title: _____ Telephone No.: _____ Date: _____		(b) Signature of certifying official: _____ Title: _____ Telephone No.: _____ Date: _____			

Per Diem Rates Allowed State Employees
(For Information Only)

- 1) Effective July 1, 2007 all State employees will be required to use the GSA per diem rates for in-state and out-of-state travel. The website address is www.gsa.gov and click on Per Diem Rates for the most current rates and information. Rates do vary by season; therefore rates should be verified prior to all travel.
- 2) Meals will be reimbursed in accordance with the meals and incidental expense (M&IE) allowance for the primary destination.
- 3) Employees must deduct the M&IE allowance for all meals that are included in registration or conference fees. The breakdown for the M&IE can be found on the GSA website under Meals and Incidental Expense Breakdown.
- 4) Receipts will be required for all lodging. The maximum allowance for lodging is the amount the employees are eligible to be reimbursed; therefore, all taxes and fees are included in the maximum lodging allowance.
- 5) If the GSA website does not recognize the county in which the employee is traveling, the rate defaults to the standard CONUS location reimbursement rate. These rates may vary, please verify all rates prior to employee travel.
- 6) A copy of the current GSA allowance for lodging and M&IE must be included with the employee travel claim.

Exhibit A

Scope of Services for Engineering Support Services for
DESIGN of a NEW SYSTEM-TO-SYSTEM INTERCHANGE at CC-215 AND US-95
NDOT Project No. 609-09-015
December 30, 2009

1.0 GENERAL

1.1 Project Location and Background

The northwest portion of Las Vegas has experienced significant growth in recent years and this trend is projected to continue. To accommodate this growth, the Nevada Department of Transportation (NDOT) or "Department" and Clark County have proposed to improve the existing interchange between CC-215 and US-95 to a full system to system interchange configuration.

1.2 Project Description

The US-95 Northwest Environmental Assessment Report, prepared by Clark County Department of Public Works, included a conceptual level design for the proposed Systems Interchange and provided necessary documentation for environmental approval of the proposed improvements. The NDOT Roadway Design Division has furthered the design, by making improvements to the geometry of the fourth level flyover ramps to improve function of these ramps and reduce the interchange footprint. The project is anticipated to consist of a number of new bridges, bridge widening and other structures as follows:

- four new directional ramp structures, two on the third level of the interchange and two on the fourth level
- new CC-215 over US-95 eastbound structure
- widen CC-215 westbound structure over US-95
- new structure for CC-215 eastbound to US-95 southbound over Tulip Off-Ramp
- new structure on the west to north ramp over the Buffalo drive access roadway
- Retaining walls are anticipated at various locations throughout the interchange, particularly at the terminus of each flyover ramp.

NDOT is leading the final design of the system to system interchange through its Project Management Division. The team includes members from NDOT Project Management, Roadway, Bridge, Geotechnical, Right of Way, Utilities and Traffic Divisions. In order to meet schedule, NDOT has enlisted the support of a Consultant Team for various portions of the project development. The Consultant will act as an extension of the NDOT team and work in cooperation and coordination with the team through the Project Management Division. In order to expedite schedule and meet the needs of the other NDOT team members, the Consultant scope of services and agreement will be completed in two phases. This scope of work includes Phase 1 services, with a contingency amount to begin Phase 2 services. The two phase approach allows NDOT to determine the work capabilities of their own staff and then use the Consultant Team only as necessary for other items of work. The following items related to Consultant services are included in this Phase 1 Scope of Work:

- Project Management and Meetings for consultant team, as defined in Section 3 of this scope.
- Preliminary design of bridges as described in Section 4 of this scope. In addition, to maintain schedule, an allowance is included to commence intermediate design of

CC-215 / US-95 System Interchange – Scope of Services

Consultant designed structures. This allowance will allow the consultant to begin work once given notice to proceed on the final design, without waiting for the Phase 2 amendment to be signed. The allowance amount will be included as part of the negotiations for the Phase 2 elements of work. Invoices will clearly separate the Phase 1 and Phase 2 hours. The Consultant will not begin Phase 2 work without written Notice to Proceed and scope direction from NDOT.

- Preliminary geotechnical investigation and assessment as described in Section 5 of this scope. In addition, to maintain schedule, an allowance is included to commence geotechnical investigations for final design of the structures. The allowance amount will allow the geotechnical investigation to begin without waiting for the Phase 2 amendment to be signed. The allowance amount will be included as part of the negotiations for the Phase 2 elements of work. Invoices will clearly separate the Phase 1 and Phase 2 hours. The Consultant will not begin Phase 2 work without written Notice to Proceed and scope direction from NDOT.

- Traffic data collection and model verification to support project development. Evaluate models for accuracy and determine access impacts of interchange configuration with the current and projected land use. Additional traffic tasks for travel demand modeling / evaluation of staged construction and/or the development of the traffic management plan will be included in a supplemental agreement to be executed at a future date. (Section 6 of this scope of work)
- Assistance with public outreach (Section 7 of this scope of work)
- Asset risk assessment and value engineering (CRANE) workshops (Section 8 of this scope of work)
- Structures MDT / Constructability Analysis (Section 9 of this scope of work)
- Geometric Review (Section 10 of this scope of work)
- Contract Administration Support (Section 11 of this scope of work).

Anticipated scope of work for Phase 2:

- Final structures design,
- Final geotechnical design,
- Additional traffic analysis necessary for staged construction and the traffic management plan.

1.3 Schedule

1.3.1 Preliminary Design Milestone dates

Task	Anticipated Completion (Days from Notice to Proceed)
Project Management Plan	30 days
Draft Public Outreach plan	30 days
Pre-CRANE Study Meeting	45 days
Geometric Review	60 days

Task	Anticipated Completion (Days from Notice to Proceed)
Cost Risk Assessment	75 days
Value Engineering (Assessment) Study	75 days
Geotechnical Data and Design Technical Memoranda	90 days
Present VE findings	100 days
Preliminary Submittal	120 days
Final design field exploration plan	120 days

1.3.2 Final Design Milestone Dates

The milestone schedule for the final design submittals will be established in coordination with NDOT Project Management in the Final Design Amendment.

2.0 DESIGN CRITERIA

2.1 Design References

The following documents are design references developed and published by the Department and other agencies and adopted for use in the design of this project. In this listing are current standards, specifications, manuals, policies, guides, and procedures that shall be applied to the various aspects of the project. Additional documents may be added by the Department as needed. The most current Department adopted edition of each document shall be the one followed for this project. If the current edition used by the Department changes during the course of this project, the new adopted edition may be used. If this occurs, the effort required to modify the contract documents to conform to the newer standard will require a contract amendment.

2.1.1 NDOT Publications

- Standard Drawings,
- Standard Plans for Road and Bridge Construction,
- Standard Construction Plan Symbols, Design Layout and Drafting Methods,
- CADD Standards (standard/workspace provided by the Department on CD),
- Geotechnical Policies & Procedures Manual, updated February 14, 2005,
- Plan Preparation Guide, 2007,
- Road Design Guide, 2008 Edition,
- Work Zone Safety & Mobility Implementation Guide, January 1, 2008, includes Revision 1 dated March 2009.

2.1.2 Specifications

- Standard Specifications for Road and Bridge Construction.

2.1.3 Manuals

- NDOT Project Management Guidelines, 2009,
- NDOT Project Design Development Manual,
- NDOT Structures Manual,
- Manual on Uniform Traffic Control Devices for Streets and Highways (MUTCD), 2003 Edition.

2.1.4 Policies, Guides, and Procedures

- Sign Supplement to the Standard Highway Signs Manual,
- Engineer's Estimate of Reasonable Unit Prices,
- Design Submittal Requirements,
- NDOT Public Hearing Procedures.

2.1.5 AASHTO Publications

- Standard Specifications for Structural Supports for Highway Signs, Luminaires and Traffic Signals,
- AASHTO LRFD Bridge Design Specifications, 4th Edition with Interims thru 2009,
- AASHTO Manual for Condition Evaluation of Bridges, 2nd Edition with Interims thru 2003,
- AASHTO Manual on Subsurface Investigations 1988,
- Roadside Design Guide, 3rd Edition 2009, with updated Chapter 8,
- A Policy on Geometric Design of Highways and Streets, 2004, Fifth Edition.

2.1.6 FHWA Publications

- Standard Highway Signs,
- Public Involvement Techniques in Transportation Decision Making.

2.2 Project Design Criteria

Design for this project and preparation of contract documents shall be guided by the design references listed in Section 2.1 and by the Design Criteria Memorandums. The Design Criteria Memoranda will be prepared by the Consultant prior to commencement of final design and may be amended as necessary when approved by the Department. If the Criteria is amended, the effort required to modify the contract documents shall be reviewed and a contract amendment issued for the additional effort. The project drawings will be developed in accordance with current NDOT criteria in English format.

3.0 PROJECT MANAGEMENT

3.1 Design Meetings

3.1.1 Kick-off Meeting
The Consultant shall attend a kick-off meeting in Las Vegas with NDOT design team members to review the scope of the project, receive input on areas of concern or special requirements, and gain an understanding of the current status of the roadway, traffic and hydraulic design efforts. The meeting shall be attended by the Consultant's PM, Structures Design Lead, Traffic Lead, Geotechnical Lead and Constructability Lead.

3.1.2 Preliminary Design Review
The Consultant shall attend a preliminary design review meeting in Carson City to respond to comments made by the Department and other project stakeholders. The meeting shall be attended by the Consultant's PM, Structures Design Lead, Traffic Lead, Geotechnical Lead and Constructability Lead.

3.1.3 Intermediate Design Review
The Consultant shall attend an intermediate design review meeting in Carson City to respond to comments made by the Department and other project stakeholders. The meeting shall be attended by the Consultant's PM, Structures Design Lead, Traffic Lead, Geotechnical Lead and Constructability Lead.

3.1.4 Discipline Design Review
The Consultant shall attend a discipline review meeting in Carson City to respond to comments made by the Department and other project stakeholders. The meeting shall be attended by the Consultant's PM, Structures Design Lead, Traffic Lead, Geotechnical Lead and Constructability Lead.

3.1.5 Quality Assurance Design Review
The Consultant shall attend a quality assurance review meeting in Carson City to respond to comments made by the Department and other project stakeholders. The meeting shall be attended by the Consultant's PM, Structures Design Lead, Traffic Lead, Geotechnical Lead and Constructability Lead.

3.1.6 Final Review
The Consultant shall attend a specification and plan review meeting in Carson City to respond to comments made by the Department and other project stakeholders. The meeting shall be attended by the Consultant's PM, Structures Design Lead, Traffic Lead, Geotechnical Lead and Constructability Lead.

3.1.7 Right-of-Way Setting

3.1.7.1 Preliminary Right-of-Way Setting Meeting
The Consultant shall attend a meeting with the Department's personnel prior to the intermediate substantial to establish temporary construction easement needs and/or confirm that additional right-of-way is not needed. This meeting shall be at the Department's District 1 in Las Vegas. The Consultant's PM and Structural Design Lead will attend this meeting.

3.1.8.2 Final Right-of-Way Setting Meeting
If required, the Consultant shall attend a final right-of-way setting meeting with the Department and other project stakeholders. This meeting shall establish the final right-of-way and no further revisions should be made to the right-of-way. It is assumed that this meeting shall be at the Department's District 1 in Las Vegas. The Consultant's PM and Structural Design Lead will attend this meeting.

3.1.8 Monthly Design Team Meetings

The Consultant shall attend the monthly design coordination meetings, draft and submit meeting notes to the NDOT Project Manager and appropriate attendees for review. The Consultant shall incorporate comments and distribute the meeting notes to all attendees and identified stakeholders. The NDOT Project Manager shall schedule design meetings unless otherwise stated. Monthly Design Team Meetings will be attended by the Consultant's PM and two Senior Discipline Leads. Meetings are anticipated to be held in the NDOT Carson City offices.

3.1.9 Cost Analysis and Value Engineering Meetings

See Section 8.0 of this Scope of Work for a detailed description of meetings anticipated as part of the Cost Analysis and Value Engineering effort.

3.1.10 Structures MOT / Constructability Meetings

See Section 9.0 of this Scope of Work for a detailed description of meetings anticipated as part of the Structures MOT (Maintenance of Traffic) Constructability Analysis.

3.1.11 Structures / Utility Coordination Meetings

The Consultant shall attend meetings with Kern River Gas Transmission Corporation, CenturyLink (formerly Embarq), Clark County Regional Flood Control District, NV Energy, COX, Southwest Gas, and LVVWD to coordinate structure location, design and construction impacts. A total of three meetings are anticipated with each of these utility stakeholders and will be attended by the Consultant's PM and Lead Structural Engineer.

3.1.12 Internal Structures Team Coordination Meetings

The Consultant shall attend biweekly meetings to discuss status of bridge design efforts and coordinate structural details. On weeks coinciding with the regular monthly meeting, as defined in Section 3.1.8, the meetings will be held in the NDOT Bridge Conference Room in Carson

City. Other meetings will be held via teleconference / Live Meeting web conferencing. A total of 18 meetings is anticipated and will be attended by the Consultant's PM, Structures Design Lead and Structures Detail Coordinator.

3.2 Field Reviews

During design the Consultant shall visit the site as necessary for design. It is assumed that three site visits shall be required.

3.3 Construction Cost Estimates

3.3.1 Developing and Maintaining Cost Estimates

The Consultant shall provide the Department's Project Manager with the initial conceptual cost estimate for the bridges, walls and other elements of work defined in the scope of work. A detailed cost estimate, including the Department's bid item numbers and descriptions, shall be submitted with each milestone submittal. Unit prices shall be based on the Department's current Reasonable Bid Price Database and the Department's Project Estimation Guide. The Consultant's estimates will be used by the Department to track project costs and to develop the Special Provisions. Each estimate submittal shall contain a summary of which bid items were added or deleted from the previous submittal. Quantities will be at the preliminary design level, but most bid item numbers will be identified to cover all known work. The Consultant shall notify the Department's Project Manager immediately of any significant changes to the construction cost estimate.

3.4 Project Administration

The Consultant shall provide a committed, readily available management and design team focused on the CC-215 / US-95 System Interchange project that is knowledgeable of past and proposed Department efforts, experienced with the proposed scope elements, and has the available capacity to successfully oversee all design efforts within the defined schedule. The Consultant shall provide the Department monthly, detailed management reports clearly identifying project progress (budget and schedule). The project management reports will identify work completed, schedule and progress relative to the schedule, budget used and available for the various tasks, action items and work proposed for the coming month.

The Consultant shall submit a proposed Project Management Plan to the Department within 30 days of NTP. This plan shall include project communication protocols, project team members (including those from the HDR team, the NDOT Design Team and primary stakeholders), task assignments, task budgets, project administrative procedures (including documentation and filing requirements), the project quality control plan, health and safety requirements, document production requirements, decision log requirements, and design criteria (including design manuals, code requirements and units of measure).

3.5 Project Coordination

3.5.1 Coordination with Other Agencies

The Consultant shall coordinate design activities with other agencies that are considered project stakeholders by the Department's Project Manager. The Department's Project Manager

shall be invited to all such meetings. The Consultant shall be responsible for coordinating, attending and preparing meeting minutes for those meetings required. It is estimated that two meetings shall be required for local agency coordination to be held in Las Vegas. These meetings will be attended by the Consultant's PM and up to two task leads.

3.6 Project Closeout

When requested by the Department's Project Manager, the Consultant shall provide the Department's Project Manager with electronic copies of project documentation which includes, but is not limited to, correspondence, design criteria, design calculations, CADD files, cost estimate, quantity book, and bid addendums. The Consultant shall provide three copies of the project electronic files.

3.7 Project Management Deliverables

- Meeting Minutes.
- Project Management Plan – One (1) copy.
- Milestone Construction Cost Estimates – One (1) copy.
- Design Schedule Updates – One (1) copy.
- Monthly Progress Report – One (1) copy.
- Preliminary Construction Schedule – One (1) hard and electronic copy at intermediate, and PS&E submittals
- Final Design Calculations/Documents – One (1) copy.
- Project Closeout Electronic Files on CD or portable hard drives – Three (3) copies

4.0 STRUCTURAL

4.1 Preliminary Design

4.1.1 Bridge Type Selection Report

The Consultant shall prepare three (3) Bridge Type Selection Reports discussing the merits of available structure types for the Preferred Alternative based on the approved geometrics. The report shall consist of a discussion on alternatives for superstructure and substructure types, foundation types, preliminary cost estimates for each bridge type evaluated (based on a typical structure within each report), evaluation of construction methods, construction phases, other design considerations, and preliminary plans including plan, elevation, and typical sections drawings for the preferred alternative. Preliminary construction cost estimates will be prepared for all structures based on the preferred alternative. The Bridge Type Selection Report shall conform to applicable sections of the NDOT Structures Manual and guidelines.

The following Bridge Type Selection Reports will be prepared for the following structures:

Flyover Bridges

- US-95 NB to CC-215 WB Directional Flyover Ramp (HDR)
- US-95 SB to CC-215 EB Directional Flyover Ramp (HDR)

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- CC-215 WB to US-95 SB Directional Flyover Ramp (HDR)
- CC-215 EB to US-95 NB Directional Flyover Ramp (HDR)

Mainline CC-215 over US-95 Bridges

- CC-215 EB over US-95 structure (R2H)
- CC-215 WB over US-95 structure widening (R2H)

Grade Separations

- E-S Ramp over Tulip Off Ramp (GC Wallaces)
- CC-215 WB to US-95 NB Ramp over Local Access (GC Wallaces)

Retaining walls are anticipated at the terminus of each flyover ramp. Retaining wall selection will be discussed within the Bridge Type Selection Report for each applicable structure.

4.1.2 Retaining Wall Cost Analysis

The Consultant shall develop a cost comparison for cast-in-place cantilever and mechanically stabilized retaining walls. The analysis shall define cost as a function of wall height.

4.1.3 Design Criteria

The Consultant shall submit for approval a detailed listing of the design criteria to be used in the final design of all structures, as described in Section 2.2. The listing shall be submitted for approval after acceptance of the preliminary design and prior to starting the Intermediate Design.

4.1.4 Other Structures

While final design services are anticipated for drainage structures and traffic structures, preliminary design services are not anticipated for these structures or included in this scope of work.

Noise walls are not anticipated on this project and are not included in this scope of work.

4.2 Intermediate Structures Design

Intermediate Structure Design efforts will be included in Phase 2. 5000 labor hours are included within this scope of work to undertake the beginning of intermediate design. A supplemental agreement will be executed for the remainder of this work.

4.3 Final Structures Design

Final Structure Design efforts will be included in Phase 2. A supplemental agreement will be executed for the remainder of this work.

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6.0 GEOTECHNICAL

5.1 Review of Available Data & Field Review

Available information regarding the project, including proposed layout and profile of roadways, bridges and walls, and drainage structures, and any available published and unpublished geotechnical and geologic information will be obtained, reviewed and compiled. This will include, but not be limited to, available pertinent as-built plans, geologic maps and reports, geotechnical reports, topographic mapping, aerial photography, and reports prepared by or for NDOT, Clark County or others. A field review of existing site conditions, focusing on geotechnical site conditions, will also be performed.

5.2 Initial Subsurface Condition Assessment Memorandum

Based on the Existing Subsurface Conditions memorandum, initial recommendations will be provided to the design team for use in comparison of structure types and configurations. The results of the literature review and initial recommendations will be summarized in an Initial Subsurface Condition Assessment memorandum, to include the following information:

- An existing exploration location plan showing the locations and depths of previous explorations. Conceptual level bridge limits, pier placement and abutment placement will be included on the plan.
- Description of the regional and site specific geology, geologic hazards, and groundwater conditions.
- Discussion of subsurface geotechnical profile, existing geotechnical data, and associated foundation design considerations.
- A preview of general factored bearing resistance strength limit state and estimates of bearing resistance at the service limit state corresponding to one-inch of settlement using existing soil strength data with a range of effective footing widths, extrapolated where required.
- A preview of factored and nominal resistance charts for various shaft diameters based on extrapolations of existing data. An initial assessment of shaft settlement will also be provided.

5.3 Geophysical Data Collection

A geophysical testing program is proposed, consisting of compression (P-wave) refraction and shear wave (S-wave) ReMi surveys. The refraction data will be used to obtain caliche riprapability data. Where velocity inversions due to near-surface caliche layers are not observed, the refraction surveys will also be used to develop two-dimensional subsurface models using P-wave tomography. The shear wave (S-wave) ReMi surveys will be performed to obtain seismic site classification data, additional caliche riprapability data and to evaluate potential variability of subsurface conditions, including the locations and depths of low velocity layers anticipated to correspond to fine grained soil deposits. The proposed ReMi surveys will provide a one-dimensional shear wave velocity profile to a depth of 100 feet which will support the seismic site classification. Pending NDOT concurrence, ReMi shear wave velocities may also be used to evaluate an equivalent elastic modulus for preliminary settlement analyses for comparison to elastic settlement estimates using other methods. A memo will be developed

by Kleinfield presenting a detailed description of methodology that will be used for NDOT approval prior to analysis.

A total of eight seismic refraction surveys will be performed using 24 geophones along an array 240 feet in length. Approximately ten shot points will be performed along each line, using a sledge hammer as an energy source. Eight ReMi surveys will be performed, one each at the seismic refraction survey locations, using 24 geophones along two perpendicular arrays approximately 240 feet in length to characterize the degree of observed isotropy at each survey location in addition to the shear wave velocity profile. The ReMi surveys will be performed using ambient noise as the energy source.

Areas for geophysical testing will be identified based on correlations between the published geologic map data and review of existing geotechnical boring data. The locations of proposed structures will be considered in the selection of the geophysical survey line locations, to the extent that specific locations or flyover piers are available and accessible for geophysical survey, the intersections of the ReMi survey lines will be targeted for these areas. A site plan showing the proposed locations and orientations of the survey lines will be submitted to NDOT for approval prior to testing. The results of the geophysical testing program will be used to select the locations for the Phase I preliminary borings as described in Section 5.4; specifically, survey lines indicating the presence of low velocity zones will be targeted.

The geophysical surveys will be performed by Jim O'Donnell, a consulting geophysicist based in Boulder City, Nevada, who will run the field tests, process, and interpret the data. Mr. O'Donnell is a consultant/contractor to Las Vegas geotechnical companies in the use of geophysical methods and solving geotechnical problems. He has pioneered and developed the use of active sources and 2D profiling with the Refraction Microtremor (ReMi) method for obtaining seismic site classification (Vs) as required by the IRC 2006. He has both a BS (1981) and MS (1984) from UC-Berkeley in geophysics, and has served on the NV Earthquake Safety Council since 2003.

The equipment used by Mr. O'Donnell includes a DAQ III 24 channel seismograph (<http://seisint.sourceforge.net/binarydata/daq3.htm>). The following software will be used for analysis and was developed at UNR by Prof. John Louie:

ReMi - <http://geoinfo.cba.berkeley.edu/hydrocodes/images/remit.pdf>

BehcOpl @2D - <http://geoinfo.cba.berkeley.edu/hydrocodes/behcOpl@2d/>

5.4 Preliminary Design Phase Subsurface Investigation

Based on the initial recommendations developed in Section 5.2, the structural designer(s) will assess both spread and deep foundation systems in concert with other preliminary bridge development considerations. It is understood that the current subsurface data is limited in depth; therefore, it is recommended that the existing data be extrapolated with some degree of conservatism to depth in order to establish a basis for the depth of exploration.

Four borings are proposed for the Preliminary Design Phase of the project. The nominal and factored resistance charts provided in the Initial Subsurface Condition Assessment will be analyzed by the structural designer(s) to establish depth of proposed borings based on estimates of footing geometry. Based on estimated required bearing resistance, the proposed borings will be extended to a minimum of 20 feet below anticipated shaft tip or 120 feet below existing site grade, whichever is deeper. For purposes of this scope and fee estimate, a depth of 120 feet is assumed.

These borings will provide soil profile and laboratory testing to support the preliminary design where existing data is not sufficient. Specifically, the preliminary exploration program would target areas where fine grained soils without significant cementation are anticipated to be present. These areas are judged to be the controlling case for spread foundation feasibility assessment and also are significant to the development of a preliminary deep foundation analysis. The borings would be performed following the geophysical testing program to allow for exploration of zones of low velocity soils identified. Geophysical survey and borings will be located, to the extent possible, within proposed substructure element footprints through coordination with the structural designer(s).

The locations of the preliminary borings will be staked and recorded initially using hand-held GPS locators. It is our understanding that the locations may be surveyed later during either the preliminary or final design phase of the geotechnical subsurface investigation by NDOT field crews.

A map showing the proposed boring locations will be submitted to NDOT for approval prior to initiating drilling. Should refusal on caliche or other resistant layers occur before the planned depth of 120 feet, a larger drill rig or alternative drilling method will be employed. Alternate drilling methods, if required, will be submitted to NDOT for approval prior to mobilization. A field professional from Kleinfield will maintain a log of soils encountered and obtain samples for visual observation, classification and laboratory testing. All logging will be performed by personnel with minimum credentials consisting of a 4-year degree in either geology or civil or geological engineering and under the supervision of a licensed engineer. At a minimum, a sampling interval of 2.5 feet will be used between 5 and 50 feet and a sampling interval of 5 feet will be used between the depths of 50 and 120 feet, alternating between the Standard Penetration Test (SPT) sampler and modified-California sampler. The number of blows necessary to drive the sampler will be recorded for each interval.

Follow stem augers equipped with energy-calibrated automatic drop hammers for drive sampling are proposed for all borings above the groundwater table to obtain bulk and drive samples. Drilling rates in cemented soils will be recorded. Core samples will be obtained and tested during the field exploration program of the final design phase.

The depth to groundwater, if encountered, will be measured upon completion of drilling. We anticipate that groundwater may be encountered at depths ranging between 100 and 150 feet in the site area. All borings that encounter groundwater will be backfilled according to applicable Nevada Revised Statutes (NRS) requirements.

The order of precedence for applicable standards for subsurface exploration, sampling, and testing on this project shall be NDOT, AASHTO, and ASTM.

Kleinfield will obtain encroachment permits and coordinate traffic control required to complete the geotechnical explorations. It is anticipated that one drill crew will be required to complete the preliminary field work according to the schedule provided. Each drill rig used during the preliminary and final field exploration programs will be tested for hammer efficiency.

The locations of proposed field explorations will be marked and Underground Service Alert will be notified of our intent to dig in accordance with State law. Kleinfield requests that all available information identifying the type and location of utility lines and other man-made objects beneath the proposed improvement areas be provided prior to marking our field explorations. Air boring will be performed to a depth of the test for each of the explorations to aid in avoiding existing underground utilities. Although performing air boring does not

guarantee that the locations are clear of underground utilities, it decreases the risk associated with drilling in the subsurface.

A reasonable attempt will be made during the marking of the field exploration locations to avoid utility line conflicts; however this scope of work does not include time for the repair and/or replacement of utility lines that may be accidentally broken and/or damaged by the drilling activities. Kleinfelder will not be responsible for the fees associated with the repair of damaged utilities.

Subsurface Investigation Assumptions

The scope of work described above and the associated fee assume the following:

- Permission to access the site will be provided;
- Drilling will be performed during regular daytime hours;
- Utility plans for the site will be provided the Consultant prior to marking of the locations of soil borings;
- Drilling on weekends is not required;
- Soil borings will be backfilled with soil cuttings and bentonite where required;
- Chemical analyses on soil cuttings and/or groundwater for environmental evaluations are not required;
- The scope of work included within this fee estimate does not include any services in connection with the discovery of potential contamination during the drilling and sampling operations. In the event that such material is suspected, NDOT will be notified immediately for direction before proceeding on any out-of-scope services.

5.4.1 Pressurimeter Tests

Pressurimeter testing is proposed as part of the Phase I preliminary exploration to assess strength and compressibility characteristics of the fine grained soils. The presence of partial cementation and caliche nodules are anticipated within the fine grained soils of the project area and may inhibit thin walled, push-tube sampling and/or recovery of driven samples of sufficient size, quantity, and quality for representative laboratory testing. Pressurimeter test results can be used to provide in-situ data for evaluating deep foundation capacities and to develop P-Y curves for lateral load analyses. The PMT data can also be used in predicting overall settlement of shallow foundations and bearing capacity.

The proposed pressurimeter testing would be performed subsequent to completion of the four soil borings. Layers of fine grained and/or low-blow count soils identified in the borings would be selected for testing. A mud rotary drilling will be used for the limited PMT program targeting the predetermined test zones based on field classification, blowcount tests, and the geophysical surveys. A memo describing the locations and objectives of the PMT program will be provided to NDOT for review and approval in advance of testing.

5.4.2 Laboratory Testing

An examination and visual soil classification will also be performed on each sample as they are received. Laboratory testing of selected soil samples recovered from the borings and test pits will be performed as considered necessary for engineering analysis and design. Laboratory tests will be performed to evaluate soil properties for bridge, retaining and sound

wall and drainage structure support, corrosion potential to support corrosivity assessments by others, earthwork and slope design and excavation conditions. The laboratory testing program will likely include the following tests:

- Moisture content, sieve analysis and plasticity index (Atterberg Limits) for every sample collected.
- Unit weight on all testable tube or ring samples.
- Consolidated, undrained triaxial shear testing where suitable samples are recovered.
- Consolidation/edgewise following NDOT approved sampling and testing procedures.

5.5 Preliminary Engineering Analysis & Report Preparation

The results of the field exploration, laboratory tests, and engineering analysis will be summarized. Preliminary foundation design recommendations will be provided in separate Data and Design Technical Memoranda grouped into structures with anticipated similar conditions to the extent that supporting data allows. The memoranda will address design issues as follows:

- Description of the regional and site geology, geologic hazards, and groundwater conditions.
- Description of the subsurface geotechnical profile.
- Logs of the explorations, site plans showing the exploration locations, and a description of the procedures and equipment used in the exploration program.
- Results of laboratory tests, a description of test methods and summaries of the test data.
- Recommended foundation factored bearing resistances, foundation depths and geometries, and criteria for design for the resistance of lateral loads.
- Initial estimate of factored bearing resistance charts for various drilled shaft diameters for both redundant and non-redundant cases.
- Initial criteria for the resistance of lateral loads on drilled shafts.
- Initial service-limit resistance charts based on foundation settlement analyses corresponding to $\frac{1}{4}$ ", 1", 1 $\frac{1}{2}$ ", and 2" of settlement for spread type footings with varying foundation geometry.
- Preliminary bridge abutment wall design criteria, including lateral earth pressure recommendations.
- Initial factored bearing resistance charts for conventional and MSE-type retaining wall foundations.
- Preliminary recommendations for lateral loads on retaining walls.

The above recommendations will be limited to preliminary recommendations for use in preliminary design with the understanding that development of detailed recommendations will be deferred until final design. Documentation of the engineering analyses performed will be clearly stated, along with the method and basis of analyses, assumptions and limitations. The Existing Subsurface Information Technical Memorandum will be referenced but not incorporated.

Technical memoranda will be prepared under the supervision of a Nevada Registered Professional Engineer. Two (2) draft copies each of preliminary memoranda will be provided, along with an electronic copy (.pdf file) for review and comment. Review comments will be addressed and resulting changes incorporated into final Phase I Preliminary Design memoranda, as applicable. Four (4) hard copies and an electronic copy (.pdf file) of each final memorandum will be provided. Preliminary results and recommendations can be provided verbally to the design team as available, if needed.

5.6 Final Design Phase Exploration Plan

A final design field exploration plan will be developed based the results of the Phase I Preliminary Design. A boring location plan will be prepared showing the locations of existing site features, along with structure and substructure elements provided by structural designer(s); the approximate locations of previous explorations; Phase I borings and geophysical survey and boring locations; and the proposed locations of Phase II Final Design explorations. All permitting, utility clearance and other field work preparation activities associated with the Phase II Final Exploration will be scoped as part of the later Phase II services.

5.7 Geotechnical Transition Services

It is our understanding that a Transition Services geotechnical budget of approximately \$300,000.00 will be established to provide continued services after the preliminary exploration is completed and until the scope of work for final design is negotiated. These services may include updates or revisions to the Final Exploration Plan; field review, locating and permitting for all or part of the Final Exploration program; mobilization and drilling of the first borings to be completed as part of the Final Exploration program; and laboratory testing. NDOT approval will be required in advance of any work performed as part of the Transition Services. A sample breakdown of the estimated Transition Services for budgeting purposes has been included in the accompanying fee estimate.

6.0 TRAFFIC ANALYSIS

6.1 Traffic Data Collection

Collection of the following traffic information:

- Obtain original CORSIM model created by the previous consultant used in the traffic report as part of the environmental documentation (NDOT).
- Obtain HCS analysis completed by NDOT, to be validated using CORSIM (NDOT).
- Obtain CORSIM model in progress from NDOT with updated node numbering convention and updated geometry (NDOT).
- Obtain existing traffic volumes from the most current traffic report approved by NDOT Traffic Information (NDOT).
- Obtain originally submitted 215 Change of Access Report (NDOT).
- Obtain all documentation concerning methodology and assumptions used for traffic volume forecasts for the 215 Change of Access Report (NDOT).
- Obtain existing and projected traffic for 215 (SNRTC).

- Obtain adopted/proposed land use plans from available documentation for each affected entity, for use in validation of projected traffic volumes.
- Obtain street and highway networks and long and short range transportation plans from Clark County.

6.1.1 Traffic Coordination

- Hold a preliminary meeting with traffic operations and traffic planning divisions at NDOT in Carson City.
- Determine validity of original Consultant's model and their underlying assumptions.
- Determine validity of Regional Transportation Commission of Southern Nevada (RTC) traffic projections from the travel demand model.
- Discuss appropriate measures of effectiveness (MOE's)
- Determine changes to underlying model assumptions that may need to be updated as a result of slowed economic growth in the project limits.

6.1.2 Data Collection for Current and Future Conditions

- Develop a data gap study to determine the extent of available data for the project area.
- Develop a traffic data collection plan to collect data that is incomplete and/or inadequate to support the traffic analysis for the design phase of the project. This may include performing traffic volume counts on roadways, and peak hour turning movements at intersections according to methods and procedures approved by the NDOT Traffic Information Division. Additional traffic counts have not been accounted for in this scope of work; if they are required they will be considered a separate task.
- Implement the traffic data collection plan, after receiving approval of the NDOT Traffic Information Division, and provide the results to NDOT's Project Manager in the manner and formats prescribed by the Traffic Information Division.
- Identify and document existing travel lanes, shoulder and right-of-way widths on CC-215 and US-95 mainlines and identified collectors.
- As part of the study, existing, interim, and ultimate preliminary roadway geometric layouts will be needed to evaluate traffic flows with the travel demand model in addition to developing the microsimulation network. Only the number of roadway lanes is required for the travel demand model. For the microsimulation effort, information is needed for lane diagrams that illustrate locations of lane additions/drops. HDR will prepare preliminary lane concepts for the interim and ultimate scenarios.
- Develop a summary of other transportation planning documents and land-use planning efforts from available documentation for each of the affected entities/counties, including but not limited to the following:
 - Land Use Master Plan
 - Regional Transportation Plan
 - Transit Needs Assessment
 - NDOT Planning Documents
- Determine appropriate values for the following:
 - Origin destination data
 - Percent trucks
 - Annual growth rate
 - Measures of effectiveness

- Determine current and historical High Accident Locations (HALs) based on accident data supplied by NDOT's Safety/Traffic Division.

6.1.3 Anticipated Traffic Analysis Products/Deliverables

- Technical Memorandum #1 summary of existing data and data gap study.
- Technical Memorandum #2 on Assumptions and Methodologies used to determine traffic forecasts.
- Technical Memorandum #3 Summary of selected MOEs, truck percentages, annual growth rates.

6.2 Traffic Analyses of Existing Data

6.2.1 Traffic Projections

- Determine existing and proposed traffic volumes for 215 – Modification/manipulation of existing SNRTC model.
 - o 215 and Jones interchange (all turning movements)
 - o 215 and Durango interchange (all turning movements)
 - o 215 mainline from west of Durango to east of Jones
 - o Tulip ramps (Centennial on west side to Sky Point on the east side)

6.2.2 Validate Existing Information

1. Validate existing CORSIM volumes and model
2. Validate existing NDOT HCS analysis using CORSIM
3. Determine existing and future condition MOEs

6.2.3 Conduct Comprehensive Access Evaluation for CC-216, US-95, and Local Roadway Network

- As a result of the possibility of staged construction on this project, there may be a need for Intermediate Control of Access Reports, Access Modification Reports and/or additional coordination efforts with the FHWA to determine what level of access justification is necessary.
- Evaluate the following specific ingress/egress characteristics related to CC-216 and US-95 in relation to current and projected land use. Develop an overview of access in accordance with NDOT's Access Management System and Standards and include the following: conflict points, sight distance, and vehicle delays.
- Develop "Access Control Plan" recommending methods to control access and/or propose additional access within the vicinity of the Bruce Woodbury Parkway (CC-215) and US-95 proposed System-to-System Interchange.
- Identify early action plan and phased implementation plan based on traffic operational needs and available opportunities.

6.2.4 Traffic Analysis of Existing Conditions Products/Deliverables:

- Technical Memorandum #4 on Validation of existing HCS and CORSIM analysis, Traffic Volumes and Accident Locations.
- MOE report

6.3 Travel Demand Modeling/Evaluation of Staged Construction

Traffic modeling efforts, alternatives analysis, and development of the Traffic Management Plan (TMP) will be added as necessary in a future amendment.

7.0 PUBLIC & STAKEHOLDER OUTREACH & INFORMATION PROGRAM (ALL PHASES)

7.1 Establish Public Information Plan and Media Course of Action

The Consultant shall provide the NDOT Project Manager (PM) and Public Information Officer (PIO) a Draft and Final public outreach plan, to be updated as appropriate for the duration of the project. The draft outreach plan will be completed in 30 days of notice to proceed. This comprehensive plan outlines the detailed public outreach approach and strategies designed to address key community concerns, strengthen relationships with key community organizations and local community members, provide ongoing public education, and minimize potential conflicts surrounding project development and implementation. One meeting is anticipated with the PM and PIO in Carson City to coordinate the public information plan and media course of action.

Upon project completion, the Consultant shall provide the NDOT PM and PIO a Draft and Final Summary Report on public and stakeholder outreach efforts, including the final public outreach plan and documentation of all outreach activities, materials, and media coverage.

The Consultant shall assist the NDOT PM and PIO with creating, preparing and releasing relevant and timely information to the media regarding project status. It is estimated that four (4) meetings with the NDOT PM and PIO will be necessary to discuss and decide the course of action of media relations. Materials may include news releases, fact sheets, press kits, and any other collateral materials prepared especially for news media.

7.2 Outreach Coordination with Jurisdictions and Stakeholders

The Consultant will obtain information and background data for ongoing and planned projects. The Consultant will provide project information and planning issues to local jurisdictions. The Consultant will coordinate public outreach efforts with any studies and/or projects currently underway within the project area of Clark County. It is estimated that four (4) meetings will be needed.

The Consultant will support the NDOT Project Manager with attendance at applicable public workshops, stakeholder meetings, local government meetings, and Community Advisory Board meetings to keep abreast of local activities. It is estimated that four (4) meetings will be needed.

The Consultant will support the PM with attendance at one-on-one meetings with community stakeholder groups to identify issues and gather input. (The list and number of key stakeholders is subject to NDOT PM and PIO, and project team approval). It is estimated that

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ten (10) meetings will be needed. The Consultant will summarize the results of the one-on-one meetings to NDOT PM and PIO.

The Consultant will participate in project presentations to local entities, organizations, stakeholder associations, and speakers bureau. Presentations will include project information, four (4) visual displays (24x36" mounted in color), and five-hundred (500) color four-page handouts as applicable for the presentations. Presentations will be coordinated through the NDOT PM and PIO. It is estimated that eight (8) meetings will be needed.

7.3 Outreach Coordination with the Public

The Consultant will coordinate the public meetings, prepare meeting agendas, notices, and presentation information, document meeting comments and coordinate responses. All meetings and their content will be coordinated through the NDOT PM and PIO (Public Hearing Officer).

The scope of services will include the Consultant conducting an estimated three (3) public information meetings on the project being proposed, to include:

- Initial project introduction
- Combined draft project design and aesthetics/landscape meeting
- Final project design

The purpose of the public information meetings is to obtain public input on the project, which will be considered in finalizing the design. The Consultant, in coordination with NDOT PM and PIO, shall be responsible for:

- a) Establishing three (3) meeting dates, times, and locations
- b) Hold pre-meeting briefings with the PM and PIO in Carson City.
- c) Securing public meeting facilities for the three (3) meetings
- d) Developing/maintaining mailing list (up to 3,000 entries) (list will include all elected public officials from the study area, homeowner and town board associations, concerned citizens, organizations and those attending public meetings).
- e) Preparing and printing notices of intent/meeting invitations on post-card size card stock (up to 10,500 four-color copies - 3,500 per meeting), flyers (up to 150 four-color copies), newspaper display ads (up to nine [9] black/white copies), meeting welcome letters (up to 1,500 - 500 four-color copies per meeting) and sign-in sheets
- f) Mailing notices of intent/meeting invitations on post-card size card stock at a first class rate (up to 9,000 notices - 3,000 per meeting).
- g) Preparing a PowerPoint presentation in conjunction with NDOT requirements for public meetings
- h) Preparing and printing roadway and bridge project exhibits for the public meetings (up to forty-five [45] total - 15 per three meetings) visual displays (24x36" mounted in color)
- i) Preparing and printing additional display boards as appropriate (up to fifteen [15] total - 5 per three meetings) visual displays (24x36" mounted in four-color)
- j) Preparing and printing fact sheets/handouts (750 total packets of 6 double-sided four-color pages - 250 packets per three meetings)

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- k) Hiring of Court Reporter (to attend three [3] public meetings) from State of Nevada approved listing (Contact Public Hearings Officer for approved firms)

- Arriving prior to the meeting for setup and staying later for breakdown
- Assist the Project Manager in the meeting
- Managing the documentation of public comments and formal responses as part of the Summary Report for project outreach efforts

- l) The Consultant will also provide two qualified professional staff members who are knowledgeable of the project, overall public information practices and procedures, and NDOT's specific procedures to provide comprehensive public information services for the project.

- m) The Consultant will create several visualization and multi-media products for inclusion in several of the public outreach efforts such as meeting displays, computer and video presentations, and the project website to include the development of one of each product:

- One 3D Fly-Over Animation (360-degree view) - a virtual fly-through of the project area from multiple view points, including phased construction as required;
- Photomontage - a highly-detailed photorealistic interpretation of the project where you can compare existing vs proposed project conditions (2 total);
- Renderings - illustrative graphics which depict potential project concepts (2 total).

- n) The Consultant will utilize and maintain an internal database system designed to support the public outreach process by documenting and organizing the received project comments (up to one-thousand [1,000] comments). The system provides a management platform for public outreach functions, including automated mail-merge capabilities for public/stakeholder notifications, participation tracking, and has the ability to generate comment summary reports. In addition, the software has the capacity to sync with standard mapping tools like GIS to produce visual reports and trending documents. The Consultant shall provide the NDOT PM, PIO and PIO a Draft and Final Summary Report on comment responses.

7.4

Associated Costs

Public/Scheduled Meetings as described above. The Consultant will assume all costs as part of their fees to include: Court Reporter, Advertising Display Ads, Mailing Lists, Posters, and all associated Printing for the three (3) public meetings and various outreach efforts. The Department will assist with obtaining a no cost location for the public meetings.

7.5

Meetings/Products:

- Four (4) meetings with NDOT PM and PIO
- Four (4) meetings with other applicable projects and jurisdictions
- Four (4) meetings with other applicable workshops/boards
- Ten (10) meetings (one-on-one media briefings) with community stakeholder groups
- Eight (8) presentations to jurisdictions, boards, associations, speakers bureau, HOAs, etc.
- Four (4) visual displays (24x36" mounted in color)
- Five-hundred (500) color four-page handouts

- Three (3) public information meetings, with pre-meeting briefings with PM and PHO.
- Mailing list (3,000 entries)
- Printing Notice of Intent (meeting invitations up to 10,000)
- Mailing Notices of Intent (meeting invitations up to 8,000)
- Printing fliers (up to 150), newspaper display ads (up to nine (9)), meeting welcome letters (up to 1,500—500 per meeting)
- Printing roadway and bridge project exhibits (up to forty-five (45) total—15 per three meetings) visual displays (24x36" mounted in color)
- Printing additional display boards as appropriate (up to fifteen (15) total—5 per three meetings) visual displays (24x36" mounted in four-color)
- Printing fact sheets/handouts (750 total packets of 6 double-sided four-color pages—250 packets per three meetings)
- 3D Fly-Over Animation, including Phased Construction.
- Two (2) Photomontages
- Two (2) Renderings
- Comment response and database management (up to 1,000 comments)

7.6 Public Involvement Deliverables:

- Draft Public Outreach Plan
- Final Public Outreach Plan
- Draft Public Outreach Summary Report
- Final Public Outreach Summary Report
- Summary of one-on-one community stakeholder meetings (10 total)
- Draft Comment Response Summary Report
- Final Comment Response Summary Report

8.0 COST RISK ASSESSMENT + VALUE ENGINEERING

The Scope of Work for this Task Order includes providing Cost Risk Assessment (CRA)+ Value Engineering (VE) consultation services to NDOT. CRAVE is a process that combines cost risk assessment with the proven tools and process of Value Engineering. The major project risks are identified and qualified, Value Engineering recommendations are developed to assist in managing the risk to avoid or mitigate the impact to the projects budget and/or schedule.

8.1 Pre-study

The CONSULTANT shall organize and participate in a Pre-study Meeting between NDOT and the CONSULTANT. The purpose of the meeting is to determine goals and objectives of the CRAVE Study, develop the flow chart for the CRA, pre-empt risk for the risk register, determine what information is available for the study team, and confirm technical experts required for the studies.

The CONSULTANT shall review project data available for the team, prepare flow chart and cost model for the items that will be the focus of the studies such as: traffic phasing / staging, construction staging, bridges and foundations.

There will be one Pre-study Meeting up to eight (8) hours attended by two (2) CONSULTANT team members. We assume that the pre-study meeting will be held in the NDOT project office and that NDOT will transmit cost estimates, project schedule and project reports for the project(s) to the CONSULTANT ten (10) days prior to pre-study.

Deliverables from the Pre-Study Phase include:

- List of disciplines needed for the CRAVE team
- Flowchart to be used during the CRA Study.
- Cost model to be used during the VA study.

8.2 CRAVE workshops

The CONSULTANT shall organize, participate in and facilitate a CRAVE study for the US 95 / CC 216 Interchange Project.

Facilitate the Cost Risk Assessment portion of the study - 2 (two) days: See Section 1.3 for proposed schedule. The objective CRA is to identify project risks and qualify the potential budget and schedule impacts

Facilitate the Value Engineering/Analysis portion of the study - 3 (three) days following CRA. See Section 1.3 for proposed schedule. The objective of the VE is to verify or improve upon the proposed design, develop risk response strategies and update the risk model. The focus of the study will be:

- Traffic staging and phasing
- Construction operations
- Alternative analysis
- Risk response strategies.
- And others as determined during the pre-study meeting

8.3 Assumptions:

CONSULTANT will provide and reserve the meeting facility for the CRAVE Study, 5 (five) days..

NDOT will provide or arrange for a project overview by the design team(s) to the CRA and VE team, tentatively scheduled for 8:30 AM on the first day of both the CRA and VE portions of the study.

NDOT and the Consultant will arrange for and supply Cost Risk Assessment + Value Engineering team members, as noted below:

- Structures
- Geotechnical
- Roadway Design
- Drainage
- Maintenance of Traffic
- Traffic (Operations)
- Environmental
- Constructability
- Utilities

NDOT will provide existing graphics, electronic design files, cost estimates, schedules and other project data for use during the study including any project constraints.

CONSULTANT will provide daily refreshments for the study team, drinks, light snacks, etc.

Other meals will be the responsibility of the individuals on the team.

CONSULTANT shall provide the following staff for the CRA & VE that are independent from the project team:

- Team leaders - Risk Lead, and CVS
- Economist - assist with risk elicitation & modeling
- Cost Lead
- Subject matter experts – (Bridge Engineer, Maintenance of Traffic, Constructability)
- Technical writer

8.4 Mitigated Cost and Schedule Impacts

The CONSULTANT shall organize, participate in and facilitate an update for the CRAVE study for the US 95 / CC 215 Interchange Project.

- Meetings: Present VE findings, Mitigation Workshop
- Facilitate the Cost Risk Assessment (CRA) update to quantify the VE and response strategies – within the (5) working days following the VE portion of the study.

Consultant shall send an electronic copy of the Draft CRAVE Report within 10 working days of the study completion.

NDOT will provide any draft CRAVE comments within ten (10) working days to the Consultant.

Final CRAVE Report shall be delivered by the CONSULTANT to NDOT within ten (10) working days of draft comment receipt.

8.5 Deliverables:

- Study presentation of findings.
- Draft CRAVE Report – Electronic (PDF).
- Final CRAVE Report - Electronic (PDF) and four (4) hard copies.

8.6 Tracking and continuous updates

The CONSULTANT shall organize, participate in and facilitate tracking of key risks and continuous updates to the Risk Management Plan for the US 95 / CC 215 Interchange Project. Anticipated deliverable is an Updated Risk Management Plan.

Roles and Responsibilities:

Team Leaders: Communicate scope and schedule with team members, review project data prior to study, prepare study materials for CRAVE team, lead CRAVE team in Cost Risk Assessment + Value Engineering process, prepare presentation, draft report, and finalize report.

CRAVE team members: participate in Cost Risk Assessment + Value Engineering study as subject matter experts and as requested by the NDOT.

8.0 STRUCTURES MOT/CONSTRUCTABILITY

9.1 General Strategy

The Consultant shall attend a General Strategy Meeting at NDOT District One in Las Vegas with NDOT staff to discuss concepts and strategies for construction staging, traffic control and bridge construction including preliminary constructability issues. The meeting shall be held prior to the Type Selection Report Submittal.

The Consultant shall attend a Local Coordination Meeting with NDOT staff and local entities in Las Vegas to discuss maintenance of traffic control schematics prior to the Intermediate Submittal.

The Consultant shall attend the Traffic Control Plan Approval Meeting at Headquarters as scheduled by the NDOT Project Manager subsequent to the Intermediate Submittal review meeting.

The Consultant shall attend constructability review meetings in Las Vegas to discuss project constructability issues prior to the Preliminary Design, Intermediate Design and PS&E submittals.

9.2 Constructability Reviews

The Consultant shall perform constructability reviews for the construction of the Project prior to the Preliminary Design, Intermediate Design and PS&E submittals.

The Consultant and NDOT Project Manager will organize one meeting for evaluation of constructability (Preliminary Constructability Review) prior to the Preliminary Design Submittal. The Consultant shall assemble written comments addressing potential constructability shortfalls, value engineering points, and recommendations for correcting associated design deficiencies.

The Consultant shall verify the constructability of the plans in relation to NDOT Standard Plans and Standard Specifications, and the Project Special Provisions.

9.3 Preliminary Design Structures MOT/Constructability

The Consultant shall evaluate the CC-215 and US-95 System-to-System Interchange Concept to identify basic traffic control issues and develop alternatives for maintenance of traffic for CC-215 and US-95. The Consultant shall review the CC-215 and US-95 System-to-System Interchange Concept and identify major traffic control constraints for the design, prepare conceptual schematics (roll plot), typical sections and traffic control phasing, and prepare preliminary traffic control cost quantities. The work shall be summarized in a Technical Memorandum and submitted for NDOT review and comment. The anticipated deliverable is traffic control schematics (five (5) copies).

NDOT will provide preliminary inroad alignments, earthwork toe of slopes and top of cuts, major drainage features alignment, profiles and sizes, typical sections for all roadways, existing utility information, existing drainage information, existing signing, lighting and electric service points, existing topography (dm) and aerial photographs in Microstation format.

9.4 Intermediate Submittal Design Structures MOT / Constructability

9.4.1 Traffic Control/Staging Review

NDOT will provide three copies of plans from the Intermediate Submittal as well as plans from adjacent projects. The Consultant shall review the necessary traffic control plans showing long-term closure of lanes, local road and highway detours, and number of available lanes. Included in these plans are stage construction, construction traffic handling and detours, staging, striping, lighting, and signal modifications.

Deliverable – Technical Memorandum discussing any recommended changes or additions to the staging or phasing. List of comments on specific detour geometry, traffic control signing, striping, lighting or signal modifications.

9.4.2 Specifications

The Consultant shall prepare a draft of Subsection 108.04, Limitation of Operations, which includes operational limits, phasing limits, working hour limits, traffic impact limits, restricted work limits, business access, business notifications, emergency vehicle access and construction milestones based on the construction sequencing and traffic control meetings.

9.4.2.1 Section 108.04 – Limitation of Operations

The Consultant shall prepare specification notes for the limitation of operations pertaining to the hours of operations and construction constraints.

9.4.2.2 Section 624 – Accommodations for Public Traffic

The Consultant shall provide Notes to the Specifications identifying known requirements specific to Section 624 – Accommodations for Public Traffic.

The Consultant shall provide a copy of the Notes to Specifications by email after the Intermediate Review comments are resolved.

9.5 Final Submittal Design Structures MOT / Constructability

The Final Design tasks consist of refining the contract document from the Intermediate level to the Final Design submittal. The Consultant shall address that the traffic control plans have incorporated review comments from the Intermediate submittal, incorporate the review comments into the design as appropriate, and develop the plans, estimate and notes to specifications to the Discipline and Quality Assurance levels. Hours for the structure design and update of plans for final submittal are included in Section 4.0 of this scope. Hours for development of constructability review information, comment matrix and responses are included in this section.

9.5.1 Maintenance of Traffic / Staging Review

The Consultant shall review Traffic Control plans and quantities for the Discipline and Quality Assurance level Design. The Consultant shall develop an anticipated construction schedule including the construction staging and critical milestones for the implementation of the Project.

- Prepare Limitation of Operations and Accommodations for Public Traffic Notes to Specifications

The Consultant shall prepare a draft of Subsection 108.04, Limitation of Operations, which includes operational limits, phasing limits, working hour limits, traffic impact limits,

restricted work limits, and construction milestones based on the construction sequencing and traffic control meetings.

9.5.1.1 Section 108.04 – Limitation of Operations

The Consultant shall provide Notes to the Specifications identifying known requirements specific to Section 108.04 – Limitation of Operations and any changes to the Intermediate Plan Submittal.

9.5.1.2 Section 624 – Accommodations for Public Traffic

The Consultant shall provide Notes to the Specifications identifying known requirements specific to Section 624 – Accommodations for Public Traffic and any changes to the Intermediate Plan Submittal.

9.5.1.3 Notes to Specifications

The Consultant shall provide two (2) black and white 8 1/2" x 11" copies, and e-mail electronic copies of the Notes to Specifications in WordPerfect 7.0 format one week prior to the Quality Assurance Plan Submittal.

NDOT will provide earthwork quantities, paving quantities, drainage quantities, and any other major construction item quantities for use in development of the construction schedule.

9.6 Final Submittal Design Structures MOT / Constructability Review

The Consultant shall review plans, estimate and notes to specifications for the PS&E Review Submittal. The Consultant shall provide one (1) black and white 8 1/2" copy, and e-mail electronic copies of the Notes to Specifications in WordPerfect 7.0 format two days prior to the Final Submittal.

10.0 GEOMETRIC REVIEW

10.1 Geometric Review

The Consultant shall evaluate the NDOT CC 215 and US-95 System to System Interchange Concept Design Plans to provide a final flow analysis of the mainline and ramp horizontal and vertical geometry. The work shall be summarized in a Technical Memorandum and submitted for NDOT review and comment. The focus of the review will include:

- NDOT prepared Design Criteria Matrix
- InRoads files
- Typical Sections
- Representative gorges
- Clearances based on structure depth assumptions.

10.2 Geometric Workshop

The Consultant shall participate in a four hour workshop to present and discuss detail items for further review as design progresses. The Consultant will provide a comment / response matrix as well as a roll plot graphic with these detail items indicated.

10.3 Assumptions

NDOT will provide existing graphics and electronic design files, including but not limited to the following:

- NDOT prepared Design Criteria Matrix;
- Typical sections;
- Existing topographic surfaces in .dgn format;
- InRoads alignment files (including superelevation tables);
- InRoads roadway definition files;
- Available proposed surfaces in .dgn format;
- Structure depth assumptions.

10.4 Deliverables

- Draft Geometric Review Technical Memorandum;
- Comment / Response Matrix;
- Roll plot graphic;
- Final Geometric Review Technical Memorandum (issued upon resolution of comments).

11.0 CONTRACT ADMINISTRATION SUPPORT

11.1 Supplemental Notices

Unforeseen developments sometimes require that supplemental design details or corrections be produced for distribution to potential bidders, prior to the bid opening. A total of two (2) Supplemental Notices are assumed to be developed to accommodate unanticipated issues. The Consultant shall develop and submit revised advertisement documents including plan sheets specifications, and quantities upon direction of the NDOT Project Manager. The Consultant shall provide one (1) original suitable for reproduction and one (1) electronic copy. NDOT shall be responsible for reproduction and distribution of any Supplemental Notices.

11.2 Pre-Bid Conference

The Consultant will provide displays and participate in the pre-bid conference, if requested.

11.3 Bid Analysis

The Consultant shall assist NDOT staff in reviewing all bid package(s), making checks of the plans, quantities, and/or other items as necessary and cooperating with the NDOT Project Manager to recommend selection of the lowest qualified bidder.

11.4 Pre-Construction Conference

The Consultant shall attend the Pre-construction Conference, to be available to answer Contractor's questions regarding all elements of the design. The Consultant recognizes that formal Requests for Information (RFIs) or Requests for Clarification (RFCs) may result. The

Consultant shall prepare responses to these questions as required. The Pre-construction Conference shall be held at NDOT District 1 office in Las Vegas.

The preceding scope of services responds to the State's current needs through project award. It is anticipated that construction support services during the construction phase of this project will be required. This work will likely entail review of contractor submittals such as shop drawings, contractor designed items and procedures, review of modifications to the plans as a result of changed conditions, evaluation of special reports, evaluation of value engineering alternatives, and site visits to observe construction for conformance to contract documents. A separate or supplemental agreement will be executed for this work.

NEVADA DEPARTMENT OF TRANSPORTATION

AGREEMENT SUMMARY

AGREEMENT No. P011-10-015 Amendment No. 1 (If Applicable)

Task Order No. Return to Contract Services Yes No

ORGANIZING DIVISION/DISTRICT: C015 - Project Management

CONTACT PERSON:

Cole Mortensen

PHONE NO.:

(775) 888-7742

DIV CODE:

C015

NAME AND ADDRESS OF SECOND PARTY:

HDR Engineering, Inc.

7180 Pollock Drive

Las Vegas, NV 89119-90056

CONTACT PERSON:

Lolene Terry

TELEPHONE #:

(702) 938-6000

PURPOSE OF AGREEMENT/AMEND: Provide engineering services for the design of the US 95/CC-215 interchange by performing traffic analysis for the local interchange requested by the City of Las Vegas (No. R335-15-015)

TYPE OF AGREEMENT:

Consultant

WERE BIDS OR PROPOSALS SOLICITED? Yes If so, please attach.

If not, why not?

WHY WAS THIS CONTRACTOR CHOSEN IN PREFERENCE TO OTHERS? Committee Evaluation of Proposals

BEGINNING DATE:

4/7/11

ESTIMATED COMPLETION DATE:

2/24/2012 12/31/2013

BOE APPROVAL (IF APPLICABLE):

301,621.07

DATE:

3/21/2013

TOTAL ESTIMATED COST OF AGREEMENT: (If Applicable) \$460,000 (including 15% contingency) - to be paid through WO 201610000

PROJECT IDENTIFICATION: (MUST COMPLETE) FEDERAL PARTICIPATION:

CONTRACT NUMBER

WO 201610000

PROJECT ID NUMBER

608143

SUB-PROJECT

PHASE

NONE

COUNTY WHERE WORK IS PERFORMED:

Clark County

DO YOU HAVE MONEY IN YOUR BUDGET TO FUND AGREEMENT? (ATTACH APPROVAL) Yes

DIVISION RESPONSIBLE FOR BILLING REQUEST TO ACCOUNTING? C015 - Project Management

PAYMENT CODE:

P-PAYABLE

RECEIVABLE

RECEIVABLE

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Amendment No. 1 to
Consultant's Agreement No. P011-10-015

This Amendment is made and entered into this 7th day of April 2011, between the State of Nevada, Department of Transportation, hereinafter referred to as the DEPARTMENT, and HDR Engineering, Inc., 7180 Pollock Drive, Suite 200, Las Vegas, NV 89119, hereinafter referred to as the CONSULTANT.

WITNESSETH:

WHEREAS, on December 15th, 2009, the Parties entered into Agreement No. P011-10-015 to provide engineering services to design a new System-to-System Interchange at the Bruce Woodbury Beltway (CC-215) and US-95; and

WHEREAS, this Amendment No. 1 increases the amount to be paid to the CONSULTANT by Three Hundred Eighty-Nine Thousand, Two Hundred Eighty-Three and No/100 Dollars (\$389,283.00), due to the traffic modeling and analysis necessary to accommodate the request from the City of Las Vegas to incorporate a service interchange into the design of the System-to-System Interchange.

WHEREAS, this Amendment No. 1 also increases the amount to be paid to the CONSULTANT of the agreement to include a contingency budget of Three Hundred Seventy-One Thousand, Seven Hundred Seventeen and No/100 Dollars (\$371,717.00).

WHEREAS, the termination date is amended due to the request from the City of Las Vegas to incorporate a service interchange into the design of the System-to-System Interchange.

WHEREAS, the Parties hereto desire to make certain amendments to Agreement No. P011-10-015.

NOW, THEREFORE, the Parties agree as follows:

- The termination date referenced in Article II, Paragraph 1, shall be changed from July 31, 2012 to December 31, 2013.
- Article I, Paragraph 1, is amended by deleting it in its entirety and inserting in its place:
- Article I - Scope of Services is amended by inserting:

4. Contingency funds have been established to address unforeseen CONSULTANT services that may be required to complete this PROJECT in a timely manner. In the event contingency funds are needed, CONSULTANT will prepare an authorization letter describing scope of work, cost estimate, and schedule for the DEPARTMENT'S Project Management Chief's written approval prior to commencing work (see Exhibit C, attached hereto and incorporated herein by reference).

D. Article IV - COST, is amended by deleting it in its entirety and inserting in its place:

1. The "cost plus fixed fee" method of compensation shall be used for the CONSULTANT's services.

2. Costs shall include direct salary costs, other direct costs, indirect costs and fixed fee as set forth in 48 CFR Chapter 1, Part 31, incorporated herein by reference. The total cost for direct salary costs, other direct costs and indirect costs shall not exceed the sum of Three Million, Two Hundred Seventy-Nine Thousand, Two Hundred Eighty-Six and 07/100 Dollars (\$3,279,286.07). The fixed fee, to cover profit, shall be Two Hundred Eighteen Thousand, Twenty-Three and No/100 Dollars (\$218,023.00). This fixed fee will not vary irrespective of final PROJECT costs except in the event of a material and substantial change to the PROJECT scope.

3. Indirect costs (overhead) of the CONSULTANT shall be apportioned among all professional services projects being done by the CONSULTANT during the term of this Agreement and will be billed at the provisional indirect cost rate of One Hundred Fifty Eight and 15/100 percent (158.15%) of direct labor costs. This rate may be adjusted to the actual indirect cost rate at the time of final audit.

4. The total cost of the services by the CONSULTANT shall not exceed the sum of Three Million, Eight Hundred Sixty-Nine Thousand, Twenty-Six and 07/100 Dollars (\$3,869,026.07), which includes the fixed fee and contingency fee.

5. Due to the scope and nature of the PROJECT, contingency funds have been established to address unanticipated and unforeseen CONSULTANT services outside of the Scope of Services that may be required to complete the PROJECT in a timely manner. The scope of services requiring the use of contingency funds will be agreed upon in writing by the parties to this Agreement prior to the commencement of such services. The cost of contingency services will also be negotiated prior to performing the services and will include direct salary costs, other direct costs, indirect costs and the fixed fee. The fixed fee will be determined by applying the percentage rate negotiated and will be an amount proportionate to the services being performed. The total costs of direct salary costs, other direct costs, indirect costs and the fixed fee for the contingency funds shall not exceed the sum of Three Hundred Seventy-One Thousand, Seven Hundred Seventeen and 00/100 Dollars (\$371,717.00). Contingency services to be performed by the CONSULTANT shall not commence until receipt of written approval by the DEPARTMENT. Any contingency funds not used during the term of this agreement will not be paid to the CONSULTANT.

E. All of the other provisions of Agreement No. P011-10-015 dated December 15th, 2009 shall remain in full force and effect as if set forth herein.

IN WITNESS WHEREOF, the above named Parties have hereunto set their hands and executed this Amendment on the date first written above.

CONSULTANT:

HDR Engineering, Inc.

Rueby Edgington

Name (Print) Rueby Edgington

Title (Print) Vice-President

STATE OF NEVADA, acting by and through its DEPARTMENT OF TRANSPORTATION

William Hoffman

Director

Reviewed:

William Hoffman, P.E., Asst. Director

Approved as to Legality and Form:

Debra Miles
Deputy Attorney General

"EXHIBIT B"

15.0 TRAFFIC OPERATIONS ANALYSIS

15.1 General

15.1.1. Assumed Project Area

It is assumed that for the purpose of this traffic analysis the project area to be analyzed includes:

- US-95 from Kyle Canyon Rd to N Rancho Dr/Ann Rd Interchange
- CC-215 from N Durango Dr to N Jones Blvd Interchange
- US-95 on/off ramps and Centennial Center Blvd
- US-95 on/off ramps and Sky Pointe Dr
- N Rainbow Blvd and CD roads to W Ann Rd Interchange
- One intersection on either side of the study interchanges ramp terminals

15.1.2. Purpose

The purpose of this analysis is four-fold:

- 15.1.2.1. Assess the impacts on the existing network (future no-build scenario) based on 2035 horizon traffic volumes
- 15.1.2.2. Present a defensible analysis for the US 95 Improvement Impacts, including the Phase 2 widening from N Rancho Dr / Ann Rd to Kyle Canyon Rd, on the Phase 3 System to System Interchange in accordance with FHWA and NDOT guidelines.
- 15.1.2.3. Utilize traffic analysis techniques to help justify selection of a Preferred Alternative local interchange configuration at CC-215 and John Herbert Blvd.
- 15.1.2.4. Contingency. Create a phased construction model including the System to System Interchange and the Preferred Alternative local interchange in order to assess impacts to local traffic during construction.

15.1.3. Task Administration

HDR will provide the Department monthly, detailed management reports specific to this task. Additional information regarding this Subtask is as described in Subsection 3.4 of the original Scope of Services.

15.2 Coordination Meetings

15.2.1 Preliminary meeting with NDOT to determine up to three Measures of Effectiveness (MOEs), and over the shoulder review of existing available traffic

volumes and data collection plan.

- 15.2.2. Over the shoulder review of collected data.
 - 15.2.3. Over the shoulder review of forecasted traffic volumes.
 - 15.2.4. Over the shoulder review of calibration results.
 - 15.2.5. Three additional coordination meetings.
 - 15.2.6. Over the shoulder review of results and recommendations.
 - 15.2.7. Three stakeholder coordination meetings (Clark County, City of Las Vegas, SNRTC, and FHWA).
- It is assumed that two Project Engineers will attend certain meetings to represent forecasting and modeling activities as applicable. Similarly, one Project Engineer may be in attendance as well to record meeting notes.

15.3 Existing Resource Data Collection

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Collection of the traffic information will involve the following activities:

15.3.1. Collect and Review Existing Data

NDOT to provide updated CORSIM model currently in progress with updated node numbering conversion and updated geometry.

Any applicable traffic count data from NDOT, Clark County, and the City of Las Vegas will be gathered and evaluated for use prior to collecting additional traffic counts.

HDR to acquire FAST traffic signal timing sheets for existing signalized intersections within the project area.

15.3.2. Collect and Combine GIS Data

NDOT to provide SNRTC TransCAD model for the year 2030.

HDR to obtain MPO GIS database information from Clark County for the project area. NDOT will provide Clark County with information concerning HDR's existing contract in order to obtain project information at no cost to HDR or the Department.

15.3.3. Develop Data Collection Plan

Prior to collection of data in the field, HDR will develop a data collection plan describing the applicability of the existing data and what data gaps need to be filled, description of the processes and coordination involved with collecting the large volume of data, quality assurance processes for data collection and validation, and volume balancing procedures. NDOT will review and provide concurrence with these processes and procedures prior to start of these activities.

NDOT to provide schedules for active construction contracts in the project area which may affect data collection scheduling.

NDOT desires to have all traffic data collection to occur at the same time in order to have as much correlation and consistency as possible in the data between the various project locations.

15.3.C. Existing Resource Data Collection Contingency

Existing traffic count and GIS data will be gathered from a number of independent sources and may require additional efforts to ascertain availability and applicability of the data. As such, those additional efforts have been allocated to a contingency Subtask.

Deliverable

- Technical memorandum describing the applicability of existing data, data collection procedures, quality assurance, and volume balancing procedures.

NDOT will perform an over the shoulder review of information in memorandum and provide concurrence at the meeting to go forward with collecting traffic data.

15.4 Develop Existing Year Volumes

15.4.1. Collect Existing Volume Data

The HDR Team will provide existing volume data collection as follows:

Locations for traffic counts and vehicle classification data will include the following intersections (and up to 20 optional additional intersections for vehicle classification and 4 hour peak turn movement counts, which may include mainline CC-215 and US 95 counts as necessary): to be utilized upon approval from the Department:

- Kyle Canyon Rd / W Frontage Rd and Fort Apache / Sky Pointe
 - (2 ramps / 2 intersections)(Optional)
- Horse Dr / N Grand Canyon Dr and N Apache
 - (Will provide traffic counts if open)(Optional)
- N Durango Dr / Osso Blanca Rd and N El Capitan Way
 - (2 ramps / 2 intersections)
- Sky Pointe Dr / John Herbert Blvd
- Sky Pointe Dr / N Buffalo Dr

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- W Centennial Pkwy / N Tenaya Way
- N Tenaya Way / W Azure Dr
- W Ann Rd / Centennial Center Blvd & N Tenaya Way
 - (2 ramps / 2 intersections)
- N Rainbow Blvd / N Rancho Dr
- Centennial Center Blvd / W Tropical Pkwy
- Centennial Center Blvd / US-95 on/off ramps
 - (3 intersections)
- CC-215 / N Jones Blvd (including nearest intersections north and south)
- CC-215 / Frontage Rd
- CC-215 and N Durango Dr Interchange (including nearest intersections north and south)
 - (2 ramps / 2 intersections)
- CC-215 / Oso Blanca Rd
- US-95 and CC-215 Interchange

Assumptions include the following:

- Existing year will be 2011
- Opening year for projected volumes will be 2015 and horizon years 2025 and 2035

- Using existing and collected traffic count information to develop base year traffic volumes for the year 2011.
- Volumes will include a 2-hour AM peak and a 2-hour PM peak.

Data collection coordination and subconsultant coordination is included in this Subtask.

15.4.2 Traffic Volume Balancing

Traffic volume balancing will involve using either industry-accepted automated processes or accepted hand balancing methods that may also be automated. This will be determined as the roadway network and traffic volumes are more fully understood. The methodology for this will be determined at the first coordination meeting.

15.4.3 QA/QC Field Data

QA/QC of the traffic data collected in the field will involve reasonableness checks as data for the various intersections are looked at individually and compared between time periods, adjacent locations, and other factors.

15.4.4 Summarize All Collected Data and Develop Memorandum

Develop a technical memorandum describing data collection procedures, quality assurance, and summary of results.

Deliverable

- Technical memorandum describing data collection procedures, quality assurance, and summary of results.

NDOT will perform an over the shoulder review of information in memorandum and provide concurrence at the meeting of the resulting existing volumes.

15.5 Develop Horizon Year Volumes including Projected Volumes for the New Access Point

15.5.1. Develop Horizon Year Volumes (No-Build)

HDR will use one of two methodologies to obtain the future traffic volumes.

1. The current TransCAD model from SNRTC has existing year 2005, and horizon years 2013, 2020, and 2030. Given economic trends occurring in the Las Vegas area between 2005 and the current base year of 2011 for this project, the existing model may overestimate the growth and may be utilized for years beyond the given horizons.
 - a. HDR will compare 2005 and 2013 TransCAD model volumes to NDOT counts taken between 2005 and 2010. HDR will develop a growth curve to compare the actual traffic volume increases in the project area.
 - b. Depending on the results, the projected 2020 and 2030 volumes in the model may be more applicable to 2025 and 2035 horizon years.
 - c. Using the node turning movement output from TransCAD, the projected 2015, 2020 and 2030 volumes will be coded into the model.
2. If the comparison between actual growth and projected growth in the model indicates that projected model growth rates continue to be valid, HDR will use the projected growth rate to determine the 2025 and 2035 traffic volumes based on 2020 and 2030 model volumes.
 - a. In developing these forecasts, HDR will use a sensitivity test to grow the 2030 traffic volumes to when the system breakdown occurs or factor the traffic volumes for a 2035/2040 forecast.
 - b. The resulting 2025 and 2035 traffic volumes will be coded into the model.

In the event that the base travel demand model does not compare well with the traffic counts in the study area, HDR will calculate the ratio of the 2005 counts to the 2005 base model. Depending on the ratio, the forecasted volumes will be refined using the difference formula, ratio formula or average formula.

Using methodology 1 or 2 above HDR will develop 2015, 2025, 2035 projected traffic volumes for the base (no-build) alternative.

15.5.1.1. Develop Horizon Year Volumes for the System to System Interchange Using methodology 1 or 2 above HDR will develop 2015, 2025, 2035 projected traffic volumes for the System to System Interchange.

15.5.1.2. Develop Horizon Year Volumes for the New Access Point

Using methodology 1 or 2 above HDR will develop 2015, 2025, 2035 projected traffic volumes for the additional access point (assumed to be identical for all three types): SPUJ (Single Point Urban Interchange), DDI (Diverging Diamond Interchange), and TDI (Tight Diamond Interchange) configurations.

15.5.2. Quality Control Review

The quality control review will verify that the detailed post processing is providing values sufficient for the microsimulation effort and confirm that it meets industry standards and follows FHWA simulation guidelines for microsimulation modeling.

15.5.3. Develop Methodology and Assumptions Memorandum

Upon determination of the existing and projected volumes, HDR will develop a technical memorandum describing the methodology and assumptions used and summary of the existing and future forecasted volumes.

15.5.C. Develop Horizon Year Volumes Contingency

Based on verification of data available from the TransCAD model, this contingency subtask has been removed.

Deliverable

- Technical memorandum describing the methodology and assumptions used and summary of results.

NDOT will perform an over the shoulder review of information in memorandum and provide concurrence at the meeting of the methodology and assumptions used as well as the resulting existing and future forecasted volumes.

15.6 Update Existing CORSIM Network and Code According to NDOT Mode Number Convention

HDR will utilize the NDOT supplied network and make modifications to update mode numbering convention and include additional geometry to bring model to the existing year 2011 as described in the project limits above. The existing NDOT supplied model currently has some relevant data, including US 95 / CC-215 mainline with the direct connectors incorporated. However, this does not cover the entire project area determined for this project. HDR will add interchanges to the north and south on US 95 and to the east and west on CC-215. The limits of the project are described in Subsection 15.1.1.

This Subtask includes:

15.6.1. Modify Project Lane Configurations

HDR will modify the NDOT supplied model to represent current lane configurations based on field notes and inventory retrieved from data collection effort.

15.6.2. Modify Existing Traffic Volumes

HDR will modify the NDOT supplied model to accurately represent existing traffic volumes, including any OD data that may be available.

15.6.3. Update Project Signal Timing

HDR will update the signal timing in the existing model to match current field collected data for all signals in the modeling study area from FAST.

15.6.4. Ensure Node Convention Correlates to Latest NDOT Standards

HDR will verify that the model meets the most current NDOT standards, and will ensure all additional coding meets the standards as well.

15.6.C. Update Existing CORSIM Network Contingency

As noted above, the existing NDOT supplied model does not cover the entire project area as described in Subsection 15.1.1. A contingency Subtask has been established to cover the unanticipated efforts to add to and modify the model to meet current lane configurations, to add to and update the signal timing data, to add to and modify all existing traffic volumes, to code the new model, to add new nodes, and to verify the new node convention has been met.

15.7 Existing Network Calibration Data Collection

15.7.1. Develop Data Collection Plan

See 15.3 Existing Resource Data Collection

15.7.2. Collect Field Data

Collect field data to ensure appropriate calibration and validation of the existing network NDOT supplied CORSIM model.

- Travel times and speeds
 - This data will be collected with the floating car method utilizing a handheld GPS data logger that requires no active participation by the driver (supports safe data collection needs)
 - Requires GIS database information from the MPO
- Existing traffic counts
 - See 15.3 Existing Resource Data Collection
- Speed profiles for roadway segments.

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- Ninety-Fifth percentile queue lengths (per lane to determine imbalance in lane use).

We expect to do the MDE determination, develop the data collection methodology and assumptions, get a course of action laid out to get all collection efforts accomplished simultaneously, coordinate with multiple subconsultants, the Department, and stakeholder agencies, and subsequently supply the guidelines in a usable format. In the timeframe proposed, we propose this Subtask could be accomplished most efficiently and with seamless coordination by utilizing in-house staff.

15.8 Validate and Calibrate Existing CORSIM Network

For the purposes of this scope of work, it is assumed that any recorded results will be the average of a minimum of ten model runs.

15.8.1. Alter Model Parameters

Modify the NDOT supplied CORSIM network parameters including vehicle and driver behaviors to ensure that the model is calibrated to current year conditions and is validated for future condition use. The model runs will cover the full two hour AM and PM peak periods in fifteen minute increments for the network from the TransCAD travel demand model.

- Volume validation
 - Calculate average volumes for key locations within the project for each time interval
 - Graphically compare simulated volumes and field collected volumes
 - Ensure that simulated volumes and recorded field volumes are within the appropriate tolerance limits

15.8.2. Error Checking

- Overall network error checking
- Specific error checking for new access points, where it will not be possible to record traffic volumes or travel times to calibrate to.

15.8.3. Calibration

- Speed and travel time calibration
 - Calculate average speeds and travel times for key sections within the project
 - Compare simulated speeds and travel times to those collected in the field
 - Ensure that simulated and recorded field speeds and travel times are within the appropriate tolerance limits
- Queue calibration
 - Calculate 95% queue lengths for key locations within the project model
 - Compare simulated queue lengths to those collected in the field
 - Verify that ramps are servicing the same number of vehicles as observed in the field.

15.8.4. QC Model Results

HDR will perform a quality control review of the model. This review will verify that inputs, model variables, model performance, and driver behavior parameters for the model will yield results that are acceptable such that each model can be used for comparative purposes. The QC review will also verify that the models meet industry standards and follow FHWA simulation guidelines for microsimulation modeling.

15.8.5. Develop Calibration Test Memorandum

Develop a technical memorandum of calibration procedures, adjusted parameters and rationale, calibration test results, and comparison of field conditions and average output

9

for a minimum of ten model runs to show results which fall under the tolerance limits described above.

15.8.C. Validation and Calibration Contingency

Due to the back and forth nature of error checking between forecasting and modeling personnel, additional efforts have been allocated into a contingency Subtask to confirm all errors are out of the base model to make sure the future models are valid.

Furthermore, the NDOT supplied CORSIM Network does not include a base model.

Deliverable

- Technical memorandum describing procedures, rationale, and test results. NDOT will perform an over the shoulder review of information in memorandum and provide concurrence at the meeting of the procedures and rationale used as well as the calibration results.

15.9 Build Future CORSIM Network

15.9.1. Build Future No-Build CORSIM Network

Using the calibrated and validated model, modify the traffic volumes to incorporate future projected volumes and run the model ten times creating averaged no-build scenario results. The averaged no-build scenario will serve as a basis of comparison for alternatives analysis. It is noted that the NDOT supplied CORSIM Network does not include a future no-build network.

15.10 Build and Run Future CORSIM Models for Alternative Options

15.10.1. System to System Interchange

Create and run the model including the system to system interchange ten times creating averaged scenario results.

15.10.2. Local Interchange Alternatives

Create and run up to three alternative future models ten times, including:

- SPU (Single Point Urban Interchange) alternative.
- DDI (Diverging Diamond Interchange) alternative.
- TDI (Tight Diamond Interchange) alternative.

15.10.C. Contingency. Phased Construction Alternatives with One Local Interchange Alternative

Create and run future phased construction models including the system to system interchange and the preferred local interchange alternative ten times for the horizon years 2015, 2025, and 2035.

15.11 Post Processing of MOE's and Final Recommendations

15.11.1. Develop Technical Report for No-Build Scenario

Upon completion of the no-build scenario modeling, a report will be developed showing the averaged resultant MOE's. The technical report will also contain calibration information, and steps taken to validate the model.

15.11.2. Develop Technical Report Including System to System Interchange

Upon completion of the future alternative modeling of the system to system interchange, the report will be further developed showing the averaged resultant MOE's for the system to system interchange alternative, including the no-build scenario described above. The technical report will be expanded to compare and contrast the averaged results of the alternative and recommendations will be made for the system to system interchange alternative.

15.11.3. Develop Technical Report Including Local Interchange Alternatives

Upon completion of the future local interchange alternatives modeling, the report will be further developed showing the averaged resultant MOE's for each of the alternatives, including the no-build scenario and system to system interchange described above. The technical report will be expanded to compare and contrast the averaged results each of the alternatives and recommendations will be made for a preferred local interchange alternative.

15.11.C. Contingency. Develop Technical Report Including Phased Construction Alternatives with One Local Interchange Alternative

Upon completion of the future phased construction alternatives modeling, the report will be further developed showing the averaged resultant MOE's for the phased construction alternatives. The technical report will be expanded to compare and contrast the averaged results of the alternatives and recommendations will be made for phased construction of the system to system interchange as well as the preferred local interchange alternative. In addition, this contingency Subtask includes efforts to assess impacts and lay the foundation for potential modifications to the EA.

- Technical report showing average resultant MOE's, comparisons and contrasts of averaged results, recommendations, calibration information, and steps taken to validate the model.

NDOT will perform an over the shoulder review of information in report and provide concurrence at the meeting of the results and recommendations.

"EXHIBIT C"

EXAMPLE AUTHORIZATION LETTER

Date

Mr. Amir Solhani, P.E.
Project Management Chief
Nevada Department of Transportation
1263 S. Stewart Street
Carson City, NV 89712

RE: Agreement No.,
XXXXX PROJECT

Dear Mr. Solhani:

Pursuant to your request, attached are the Scope of Services, Schedule and negotiated Manhour Estimate for engineering services related to the above-referenced project. The scope of this assignment includes.....

The total negotiated cost is \$xxx.xx. The work will start on xxxx 2010 and will be completed by xxxx, 2010.

Sincerely,

THE SERVICE PROVIDER, INC.

xxxxx, P.E.
Principal

Attachments

Approved:

Amir M. Solhani, PE

Date

Amir M. Solhani, PE
Project Management Chief
Nevada Department of Transportation
1263 South Stewart St.
Carson City, NV 89712
Tel: (775) 888-7321

Amendment No. 2 to
Highway Agreement No. P011-10-015

This Amendment is made and entered into this 28 day of October, 2013, between the State of Nevada, Department of Transportation, hereinafter referred to as the DEPARTMENT, and HDR Engineering, Inc., 7180 Pollock Drive, Suite 200, Las Vegas, NV 89119, hereinafter referred to as the CONSULTANT.

WITNESSETH:

WHEREAS, on December 15, 2009, the Parties entered into Agreement No. P011-10-015 to provide engineering services to design a new System-to-System Interchange at the Bruce Woodbury Beltway (CC-215) and US-95; and

Whereas, on April 7, 2011, the Parties entered into Amendment No. 1 to the Highway Agreement P011-10-015 to provide traffic modeling and analysis necessary to accommodate the request from the City of Las Vegas to incorporate a service interchange into the design of the System-to-System Interchange; and

WHEREAS, the termination date is amended because the original project schedule has been delayed due to the delay of available construction funding and phasing of the System-to-System interchange project.

WHEREAS, the Parties hereto desire to make certain amendments to Agreement No. P011-010-015.

NOW, THEREFORE, the Parties agree as follows:

A. The termination date referenced in Article II, Paragraph 1, shall be changed from December 31, 2013 to December 31, 2018.

B. All of the other provisions of Agreement No. P011-10-015, dated December 15, 2009, and Amendment No. 1 dated April 7, 2011, shall remain in full force and effect as if set forth herein.

IN WITNESS WHEREOF, the above named Parties have hereunto set their hands and executed this Amendment on the date first written above.

CONSULTANT: HDR Engineering, Inc.

STATE OF NEVADA, acting by and through
its DEPARTMENT OF TRANSPORTATION

Director

Approved as to [Signature] and Form:

Deputy Attorney General

Ruehy Edgington
Name (Print)

Vice President
Title (Print)

Amendment No. 03 to
Highway Agreement No. P011-10-015

This Amendment is made and entered into this 24th day of March, 2014, between the State of Nevada, Department of Transportation, hereinafter referred to as the DEPARTMENT, and HDR Engineering, Inc. 7108 Pollock Drive, Suite 200, Las Vegas, NV 89119, hereinafter referred to as the CONSULTANT.

WITNESSETH:

WHEREAS, on December 15th, 2009, the Parties entered into Agreement No. P011-10-015 to provide engineering services to design a new System-to-System Interchange at the Bruce Woodbury Beltway (CC-215) and US-95; and

WHEREAS, on April 7, 2011, the Parties entered into Amendment No. 01 to the Highway Agreement P011-10-015 to increase the amount to be paid to the CONSULTANT of the Agreement to provide traffic modeling and analysis; and

WHEREAS, on October 28, 2013, the Parties entered into Amendment No. 02 to the Highway Agreement P011-10-015 to amend the termination date due to the delay of available construction funding; and

WHEREAS, this Amendment No. 03 amends the scope of work performed by the CONSULTANT but does not change the amount to be paid to the CONSULTANT.

WHEREAS, the Parties hereto desire to make certain amendments to Agreement No. P011-10-015.

NOW, THEREFORE, the Parties agree as follows:

A. Article 1, Paragraph 1, is amended by deleting it in its entirety and inserting in its place:

1. The CONSULTANT agrees to assist the DEPARTMENT's Roadway Design Division in the design of the system to system interchange as identified in the US-95 Northwest Environmental Assessment, incorporated herein by reference, by producing final design plans, specifications and estimates for the construction of the structures necessary to complete the interchange and work as shown in "Exhibit A" of underlying Agreement and "Exhibit B" of Amendment No. 1 and Exhibit C of this Amendment No. 3.

B. Article IV - COST, Paragraph 2, is amended by deleting it in its entirety and inserting in its place:

2. Costs shall include direct salary costs, other direct costs, indirect costs and fixed fee as set forth in 48 CFR Chapter 1, Part 31, incorporated herein by reference. The total cost for direct salary costs, other direct costs and indirect costs shall not exceed the sum of Three Million, Two Hundred Seventy-Nine Thousand, Two Hundred Eighty-Six and 07/100 Dollars (\$3,279,286.07). The fixed fee, to cover profit, shall be Two Hundred Fifty Two Thousand, Six Hundred Thirty-Two and 34/100 Dollars (\$252,632.34). This fixed fee will not vary irrespective of final PROJECT costs except in the event of a material and substantial change to the PROJECT scope.

C. All of the other provisions of Agreement No. P011-10-015 dated December 15th,

2009, Amendment 01, dated April 7th, 2011 and Amendment 02, dated October 28th, 2013, shall remain in full force and effect as if set forth herein

IN WITNESS WHEREOF, the above named Parties have hereunto set their hands and executed this Amendment on the date first written above.

CONSULTANT:
HDR Engineering, Inc.

STATE OF NEVADA, acting by and through
its DEPARTMENT OF TRANSPORTATION

Lucy Thompson
Name (Print)
Vice President
Title (Print)

Deputy Director
Director

3-19-2014
Approved as to Legality and Form:
Deputy Attorney General

"Exhibit C"

4.0 Structures

4.3 Independent Design Check

The SERVICE PROVIDER shall prepare an independent design check for Bridge 02: WS Ramp which is to be designed by the DEPARTMENT's Structures Group. The independent design check will consist of preparation of independent calculations for all bridge elements based on bridge design plans provided by the DEPARTMENT. The independent design check will be performed after the intermediate design is completed and as design and details for the bridge are finalized.

4.4 Retaining Walls

The SERVICE PROVIDER shall develop final contract plans for Package 1 Retaining Walls, as identified below, in conformance with the DEPARTMENT's project development process and the project schedule. Two progress submittals are anticipated for the DEPARTMENT and stakeholder review at the QA/QC and PS&E submittal stages.

The SERVICE PROVIDER shall develop notes to specifications for the DEPARTMENT's use in developing the project Special Provisions. The SERVICE PROVIDER will review the DEPARTMENT's draft Special Provisions for consistency with the details included in the contract plans.

The SERVICE PROVIDER will submit final retaining wall plans to the DEPARTMENT complete and ready for advertising. Final plans and calculations will be stamped and signed by the responsible engineer registered in the State of Nevada.

Anticipated Retaining Walls:

- RW1: Tie back wall at the Ann Road western abutment.
- RW2: CIP concrete retaining wall along CD-SB.
- RW3: Tie back wall at Tropical/Azure western abutment.
- RW4: MSE retaining wall between CD-SB and the WS south of abutment 2.
- RW6: MSE wall between WS and US96.
- RW6: CIP concrete retaining wall 15' off of ROW along the NE ramp.
- RW7: MSE wall between WS and future CC215.
- RW8: Tie back wall at Tenaya northern abutment.

7.0 Public Outreach

Include one more Public Out Reach meeting.

15.0 Traffic Operations and Analysis

Include Specific Traffic operations and modeling for Phase 3A specifically.

16.0 Project Management

16.1 General

SERVICE PROVIDER shall assist the DEPARTMENT PM as needed and act as the DEPARTMENT PM when called on to do so.

16.2 Duties

Duties will include:

- Attending meetings on the DEPARTMENT's behalf
- Writing agreements with cooperating agencies
- Assist the DEPARTMENT in ROW negotiations and transactions
- Tracking Schedule of accelerated Phase 3A Project
- Tracking Budget of Phase 3A Project

2/10/2017

approximately 2 days per week for 27 weeks

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Check 5

Agreement No. P011-10-015	Amendment No. 4	Task Order No.	Task Order Amendment No.
Start Date: 12/5/09	End Date: 12/31/20	Amendment Date: 03/28/17	Procured by: RFP
Agreement Type: Service Provider	Agreement Sub-Type: Design Services	Procurement No.:	
Purpose: Assist with the design and construction of Phase 3C of the Centennial Bowl Interchange, US-95/CC 215			
County(ies) where work is being performed: Clark			
Contact Person: Jerica Keller	Phone No.: (775) 888-7592	Email: jkeller2@dcd.state.nv.us	
Project Manager: Jerica Keller	Phone No.: (775) 888-7592	Email: jkeller2@dcd.state.nv.us	
Second Party Information			
Contact Person: Ruedy Edgington	Email: ruedy.edgington@hdrinc.com	Phone No.: (775) 337-4704	
Company Name: HDR Engineering, Inc	NV Business License No.: NV19851010291		
Primary Address: 9805 Double R Blvd, Reno NV 89251	Business License Expiration: 06/30/2017		
Invoice Remit To Address: PO Box 74008202, Chicago IL 60674-8202	Business License Search		
Original budget approval (Form 2A) must be attached			
Total Estimated Cost of Agreement: \$ 5,054,619.41	Org No. Responsible for Billing: C015	Funding Percentage:	
Payable Amount: \$ 5,054,619.41	Fixed Fee %: 10	Payment Code: Payable	Federal %: 95
Receivable Amount:	Overhead %: 142.26	Payment Cycle: Monthly	State %: 5
Amendment Amount: \$1,453,583.34	Retention %: 10	Security Deposit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Local %:
Fed Participation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In-Kind Services: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Deposit Amount:	DBE Goal:	
App Unit: 465006	Activity: 1291	Object: 814D	Job/Project:
Project Identification			
Project ID No.:	Contract:		
EA No.: 73518	Other:		
Board Approval			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> BOE <input type="checkbox"/> Meeting Date: 03/13/17	BOE Contract No.:		
Approved Date:	Agenda Item No.:		
Does the firm employ current or former State employees who have left State employment in the past two years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, who, where did they work, and when did they leave?			
Review Approval:			
Asst. Director	Final Distribution	Required docs to start process:	Execution:
Dist./Div. Head	Recipient:	(to be completed by Admin Services)	(to be completed by Admin Services)
Environmental	Original Summary Sheet:	<input checked="" type="checkbox"/> Do Not Pay (Federal only)	<input type="checkbox"/> NV Board of Engineers
IT	Original Form 2A:	<input checked="" type="checkbox"/> AGM	<input checked="" type="checkbox"/> ANOT
Legal	Electronic Draft of Agreement:	<input checked="" type="checkbox"/> AGMT	<input checked="" type="checkbox"/> AGML
Proj. Accting.	Agree Services	3/20/17	Notice of Award Sent
Right of Way			Tracking Log Updated
			Insurance Log Updated
			Date/Initials
			Verified

3-126
LH

Amendment No. 4 to
Consultant's Agreement No. P011-10-015

This Amendment is made and entered into on 3/28/2017 between the State of Nevada, Department of Transportation, hereinafter referred to as the DEPARTMENT, and HDR Engineering, Inc., 6750 Via Ardel Parkway, Suite 350, Las Vegas, Nevada 89119, hereinafter referred to as the CONSULTANT.

WITNESSETH:

WHEREAS, on December 15, 2009, the Parties entered into Agreement No. P011-10-015 to provide engineering services to design a new System-to-System Interchange (Centennial Bowl) at the Bruce Woodbury Beltway (CC-215) and US-95; and

WHEREAS, on April 7, 2011, the Parties entered into Amendment No. 1 to Agreement No. P011-10-015, to increase the amount to be paid to the CONSULTANT to provide traffic modeling and analysis necessary to accommodate the request from the City of Las Vegas to incorporate a service interchange into the design of the System-to-System Interchange; and

WHEREAS, on October 28, 2013, the Parties entered into Amendment No. 2 to Agreement No. P011-10-015, to amend the termination date due to the delay of available construction funding; and

WHEREAS, on March 24, 2014, the Parties entered into Amendment No. 3 to Agreement No. P011-10-015 to amend the scope of work performed by the CONSULTANT but did not change the amount to be paid to the CONSULTANT. The CONSULTANT assisted the DEPARTMENT with the design of the structures and retaining walls for Phase 3A, performed traffic operations and modeling for Phase 3A, and provided support for project management, public information, and outreach.

WHEREAS, the amount to be paid to the CONSULTANT must be increased due to additional work needed to complete the design and construction of Phase 3C of the Centennial Bowl Interchange. The CONSULTANT will assist the DEPARTMENT with the design of the structures for Phase 3C, perform the analysis required, prepare the Change in Control of Access Report for the Centennial Bowl Interchange, and continue to provide support for project management, public information, and outreach.

WHEREAS, the termination date must be amended due to delay of available construction funding; and

WHEREAS, the Parties hereto desire to make certain amendments to Agreement No. P011-10-015.

NOW, THEREFORE, the Parties agree as follows:

- A. The termination date referenced in Article II, Paragraph 1, shall be changed from December 31, 2018, to December 31, 2020.
- B. Article I, Paragraph 1, is amended by deleting it in its entirety and inserting in its place:
 1. "The CONSULTANT agrees to assist the DEPARTMENT in the design and construction of the Centennial Bowl Interchange as shown in Exhibit D of this Amendment No. 4."
- C. Article IV, Paragraph 2, is amended by deleting it in its entirety and inserting in its place:

2. "Costs shall include direct salary costs, other direct costs, indirect costs and fixed fee as set forth in 49 CFR Chapter 1, Part 31, incorporated herein by reference. The total cost for direct salary costs, other direct costs and indirect costs shall not exceed the sum of Four Million Six Hundred Eighty-Four Thousand Four Hundred Thirty-Nine and 07/100 Dollars (\$4,684,439.07). The fixed fee, to cover profit, shall be Three Hundred Seventy Thousand One Hundred Eighty and 34/100 Dollars (\$370,180.34). This fixed fee will not vary irrespective of final PROJECT costs except in the event of a material and substantial change to the PROJECT scope."

D. Article II is amended by inserting new Paragraph 13:

"HDR agrees to abide by the provisions within Attachment D - 'REQUIRED CONTRACT PROVISIONS FEDERAL-AID CONSTRUCTION CONTRACTS,' attached hereto and incorporated herein."

E. All of the other provisions of Agreement No. P011-10-015 dated December 15, 2009, Amendment No. 1 to Agreement No. P011-10-015 dated April 7, 2011, Amendment No. 2 to Agreement No. P011-10-015, dated October 28, 2013, Amendment No. 3 to Agreement No. P011-10-015, dated March 24, 2014, shall remain in full force and effect as if set forth herein.

IN WITNESS WHEREOF, the above named Parties have hereunto set their hands and executed this Amendment on the date first written above.

CONSULTANT
HDR Engineering, Inc.

STATE OF NEVADA, acting by and through
its DEPARTMENT OF TRANSPORTATION

Digitally signed by
Rueby Edgington
DN: cn=Rueby Edgington

Digitally signed by
Rueby Edgington
DN: cn=Rueby Edgington

Rueby Edgington, Vice President
Name and Title (Print)

Approved as to Legality and Form:

Digitally signed by
Law Kelland
DN: cn=Law Kelland, o=Department of Transportation

Deputy Attorney General

EXHIBIT "D"

3.0 PROJECT MANAGEMENT

3.1 Design Meetings

These Subsections are revised as follows:

3.1.1 Kick-off Meeting

The SERVICE PROVIDER shall attend a kick-off meeting in Carson City with the DEPARTMENT design team members to review the scope of this Phase, receive input on areas of concern or special requirements, and gain an understanding of the current status of the roadway, traffic and bridge design efforts. The meeting shall be attended by the SERVICE PROVIDER's Project Manager, Structures Checking Lead, and Traffic Lead.

3.1.8 Monthly Design Team Meetings

The SERVICE PROVIDER shall attend the monthly design coordination meetings, draft and submit meeting notes to the DEPARTMENT Project Manager and appropriate attendees for review. The DEPARTMENT Project Manager shall schedule design meetings and distribute meeting notes unless otherwise stated. Monthly Design Team Meetings will be attended by the SERVICE PROVIDER's PM and no more than two (2) Discipline Leads. Meetings are anticipated to be held in the DEPARTMENT's Carson City office with video conferencing in Las Vegas.

3.2 Project Administration

This Subsection is revised as follows:

The SERVICE PROVIDER shall provide a committed, readily available management and design team focused on the US 95/CC 215 System Interchange Project (US 95 NW Corridor Phase 3) that is knowledgeable of past and proposed DEPARTMENT efforts, experienced with the proposed scope elements, and has the available capacity to successfully oversee all design efforts within the defined schedule. The SERVICE PROVIDER shall provide the Department monthly, detailed management reports clearly identifying project progress (budget and schedule). The project management reports will identify work completed, schedule and progress relative to the schedule, budget used and available for the various tasks, action items and work proposed for the coming month.

4.0 STRUCTURES

4.3 Independent Design Check

This Subsection is amended to include the following:

The SERVICE PROVIDER shall prepare independent design checks for Bridge I-3020, the NW Flyover Ramp, Bridge H-3026, the SE Flyover Ramp, and H-3026, the E3 bridge over Oso Blanca Road, each which is to be designed by the DEPARTMENT's Structures Group. The independent design checks will consist of preparation of independent calculations for all bridge elements based on bridge design plans provided by the DEPARTMENT. The independent design checks will be performed after intermediate design is completed and as design and details for the bridges are finalized.

The SERVICE PROVIDER shall perform a QA/QC review of the plans for Bridge I-3020, the NVV Flyover Ramp, Bridge H-3026, the SE Flyover Ramp, and H-3025, the ES bridge over Oso Blanca Road, each which is to be designed by the DEPARTMENT's Structures Group. The bridge design plans will be provided by the DEPARTMENT.

6.0 TRAFFIC ANALYSIS (2035 RTC MODEL)

This Section is revised as follows:

The SERVICE PROVIDER shall perform traffic analysis including estimates of peak hour design hour volumes. Design hour volume estimates shall be completed following methodologies in the NDOT Traffic Forecasting Guidelines (August 2012) and shall be based on Southern Nevada RTC's regional travel demand model as approved by the DEPARTMENT. A *Traffic Forecasting Methodology and Assumptions Memorandum* shall be prepared and submitted to the DEPARTMENT for approval prior to performance of operational analyses. Traffic analyses shall include AM and PM peak hours for 1) Opening Year No Build, 2) Opening Year Build, 3) Design Year No Build, and 4) Design Year Build.

6.1 Traffic Data Collection

It is assumed that the traffic analysis developed in 2013, based on the new US 95/ICC 215 geometric design, was calibrated to the traffic volumes collected at that time. As such the model has been calibrated, validated and approved by the DEPARTMENT. Data collection will be done as necessary. It is assumed that no more than four (4) turn movement counts, a maximum of three (3) queue locations, and two (2) field reviews will be needed.

6.1.1 Travel Demand Model Review

The SERVICE PROVIDER will review and identify potential minor updates for the travel demand model that are cost effective and achievable in a timely manner, to prepare the model for this study. The SERVICE PROVIDER will coordinate with the RTC modeling staff regarding these potential model improvements. This effort is not intended as a full model update and calibration effort. Critical items in the model, such as corridor roadway network coding and assessment of the model's ability to model the HOV system, will be reviewed and potential alterations identified. Readily available data, such as traffic counts and speeds, will be used for reviewing the model.

The review will first consist of comparing base year observed traffic volumes with base year model output volumes along the project's major corridors. This will include using HOV volumes on US 95 from the HOV study. Adjustments to the model may include changes to speed parameters, link coding variables, use codes, and other minor network or program script changes. Major changes to the socio-economic parameters, trip generation, trip distribution, mode choice, and traffic assignment model procedures are outside of this work scope. Refining and validating a travel model is an iterative effort. The base year model will be run up to ten times for the validation and updating effort.

The SERVICE PROVIDER will summarize the updates and changes made to the model to improve model performance for this study.

6.2 Develop Traffic Forecasting Methodology & Assumptions Memorandum

The SERVICE PROVIDER will develop a technical memorandum describing the methodology and assumptions to be used in the analysis, demonstrating that the DEPARTMENT guidelines will be followed.

The memorandum will include the following:

- Introduction
- Build Scenario for Evaluation
- Technical Guidance and Analysis Tools
- Traffic Data Sources
- Travel Demand Modeling
- Post-Processing Model Adjustments

Deliverable

The SERVICE PROVIDER will prepare and submit the *Traffic Forecasting Methodology and Assumptions Memorandum* to the DEPARTMENT for approval by the Traffic Operations Division.

A review of the methodology will be ongoing throughout the forecasting efforts. As circumstances may warrant this methodology may be refined accordingly in coordination with the DEPARTMENT as the study proceeds.

6.2.1 Develop Future Traffic Forecasts using RTC 2035 Traffic Model

Future year daily travel demand forecasts will be extracted from the 2035 RTC TransCAD model and adjusted to year 2040 using standard industry procedures. Model runs will be performed for several scenarios as listed below. Land use will not be reviewed or adjusted during the modeling process. The following model runs (each including network coding, operation, results extraction, and preparation of data for input to microsimulation) will be performed:

- Year 2025 No Build - Utilizing the 2035 model with all identified prior NDOT freeway projects REMOVED from the roadway network
- Year 2025 Build - One model run will be performed
- Year 2035 No Build - Utilizing the 2035 model with all identified prior NDOT freeway projects REMOVED from the roadway network
- Year 2035 System Interchange - One model run will be performed.

Results from the year 2035 model runs will be projected out five years for year 2040 traffic volumes.

6.2.2 Select Link Analyses

Where necessary for analysis purposes, select link analyses will be performed in order to identify travel patterns and origin-destination patterns throughout the project. Select link analyses will be performed for the PM peak, as opposed to the AM peak, in order to capture traffic volumes at their greatest in the model. The SERVICE PROVIDER will perform select link analyses at up to five (5) locations.

6.3 Develop Traffic Forecasts - Post Process Raw Model Volumes

After the model has been reviewed and updated where appropriate and the travel demand modeling tasks are complete, post-model processing will be required as is standard industry practice to prepare the volumes for micro-simulation operations analysis. This will follow Nevada's Traffic Forecasting Guidelines to develop approvable traffic forecasts.

6.4 Develop Traffic Forecasting Memorandum

The SERVICE PROVIDER will develop a technical memorandum describing the TransCAD model application and forecast results that will demonstrate the process followed the DEPARTMENT's guidelines.

The memorandum will include the following:

- Introduction
- Model Runs
- Coding Summary
- Model Run Results Summary
- Select Link Analyses Results
- Measures of Effectiveness Results Summary

Deliverable

- Technical memorandum describing the travel demand model application and summary of results

6.4.1 Coordination with Traffic and Planning Staff

The SERVICE PROVIDER will hold up to two (2) coordination meetings to include all traffic forecasting and traffic operations staff. These meetings will be utilized to maintain a consistent forecasting and modeling methodology as well as consistent reporting of traffic operations results.

7.0 PUBLIC & STAKEHOLDER OUTREACH & INFORMATION PROGRAM (ALL PHASES)

7.1 Establish Public Information Plan and Media Course of Action

The second paragraph of this Subsection is amended as follows:

Upon completion of the Public Meeting and Groundbreaking Ceremony activities, the SERVICE PROVIDER will prepare a draft Public Outreach Summary Report within thirty (30) calendar days of the public meeting to include a synopsis of the activity, mailing notification(s), mailer distribution area map, newspaper advertising tear sheets, public attendance records including minority identification (Title VI, Federal requirement for public involvement activities), copies of all handout materials, displays, and presentation.

7.2 Outreach Coordination with Jurisdictions and Stakeholders

This Subsection is amended to include the following:

The SERVICE PROVIDER, in coordination with DEPARTMENT's PM, PHO, and PIO, as needed, shall be responsible for:

- a) Preparing and providing quarterly construction updates via the project website and/or e-newsletter
- b) Preparing and providing information and support for social media and community relations
- c) Developing and providing stakeholder collateral including graphics, fact sheets, and PowerPoint presentations

7.3

Outreach Coordination with the Public

- d) Developing and providing project collateral including graphics, fact sheets, visual displays, PowerPoint presentations, and handouts

Item d) is amended to: Developing/maintaining the mailing list (up to 15,000 entries) (list will include all elected public officials from the study area, homeowner and town board associations, concerned citizens, organizations and those attending public meetings).

Item e) is amended to: Preparing and printing notices of intent/meeting invitations on post-card size card stock (up to 15,000 four-color copies), flyers (up to 150 four-color copies), newspaper display ads (up to nine [9] black/white copies), meeting welcome letters (up to 500 four-color copies per meeting) and sign-in sheets

Item f) is amended to: Mailing notices of intent/meeting invitations on post-card size card stock at a first class rate (up to 15,000 notices).

7.7

Ceremonies

The SERVICE PROVIDER will coordinate a groundbreaking ceremony and a ribbon cutting ceremony, prepare agendas, notices, and presentation information, and document information from the events. The ceremonies and their content will be coordinated through the DEPARTMENT's Project Manager (PM), Public Hearing Officer (PHO), and Public Information Officer (PIO).

The purpose of the groundbreaking ceremony is to announce the start of the construction project. The purpose of the ribbon cutting ceremony is to announce completion of the construction project or a significant element to elected officials, local entities, organizations, stakeholder associations, and the media. The SERVICE PROVIDER, in coordination with DEPARTMENT's PM, PHO, and PIO, shall be responsible for:

- a) Establishing the date, time, and location of each ceremony
- b) Hold pre-meeting briefings with the PM, PHO, and PIO in Carson City and/or via teleconference.
- c) Securing meeting facility and needs for each ceremony
- d) Developing/maintaining a contact list (up to 300 entries) (list will include all elected public officials from the study area, project stakeholders, relevant organizations, and the media)
- e) Preparing and providing electronic meeting invitations, welcome letters (up to 100 four-color copies) and a sign-in sheet for each ceremony
- f) Preparing and providing information and support for social media
- g) Preparing and printing project exhibits for each ceremony (up to fifteen [15] visual displays (24"x36" mounted in color)) for each ceremony
- h) Preparing and printing fact sheets/handouts (up to 100 packets of 8 double-sided four-color pages for each ceremony)
- i) Preparing and providing press kits (up to 25 thumb drives for each ceremony) for distribution to the media and project stakeholders
- j) The SERVICE PROVIDER will also provide two qualified professional staff members for each ceremony who are knowledgeable of the project, overall public information

practices and procedures, and the DEPARTMENT's specific procedures to provide comprehensive public information services for the project.

The SERVICE PROVIDER shall include information from the groundbreaking ceremony and the ribbon cutting ceremony in the Draft and Final Public Outreach Summary Report.

15.0 TRAFFIC OPERATIONS ANALYSIS

This Section is revised as follows:

The SERVICE PROVIDER shall perform traffic operational analyses and prepare a Change in Control of Access Report (CCAR). This shall include traffic operational analyses with and without the US 95/CC 215 System to System Interchange. Operational analysis of the system to system interchange of the No Build and Build alternatives shall be completed using CORSIM. The SERVICE PROVIDER shall prepare a CCAR summarizing traffic analyses and findings. The CCAR shall also address the eight (8) requirements/policy points outlined in the *Summary of Policy and Procedures for Interstate Access Request Memorandum* by FHWA. The report will include qualitative analysis and documentation. One draft CCAR shall be submitted to the City, the DEPARTMENT, and FHWA for review. The SERVICE PROVIDER shall incorporate review comments into the final CCAR and submit to the DEPARTMENT for distribution to the City and FHWA.

15.1 General

15.1.1. Assumed Project Area

It is assumed that for the purpose of this traffic analysis the project area to be analyzed includes:

- US 95 from Kyle Canyon Rd to N Rancho Dr/Ann Rd Interchange
- CC 215 from N Durango Dr to N Jones Blvd Interchange
- US 95 on/off ramps and Centennial Center Blvd
- US 95 on/off ramps and Sky Pointe Dr
- N Rainbow Blvd and CD roads to W Ann Rd Interchange
- One intersection on either side of the study interchanges ramp terminals

15.1.2. Purpose

The purpose of this analysis is two-fold:

- Assess the impacts on the existing network (future no-build scenario) based on 2035 horizon traffic volumes
- Present a defensible analysis for the US 95 improvement impacts on the Phase 3 System to System Interchange in accordance with FHWA and DEPARTMENT guidelines.

15.2 Coordination Meetings

The following meetings are anticipated:

- Preliminary meeting with the DEPARTMENT and FHWA to determine up to three Measures of Effectiveness (MOEs), and over the shoulder review of existing available traffic volumes and data collection plan.
- Over the shoulder review of forecasted traffic volumes.
- Review of results and recommendations.

It is assumed that two (2) Project Engineers will attend certain meetings to represent forecasting and modeling activities as applicable. Similarly, one (1) Project Engineer may be in attendance as well to record meeting notes.

15.3 Develop Volumes

15.3.1 Traffic Volume Balancing

Traffic volume balancing will involve using either industry-accepted automated processes or accepted hand balancing methods that may also be automated. This will be determined as the roadway network and traffic volumes are more fully understood. The methodology for this will be determined at the first coordination meeting.

Deliverable

- Technical memorandum describing the methodology and assumptions used and summary of results.
- Balanced volume spreadsheet for 2025 and 2040 (Build and No-build, AM and PM Peak)

The DEPARTMENT will perform an over the shoulder review of information in memorandum and provide concurrence at the meeting of the resulting existing volumes.

15.3.2. Develop Horizon Year Volumes for the System to System Interchange

Using either methodology described above, the SERVICE PROVIDER will develop 2025, and 2040 projected traffic volumes for the Phase 3 System to System Interchange.

15.3.3. Quality Control Review

The quality control review will verify that the detailed post processing is providing values sufficient for the microsimulation effort and confirm that it meets industry standards and follows FHWA simulation guidelines for microsimulation modeling.

15.3.4. Update previous submitted Methodology and Assumptions Memorandum

Upon determination of the projected volumes, the SERVICE PROVIDER will update the previously submitted technical memorandum describing the methodology and assumptions used and summary of the future forecasted volumes.

Deliverable

- Update technical memorandum describing the methodology and assumptions used and summary of results.

The DEPARTMENT will perform an over the shoulder review of information in memorandum and provide concurrence at the meeting of the methodology and assumptions used as well as the resulting existing and future forecasted volumes.

15.4 Update Future CORSIM Network

15.4.1. Update Future No-Build CORSIM Network

Using the calibrated and validated model, the SERVICE PROVIDER will modify the traffic volumes to incorporate future projected volumes and run the model ten times creating averaged no-build scenario results.

15.5 Run Future CORSIM Model

15.5.1. System to System Interchange

The SERVICE PROVIDER will run the model including the system to system interchange ten times creating averaged scenario results.

15.6 Post Processing of MOE's and Final Recommendations

15.6.1. Develop Technical Report for No-Build Scenario

Upon completion of the no-build scenario modeling, a report will be developed showing the averaged resultant MOE's.

15.6.2. Develop Technical Report including System to System Interchange

Upon completion of the future modeling of the system to system interchange, the report will be further developed showing the averaged resultant MOE's for the system to system interchange, including the no-build scenario described above. The technical report will be expanded to compare and contrast the averaged results and recommendations will be made for the system to system interchange.

Deliverables

- Draft CCAR addressing the eight (8) requirements/policy points outlined in the Summary of Policy and Procedures for Interstate Access Request Memorandum by FHWA.
- The DEPARTMENT, the City, and FHWA will review the information in the CCAR and provide concurrence at the meeting of the results and recommendations.
- Final CCAR addressing the eight (8) requirements/policy points outlined in the Summary of Policy and Procedures for Interstate Access Request Memorandum by FHWA.

Attachment D

REQUIRED CONTRACT PROVISIONS
FEDERAL-AID CONSTRUCTION CONTRACTS

FHWA-1273 – Revised May 1, 2012

- I. General
- II. Non-discrimination
- III. Federal-Aid Contracting
- IV. Davis-Bacon and Related Act Provisions
- V. Contract Work Hours and Safety Standards Act
- VI. Provisions Affecting the Contract
- VII. Safety, Accident Prevention
- VIII. Filled Statements Concerning Highway Projects
- IX. Implementation of Clean Air Act and Federal Water Pollution Control Act
- X. Compliance with Governmentwide Suspension and Debarment Requirements
- XI. Certification Regarding Use of Contract Funds for Lobbying

ATTACHMENTS

A. Employment and Minimum Performance for Application Development Highway System or Applicable Local Access Road Contract (included in Application contract only)

I. GENERAL

1. From FHWA-1273 must be physically incorporated in each contract. The contractor shall be responsible for ensuring that the emergency contracts solely intended for debris removal. The contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts. The contractor shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts. The contractor shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts.

The applicable requirements of Form FHWA-1273 are incorporated in the contract. The contractor shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts. The contractor shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts. The contractor shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts.

From FHWA-1273 must be included in all Federal-aid design-build contracts, in all subcontracts and in lower tier subcontracts (excluding subcontracts for design services, construction services, or services for the construction of supplies or services). The design-builder shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts. The contractor shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts.

Contracting agencies may reference Form FHWA-1273 in bid proposals or request for proposal documents, however, the contractor shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts. The contractor shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts.

3. A breach of any of the stipulations contained in these Required Contract Provisions may be sufficient grounds for payment termination of the contract, suspension, debarment or any other action deemed to be appropriate by the contracting agency and FHWA.

4. Selection of labor: During the performance of this contract, the contractor shall not use convict labor for any purpose within the limits of a construction project on a Federal aid highway project. The contractor shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts. The contractor shall be responsible for ensuring that the contractor (or subcontractor) must insert this term in each subcontract and further require its insertion in all lower tier subcontracts.

II. NONDISCRIMINATION

The provisions of this contract related to 23 CFR Part 220 are applicable to all Federal-aid construction contracts and to all related construction subcontracts of \$10,000 or more. The provisions of 23 CFR Part 220 are not applicable to material supply, engineering, or architectural services contracts.

In addition, the contractor and all subcontractors must comply with the following policies: Executive Order 11341, 41 CFR 60.101, 41 CFR 60.102, 41 CFR 60.103, 41 CFR 60.104, 41 CFR 60.105, 41 CFR 60.106, 41 CFR 60.107, 41 CFR 60.108, 41 CFR 60.109, 41 CFR 60.110, 41 CFR 60.111, 41 CFR 60.112, 41 CFR 60.113, 41 CFR 60.114, 41 CFR 60.115, 41 CFR 60.116, 41 CFR 60.117, 41 CFR 60.118, 41 CFR 60.119, 41 CFR 60.120, 41 CFR 60.121, 41 CFR 60.122, 41 CFR 60.123, 41 CFR 60.124, 41 CFR 60.125, 41 CFR 60.126, 41 CFR 60.127, 41 CFR 60.128, 41 CFR 60.129, 41 CFR 60.130, 41 CFR 60.131, 41 CFR 60.132, 41 CFR 60.133, 41 CFR 60.134, 41 CFR 60.135, 41 CFR 60.136, 41 CFR 60.137, 41 CFR 60.138, 41 CFR 60.139, 41 CFR 60.140, 41 CFR 60.141, 41 CFR 60.142, 41 CFR 60.143, 41 CFR 60.144, 41 CFR 60.145, 41 CFR 60.146, 41 CFR 60.147, 41 CFR 60.148, 41 CFR 60.149, 41 CFR 60.150, 41 CFR 60.151, 41 CFR 60.152, 41 CFR 60.153, 41 CFR 60.154, 41 CFR 60.155, 41 CFR 60.156, 41 CFR 60.157, 41 CFR 60.158, 41 CFR 60.159, 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This contract. The provisions of the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq., set forth under 28 CFR 35 and 33 CFR 164.104, shall be incorporated into this contract. In the execution of this contract, the contractor agrees to comply with the following minimum specific requirements relative to EEO:

- a. The contractor will work with the contracting agency and the Federal Government to ensure that it has made every effort to ensure that all personnel have equal opportunity with respect to all of the terms and conditions of employment and in the review or evaluation of their performance.
- b. The contractor will accept as its operating policy the following statement:

"It is the policy of this Company to ensure that applicants for employment are evaluated solely on the basis of their qualifications, without regard to race, sex, color, national origin, age or disability. Such action shall include recruitment, upgrading, promotion, or transfer; recruitment or selection; training, job assignment, or promotion; pay or other terms or conditions of employment; and in the review or evaluation of their performance, pre-employment, and/or on-the-job testing."

2. **EEO Officer:** The contractor will designate and make known to the contracting officers an EEO Officer who will have the responsibility for and must be capable of effectively administering the EEO program and who must be assigned adequate authority and responsibility to do so.
3. **Dissemination of Policy:** All members of the contractor's staff who are involved in the recruitment, selection, promotion, or transfer of personnel, or who recommend such action, or who are substantially involved in such action, will be made fully cognizant of, and will implement, the contractor's EEO policy and procedures. The contractor will ensure that the above agreement will be met; the following actions will be taken as a minimum:

- a. Periodic meetings of supervisory and personnel office employees will be conducted before the start of work, and then at least once every six months, at which time the contractor's EEO policy and procedures will be reviewed and reinforced and explained. The meetings will be conducted by the EEO Officer.
- b. All new supervisory or personnel office employees will be given a thorough indoctrination by the EEO Officer, covering all major aspects of the contractor's EEO obligations within thirty days (including their reporting) for duty with the contractor.
- c. All personnel who are engaged in direct recruitment for the project will be instructed by the EEO Officer in the contractor's EEO policy and procedures for handling and filing inquiries and complaints.
- d. Notices and policies dealing with the contractor's EEO policy will be posted in areas readily accessible to employees, applicants for employment and potential employees.
- e. The contractor's EEO policy and the procedures to implement such policy will be brought to the attention of all employees, including new hires, during new hire orientation, training, employee handbooks, or other appropriate means.

4. **Recruitment:** When advertising for employees, the contractor will include in all advertisements for employees the statement: "The contractor is an equal opportunity employer. All such advertisements will be posted in the contractor's EEO program. The contractor will ensure that it has made every effort to ensure that all personnel have equal opportunity with respect to all of the terms and conditions of employment and in the review or evaluation of their performance."

- a. The contractor will, unless prohibited by a valid bargaining agreement, conduct systematic and direct recruitment through public and private employee referral agencies, employment agencies, and other sources to meet the requirements. The contractor will identify and recruit potential minority group employees, and establish with such potential sources procedures whereby minority and women employees can be referred to the contractor for employment consideration.
- b. In the event the contractor has a valid bargaining agreement, the contractor is expected to observe the provisions of the agreement to the extent that the system meets the contractor's compliance with EEO contract provisions. Where a bargaining agreement prohibits the contractor from discriminating against an applicant based on the contractor's race, sex, color, national origin, age or disability, such implementation violates Federal nondiscrimination provisions.
- c. The contractor will encourage its present employees to refer minorities and women as applicants for employment. Information and procedures with regard to referring such applicants will be discussed with employees.

5. **Personnel Actions:** Upgrades, working conditions, and employee benefits shall be established and administered, and promotion, transfer, and other personnel actions shall be taken without regard to race, color, religion, sex, national origin, age or disability. The following procedures shall be followed:

- a. The contractor will conduct periodic inspections of project sites to insure that working conditions and employee facilities do not indicate discriminatory treatment of project site personnel.
- b. The contractor will periodically evaluate the project site to insure that working conditions and employee facilities do not indicate discriminatory treatment of project site personnel.
- c. The contractor will periodically evaluate selected personnel actions to insure that they are not discriminatory. Where evidence is found, the contractor will take corrective action. If the review indicates that the contractor's action shall include all affected persons.

d. The contractor will promptly investigate all complaints of alleged discrimination made to the contractor in connection with the project. The contractor will attempt to resolve such complaints as soon as possible. If the investigation indicates that the contractor's action shall include all affected persons. Upon completion of all of their review of alleged discrimination, the contractor will promptly investigate all complaints of alleged discrimination made to the contractor in connection with the project. The contractor will attempt to resolve such complaints as soon as possible. If the investigation indicates that the contractor's action shall include all affected persons. Upon completion of all of their review of alleged discrimination, the contractor will promptly investigate all complaints of alleged discrimination made to the contractor in connection with the project. The contractor will attempt to resolve such complaints as soon as possible. If the investigation indicates that the contractor's action shall include all affected persons.

8. **Training and Promotion:**
- a. The contractor will assist in locating, qualifying, and increasing the skills of minorities and women who are

applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees.

- b. The contractor will, unless prohibited by a valid bargaining agreement, conduct systematic and direct recruitment through public and private employee referral agencies, employment agencies, and other sources to meet the requirements. The contractor will identify and recruit potential minority group employees, and establish with such potential sources procedures whereby minority and women employees can be referred to the contractor for employment consideration.
- c. The contractor will encourage its present employees to refer minorities and women as applicants for employment. Information and procedures with regard to referring such applicants will be discussed with employees.

7. **Union:** If the contractor relies in whole or in part upon unions as a source of employees, the contractor will use good faith efforts to obtain the cooperation of such unions to insure that the contractor's EEO policy and procedures are fully implemented. The contractor will use good faith efforts to obtain the cooperation of such unions to insure that the contractor's EEO policy and procedures are fully implemented. The contractor will use good faith efforts to obtain the cooperation of such unions to insure that the contractor's EEO policy and procedures are fully implemented.

8. **The contractor will use good faith efforts to develop, in cooperation with the unions, joint training programs aimed at increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees.**

9. **The contractor will use good faith efforts to develop, in cooperation with the unions, joint training programs aimed at increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees.**

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- b. The contractor will use good faith efforts to develop, in cooperation with the unions, joint training programs aimed at increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees.

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15. **The contractor will use good faith efforts to develop, in cooperation with the unions, joint training programs aimed at increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees.**

16. **The contractor will use good faith efforts to develop, in cooperation with the unions, joint training programs aimed at increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees.**

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19. **The contractor will use good faith efforts to develop, in cooperation with the unions, joint training programs aimed at increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees. Such efforts should be aimed at developing self-improvement skills and increasing the skills of minorities and women who are applicants for employment or current employees.**

will be required to collect and report training data. The employment data should reflect the work force on board during all or any part of the last payroll period preceding the end of study.

III. NONSEGREGATED FACILITIES

This provision is applicable to all Federal-aid construction contracts and to all related construction subcontractors of \$10,000 or more.

The contractor must ensure that facilities provided for employees are as provided in such a manner that segregation on the basis of race, color, religion, sex, or national origin cannot be ascertained. Facilities provided must be segregated only by nature of work, and not by race, color, religion, sex, or national origin. The contractor's segregation efforts should be sufficient to ensure that all employees are not assigned to perform their tasks at any location, under the contractor's control, where the facilities are segregated. The term "facilities" includes: waiting rooms, work areas, restrooms and other dining areas, break rooms, lockers, restrooms, telephones, and other facilities; food service, recreation, and other facilities; and recreation or recreational areas. Miscellaneous and housing facilities for employees. The contractor also provides housing or long-term refueling and necessary dressing or changing areas to assure uniformity between crews.

IV. DAVIS-BACON AND RELATED ACT PROVISIONS

This section is applicable to all Federal-aid construction projects exceeding \$2,000 and to all related subcontracts and lower-tier subcontracts (regardless of subcontract size). The new elements apply to all projects located within the right-of-way of a roadway that is fundamentally classified as a Federal-aid highway. This excludes roadways fundamentally classified as local roads or rural minor collectors, which are exempt. Contracting agencies may elect to apply these requirements to other projects.

The following provisions are from the U. S. Department of Labor regulations in 29 CFR 5.5 "Contract provisions and related matters" with minor revisions to conform to the FHWA-1273 format and FHWA program requirements.

1. Minimum wage

8. All items and materials supplied or working upon the site of the work, will be paid immediately and not less often than once a week, and without subsequent deduction or rebate on any account (except such payment deductions as are permitted by regulations issued by the Secretary of Labor under the Copeland Act (29 C.F.R. art.3)), the full amount of wages and benefits payable by contract to the laborer or tradesman on account of the work performed, and not less than those contained in the highest contract in force at the time those materials or items were furnished.

9. Payment of wages shall be made in cash or by check, and the Secretary of Labor will be alerted thereby and notice given, regardless of any contractual relationship which may be alleged to exist between the contractor and such laborers and mechanics.

Contributors made or costs reasonably anticipated for bona fide things themselves under section 1(b)(2) of the Davis-Bacon Act on behalf of laborers or mechanics are considered wages paid to such laborers or mechanics, subject to the provisions

of paragraph 1.d. of this section; also, regular contributions

[illegible]

b.(1) The contracting officer shall require that any class of laborers or mechanic, including helpers, which is not listed in the wage determination and which is to be employed under the contract shall be classified in conformance with the wage determination. The contracting officer shall approve an additional classification and wage rate and fringe benefits therefore only when the following criteria have been met:

(1) The work to be performed by the classification requested is not performed by a classification in the wage determinations, and

(ii) The classification is utilized in the area by the construction industry, and

ally. The proposed wage rate, including any home-ownership benefits, bears a reasonable relationship to the wage rates contained in the wage determination.

(2) If the contractor and the laborers and mechanics to be employed in the classification (if known), or their representatives, and the contracting office agree on the classification and wage rate (including the amount designated for fringe benefits where applicable), a report of the action taken shall be sent by the contracting officer to the Administrator of the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, Washington, DC 20201. The Administrator, or an authorized representative, will approve, modify, or disapprove every additional classification action within 30 days of receipt and so advise the contracting office or will notify the contracting office within the 30-day period that additional time is necessary.

(3) In the event the contractor, the laborers or mechanics to be employed in the classification or their representatives, and the contracting officer do not agree on the proposed classification and wage rate (including the amount payable for the fringe benefits), the contractor shall

contracting officer shall refer the questions, including the views of all interested parties and the recommendation of the contracting officer, to the Wage and Hour Administrator for determination. The Wage and Hour Administrator, or an authorized representative, will issue a determination within 30 days of receipt and so advise the contracting officer or

will notify the contracting officer within the 30-day period that additional time is necessary.

(4) The wage rate (including fringe benefits where appropriate) determined pursuant to paragraphs 1.b.(2) or 1.b.(3) of this section, shall be paid to all workers performing work in the classification under this contract from the first day on which work is performed in the classification.

c. Whenever the minimum wage rate prescribed in the contract for a class of laborers or mechanics includes a fringe benefit which is not expressed as an hourly rate, the contractor shall either pay the benefit, as stated in the wage determination, or shall pay another bona fide fringe benefit, or an hourly cash equivalent thereof.

Consider a plan or program. Provided That the Secretary of Labor has found, upon the written request of the contractor, that the applicable standards of the Davis-Bacon Act have been met. The Secretary of Labor may require the contractor to set aside in a separate account assets for the meeting of obligations under the plan or program.

Withholding

[illegible]

4. Playrolls and basic records

[illegible]

Instead, the portfolio shall maintain records which show that the commitment to promote such benefits is enforceable and that the plan or program is financially responsible, and that the plan or program has been substantiated in writing to this effect. Such substantiation shall include, but not be limited to, the costs allocated or the actual cost incurred in providing such benefits. Contractors employing apprentices or trainees under approved programs shall maintain written evidence of the registration of apprenticeship programs and certification of training programs, the registration of the apprentices and trainees, and the ratios and wage rates prescribed in the applicable permits.

[illegible]

and shall provide them upon request to the contracting agency for transmission to the State DOJ, the F-RMA, or the Wage and Hour Division of the Department of Labor for purposes of an investigation or suit of compliance with prevailing wage requirements. It is not a violation of this section for a prime contractor to require a subcontractor to provide addresses and social security numbers to the prime contractor for its own records, without weekly submission to the contracting agency.

(2) Each payroll submitted shall be accompanied by a "Statement of Compliance," signed by the contractor or subcontractor or his or her agent who pays or supervises the payment of the persons employed under the contract and signify the following:

(f) That the payroll for the payperiod period contains the information required to be provided under § 5.5 (a)(3)(ii) of Regulations, 29 CFR part 5, the appropriate information is being maintained under § 5.5 (a)(3)(i) of Regulations, 29 CFR part 5, and that such information is correct; and

Example:

(3) That such laborer or mechanic (including each helper, apprentice, and trainee) employed on the contract during the payroll period has been paid the full weekly wages earned, without rebate, either directly or indirectly; and that no deductions have been made either directly or indirectly from the full wages earned, other than permissible deductions as set forth in Regulations, 29 CFR part 31;

(iii) That each laborer or mechanic has been paid not less than the applicable wage rates and fringe benefits or cash equivalents for the classification of work performed, as specified in the applicable wage determination incorporated into the contract.

(3) The weekly submission of a properly executed certification set forth on the reverse side of Official Form WH-347 shall satisfy the requirement for submission of the "Statement of Compliance" required by paragraph 3.b.(2) of this section.

(4) The falsification of any of the above certifications may subject the contractor or subcontractor to civil or criminal prosecution under section 1001 of title 18 and section 231 of title 31 of the United States Code.

5. The creator or subcreator shall make the records required under paragraph 3.a. of the station available for inspection, copying, or transcription by authorized representatives of the contracting agency, the State DOT, the FHWA, or the Department of Labor, and shall permit such representatives to interview employees during working hours on the job. If the contractor or subcreator fails to submit the required records or to make them available, the FHWA may, after written notice to the contractor, the contracting agency or the State DOT, take such action as may be necessary to cause the suspension of any further payment, advance, or guarantee of funds. Furthermore, failure to submit the requested records or to make such records available to the contractor or subcreator may constitute a violation of the contract and may be grounds for debarment action pursuant to 23 CFR 5.12.

4. Apprentices and trainees

E. Apprentices (programs of the USDOL)

Apprenticeship will be permitted to work at less than the predetermined rate for the work they performed when they are employed pursuant to and individually registered in a bona fide apprenticeship program registered with the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship Training, Employer and Labor Services, or with a State Apprenticeship Agency recognized by the office, or if it is a person employed in his or her first 90 days of probationary employment as an apprentice in such an apprenticeship program, who is not individually registered in the program, but who has been certified by the Office of Apprenticeship Training, Employer and Labor Services or a State Apprenticeship Agency (where applicable) to be eligible for probationary employment as an apprentice.

The relative ratio of expenditure to payment on the job side is a very useful classification statistic the greater the job side expenditure the more likely the contractor is to be an independent contractor as to the entire work force under the contract. Contractors who employ a large number of independent wage labor, who is not organized or otherwise represented by a union, who are not full-time employees employed as salaried staff, shall be paid no less than the applicable wage rate on the wage determination for the classification of work actually performed. In addition, any contractor who employs a large number of independent wage labor paid under the wage determination shall be paid no less than the applicable wage rate on the wage determination for the work actually performed. Where a contractor is performing construction on a project in a locality other than that specified in the applicable wage determination, the wage rate (expressed as percentage of the applicable wage rate) specified in the contractor's or subcontractor's registered program shall be observed.

Every apprentice must be paid at not less than the rate specified in the registered program for the apprentice's level of progress, expressed as a percentage of the journeymen hourly

rate specified in the applicable wage determination

Apprentices shall be paid fringe benefits in accordance with the provisions of the apprenticeship program. If the apprenticeship program does not specify fringe benefits, apprentices must be paid the full amount of fringe benefits listed on the wage determination for the applicable classification. If the Administrator determines that a different practice prevails for the applicable apprentice classification, wages shall be paid in accordance with that determination.

In the event the Office of Apprenticeship Training, Employment and Labor Services, or a State Apprenticeship Agency recognized by the Office, withdraws approval of an apprenticeship program, the contractor will no longer be permitted to utilize apprentices at less than the applicable predetermined rate for the work performed until an acceptable program is approved.

b. Trainees (programs of the USDOL)

Except as provided in 29 CFR 5.16, trainees will not be permitted to work at less than the predetermined rate for the work performed unless they are employed pursuant to and individually registered in a program which has received prior approval, evidenced by formal certification by the U.S. Department of Labor, Employment and Training Administration.

The ratio of trainees to journeyman on the job site shall not be greater than permitted under the plan approved by the Employment and Training Administration.

[illegible]

In the event the Employment and Training Administration withdraws approval of a training program, the contractor will no longer be permitted to utilize trainees at less than the applicable predetermined rate for the work performed until acceptable program is approved.

c. **Equal employment opportunity.** The utilization of, appointment, fitness and journeywomen under this part shall in conformity with the equal employment opportunity requirements of Executive Order 11246, as amended, and CFR part 30.

d. Apprentices and Trainees (programs of the U.S.

Apprentices and trainees working under apprenticeship and skill training programs which have been certified by the Secretary of Transportation as promoting EEO in connection with Federal-aid-highway construction programs are not subject to the requirements of paragraph 4 of this Section IV. The straight time hourly wage rates for apprentices and trainees under such programs will be established by the particular programs. The ratio of dependents and trainees to journeymen shall not be greater than permitted by the terms of the particular program.

5. Compliance with Copeland Act requirements. The contractor shall comply with the requirements of 29 CFR part 3, which are incorporated by reference in this contract.

6. Subcontracts. The contractor or subcontractor shall insert Form FHWA-1273 in any subcontracts and also require the subcontractors to include Form FHWA-1273 in any lower tier subcontracts. The prime contractor shall be responsible for the compliance by any subcontractor or lower tier subcontractor with all the contract clauses in 29 CFR 5.5.

7. **Contract termination; default.** A breach of the contract clauses in 29 CFR 5.5 may be grounds for termination of the contract, and for debarment as a contractor and a subcontractor as provided in 29 CFR 5.12.

8. **Compliance with Davis-Bacon and Related Act requirements.** All ratings and interpretations of the Davis-Bacon and Related Acts contained in 29 CFR parts 1, 3, and 5 are herein incorporated by reference in this contract.

5. Disputes concerning labor standards, disputes arising out of the labor standards provisions of the contract shall not be subject to the internal dispute resolution of the contract. Such disputes shall be resolved in accordance with the procedures of the Department of Labor set forth in 29 CFR parts 5, 6, and 7. Disputes with the meaning of this clause include disputes between the contractors (or any of the subcontractors) and the contracting agency, the U.S. Department of Labor, or the employees of that representative.

10. Certification of eligibility

a. By entering into this contract, the contractor certifies that neither it (nor he or she) nor any person or firm who has an interest in the contractor's firm is a person or firm ineligible to be awarded Government contracts by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).

b. The parties to this contract shall be subcontracted to any course or firm, ineligible for award of a Government contract by virtue of section 34b of the Davis-Bacon Act or 28 CFR 5.12(d)(1).

V. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT

the bonding clauses apply to any prelet-aid construction contract in an amount in excess of \$100,000 and subject to the overtime provisions of the Contract Work Hours and Safety Standards Act. These clauses shall be inserted in addition to the clauses required by 29 CFR 5.5(c) or 29 CFR 4.8. As used in this paragraph, the terms laborers and mechanics include watchmen and guards.

1. **Overtime requirements:** no contract or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic, in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one-and-a-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.

2. Violation; liability for unpaid wages; liquidated

damages. The owner of any vehicle of the clause set forth in paragraph (1) of this section, the contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States for the case of any work done by or on behalf of the contractor or a subsidiary, to such District or to each individual of Colombia or a territory, to such individual laborer or mechanic, including workshop and quaters, employed in violation of the clause set forth in paragraph (1) of this section, in the sum of \$10 for each calendar day on which such individual was required or permitted to work in excess of the standard work week of forty hours without payment of the overtime wages implied by the clause set forth in paragraph (1) of this section.

3. Withholding For unpaid wages and liquidated damages.

[illegible]

4. **Subcontractors.** The contractor or subcontractor shall insert in any subcontract the clauses set forth in paragraph (1), through (4), of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (1) through (4) of this section.

1

AGREEMENT SUMMARY SHEET

6. The contractor shall include the provisions of Sections 1 through 4 of the Attachment A in every submittal for which this Agreement may be, done as on-site work.

Agreement No. PO11-10-015 Amendment No. 5 Task Order No. _____ Task Order Amendment No. _____

Start Date: 5-08-17 End Date: 12/31/20 Amendment Date: _____ Procured by: FRP

Agreement Type: Service Provider Agreement Sub-Type: Design Services Procurement No.: _____

Purpose: Correct amounts of direct and indirect costs, contingency balance and total agreement costs

6. The contractor shall include the provisions of Sections 1 through 4 of this Attachment A in every subcontract for work which is, or reasonably may be, done as on-site work.

1. During the performance of this contract, the contractor understanding to do work which is, or reasonably may be, done as on-site work, shall give preference to qualified persons who regularly reside in the labor area as designated by the DOL, wherein the contract work is situated, or the subdivision or the Application counties of the State wherein the contract work is situated, except:

b. For the reasonable needs of the contractor to employ supervisory or specially experienced personnel necessary to assure an efficient execution of the contract work.

c. For the obligation of the contractor to offer employment to present or former employees as the result of a lawful collective bargaining contract, provided that the number of nonresident persons employed under this subparagraph (1)(c) shall not exceed 20 percent of the total number of employees employed by the contractor on the contract work, except as provided in subparagraph (4) below.

2. The contractor shall place a job order with the State Employment Service (including (a) the classifications of the jobs, (b) the number of employees required to perform each classification, (c) the date on which the participant contractors shall employees will be required, and (d) any other information that the contractor may wish to provide) placed to complete the job order. The contractor shall be placed with the State Employment Service in writing or by telephone, if during the course of the contract work, the information submitted by the contractor in the original job order is substantially modified. The participant shall promptly notify the State Employment Service.

3. The contractor shall give full consideration to all qualified job applicants referred to him by the State Employment Service. The contractor is not required to grant employment to any job applicants who, in his opinion, are not qualified to perform the classification of work required.

that is, we can't even know how packing or job order is done without the aid of the SUE Employment Service. The Employment Service is unable to order any number of requests to the contractor, or, vice versa, the number requested, the SUE Employment Service will forward a certificate to the contractor indicating the unavailability of applicants. Such certificate must be made a part of the contractor's permanent project records. Upon receipt of this certificate, the contractor may employ persons who do not normally reside in the labor area, if job positions covered by the certificate, notwithstanding the provisions of subparagraph (1) of the law.

5. The provisions of 23 CFR 633.207(e) allow the contracting agency to provide a contractual preference for the use of mineral resource materials native to the Appalachian region.

Agreement No. PU1140-015 Amendment No. 5 Task Order No. _____ Task Order Amendment No. _____
 Start Date: 5-08-17 End Date: 12/31/20 Amendment Date: _____ Procured by: RFP
 Agreement Type: Service Provider Agreement Sub-Type: Design Services Procurement No.: _____
 Purpose: Correct amounts of direct and indirect costs; contingency balance and total agreement costs
 County(ies) where work is being performed: Clark
 Contact Person: Jenica Keller Phone No.: (775) 888-7592 Email: jkeller2@dot.state.nv.us
 Project Manager: Jenica Keller Phone No.: (775) 888-7592 Email: jkeller2@dot.state.nv.us
 Second Party Information
 Contact Person: Ruedy Edgington Email: ruedy.edgington@ndfinc.com Phone No.: (775) 337-4704
 Company Name: HOR Engineering, Inc NV Business License No.: NV19851010291
 Primary Address: 9805 Double R Blvd, Reno NV 89251 Business License Expiration: 06/30/2017
 Invoice Remit To Address: PO Box 74008202, Chicago IL 60674-9202 Business License Search: _____
 Original budget approval (Form 2A) must be attached
 Total Estimated Cost of Agreement: \$5,274,178.07 Org No. Responsible for Billing: C015 Funding Percentage: _____
 Payable Amount: \$5,274,178.07 Fixed Fee %: 10 Payment Code: Payable Federal %: 95
 Receivable Amount: _____ Overhead %: 142.28 Payment Cycle: Monthly State %: 5
 Amendment Amount: -\$91,242.95 Retention %: 10 Security Deposit: Yes ☐ No ☒ Local %: _____
 Fed Participation: Yes ☒ No ☐ In-Kind Services: Yes ☐ No ☒ Deposit Amount: _____ DBE Goal: _____
 Appr Unit: 465006 Activity: 1291 Object: 814D Job/Project: _____
 Project Identification
 Project ID No.: _____ Contract: _____
 EA No.: 73518 Other: _____
 Board Approval
 Yes ☐ No ☒ Transportation ☐ BOE ☐ Meeting Date: _____ BOE Contract No.: _____
 Approved Date: _____ Agenda Item No.: _____
 Does the firm employ current or former State employees who have left State employment in the past two years? Yes ☐ No ☒ If yes, who, where did they work, and when did they leave?
 Review & Approval: _____ Final Distribution _____
 Asst. Director _____ Recipient: _____
 Dist./Dir. Head JM Keller Original Summary Sheet: _____
 Environmental: _____ Original Form 2A: _____
 IT _____ Electronic Draft of Agreement ☐ AGMT ☒ ANOT
 Legal: _____ Agree Services _____
 Proj. Accting: _____
 Flight of Way _____
 Tracking Log Updated _____
 Insurance Log Updated _____
 Date/Initials: KG 5-10-17
 Verified JK 5-10-17

Amendment No. 5 to
Consultant's Agreement No. P011-10-015

This Amendment is made and entered into on 5/8/2017, between the State of Nevada, Department of Transportation, hereinafter referred to as the DEPARTMENT, and HDR Engineering, Inc., 6750 Via Ausil Parkway, Suite 350, Las Vegas, Nevada, 89119, hereinafter referred to as the CONSULTANT.

WITNESSETH:

WHEREAS, on December 15, 2009, the Parties entered into Agreement No. P011-10-015 to provide engineering services to design a new System-to-System Interchange (Centennial Bowl) at the Bruce Woodbury Beltway (CC-215) and US-95; and

WHEREAS, on April 7, 2011, the Parties entered into Amendment No. 1 to Agreement No. P011-10-015 to increase the amount to be paid to the CONSULTANT by \$389,283.00 to provide traffic modeling and analysis necessary to accommodate the request from the City of Las Vegas to incorporate a service interchange into the design of the System-to-System Interchange, also added a contingency budget in the amount of \$371,717.00, and extended the termination date from July 31, 2012, to December 31, 2013; and

WHEREAS, on October 28, 2013, the Parties entered into Amendment No. 2 to the Agreement No. P011-10-015 to amend the termination date due to the delay of available construction funding from December 31, 2013, to December 31, 2018; and

WHEREAS, on March 24, 2014, the Parties entered into Amendment No. 3 to Agreement No. P011-10-015 to amend the scope of work performed by the CONSULTANT but did not change the amount to be paid to the CONSULTANT. The scope of work was amended to include designing the structures and retaining walls for Phase 3A, performing traffic operations and modeling for Phase 3A, and providing support for project management, public information, and outreach; and

WHEREAS, on March 28, 2017, the Parties entered into Amendment No. 4 to Agreement No. P011-10-015 to amend the scope of work performed by the CONSULTANT due to additional work needed to complete the design and construction of Phase 3C of the Centennial Bowl Interchange. The termination date was amended from December 31, 2018, to December 31, 2020, due to the delay of available construction funding. The scope of work was amended to include assistance with the design of the structures for Phase 3C, performing the required analysis and preparing the Change in Control of Access Report for the Centennial Bowl Interchange, and continuing to provide support for project management, public information, and outreach; and

WHEREAS, the amount of direct salary costs, other direct costs and indirect costs shown in Amendment No. 4 were incorrect and required correction; and

WHEREAS, a portion of the contingency funds (\$60,914.39) have been authorized for use and were expended. This Amendment No. 5 is needed to clarify the remaining balance of those contingency funds (\$310,802.61) and revise the total cost of the Agreement (\$5,274,179.07); and

WHEREAS, the Parties hereto desire to make certain amendments to Agreement No. P011-10-015.

NOW, THEREFORE, the Parties agree as follows:

1. Article IV, Paragraph 2, is amended by deleting it in its entirety and inserting in its place:

NOT
Rev. 3/16/17 1 P011-10-015Am5

"Costs shall include direct salary costs, other direct costs, indirect costs and fixed fee as set forth in 48 CFR Chapter 1, Part 31, incorporated herein by reference. The total cost for direct salary costs, other direct costs and indirect costs shall not exceed the sum of Four Million Five Hundred Ninety-Three Thousand One Hundred Ninety-Six and 12/100 Dollars (\$4,593,196.12). The fixed fee, to cover profit, shall be Three Hundred Seventy Thousand One Hundred Eighty and 34/100 Dollars (\$370,180.34). This fixed fee will not vary irrespective of final PROJECT costs except in the event of a material and substantial change to the PROJECT scope."

2. Article IV, Paragraph 4, is amended by deleting it in its entirety and inserting in its place:

"The total cost of the services by the CONSULTANT shall not exceed the sum of Five Million Two Hundred Seventy-Four Thousand One Hundred Seventy-Nine and 07/100 Dollars (\$5,274,179.07), which includes the fixed fee and contingency fee."

3. Article IV, Paragraph 5, is amended by deleting it in its entirety and inserting in its place:

"Due to the scope and nature of the PROJECT, contingency funds have been established to address unanticipated and unforeseen CONSULTANT services outside of the Scope of Services that may be required to complete the PROJECT in a timely manner. The scope of services requiring the use of contingency funds will be agreed upon in writing by the parties to this Agreement prior to the commencement of such services. The cost of contingency services will also be negotiated prior to performing the services and will include direct salary costs, other direct costs, indirect costs and the fixed fee. The fixed fee will be determined by applying the percentage rate negotiated and will be an amount proportionate to the services being performed. The total costs of direct salary costs, other direct costs, indirect costs, and the fixed fee for the contingency funds shall not exceed the sum of Three Hundred Ten Thousand Eight Hundred Two and 61/100 Dollars (\$310,802.61). Contingency services to be performed by the CONSULTANT shall not commence until receipt of written approval by the DEPARTMENT. Any contingency funds not used during the term of this Agreement will not be paid to the CONSULTANT."

4. All of the other provisions of Agreement No. P011-10-015 dated December 15, 2009, Amendment No. 1 dated April 7, 2011, Amendment No. 2 dated October 28, 2013, Amendment No. 3 dated March 24, 2014, and Amendment No. 4 dated March 28, 2017, shall remain in full force and effect as if set forth herein.

NOT
Rev. 3/16/17 2 P011-10-015Am5

IN WITNESS WHEREOF, the above named Parties have hereunto set their hands and executed this Amendment on the date first written above.

CONSULTANT
HDR Engineering, Inc.

Designed by:
Rudy Edgington
4/18/2017 11:42 AM

Rudy Edgington, Vice President
Name and Title (Print)

STATE OF NEVADA, acting by and through
its DEPARTMENT OF TRANSPORTATION

Designed by:
Rudy Edgington
4/18/2017 11:42 AM
Director

Approved as to Legality and Form:

Designed by:
Law Holland
4/18/2017 11:42 AM
Deputy Attorney General



**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: July 26, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Curtis Palmer, Executive Branch Budget Officer *CP*
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES – FY2019**

Agenda Item Write-up:

Pursuant to NRS 532.230 (4), the Division requests an allocation of \$250,000 from the Interim Finance Committee General Fund Contingency Account to fund channel clearance activities in Fiscal Year 2019.

Additional Information:

The Division manages the Channel Clearance, Surveying and Monumenting Program established in NRS 532.220. The Division has received three requests for assistance with channel clearance activities as outlined in the attached. Pursuant to NRS 532.230 (4), the Division has insufficient funds to provide a grant of funds and therefore is requesting additional funds from the IFC Contingency Account. The associated work program for this request is # C44197.

Statutory Authority:

NRS 353.268

REVIEWED: *CPM*

ACTION ITEM: _____



**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES**

901 South Stewart Street, Suite 2002
Carson City, Nevada 89701-5250
(775) 684-2800 • Fax (775) 684-2811
<http://water.nv.gov>

July 23, 2018

Paul Nicks, Acting ~~Deputy~~ Director
Board of Examiners
Department of Administration
209 E. Musser Street. Room 200
Carson City, Nevada 89701

Re: Channel Clearance, Surveying and Monumenting Program
B/A 4222

Dear Mr. Nicks,

Nevada Revised Statutes 532.220, was enacted in 1973, establishing a Channel Clearance, Surveying and Monumenting Program. This program is to aid local governments in this state in the clearance, maintenance, restoration, surveying and monumenting of navigable rivers. Any incorporated city, county or other political subdivision of this state may apply to the State Engineer for a grant under this program if the incorporated city, county or other political subdivision requesting the money agrees to match the state grant equally. NRS 532.230 states that if the balance in the account is below \$250,000.00, the State Engineer may request an allocation from the contingency fund pursuant to NRS 353.266, 353.268 and 353.269. If the balance in the account is not sufficient to provide a grant of money to an incorporated city, a county or a political subdivision of this state, the State Engineer shall request an allocation from the contingency fund.

Currently there is a balance of \$282,627.07 in the channel clearance fund all of which is committed to both the Dayton Valley Conservation District and the Carson Valley Conservation District for channel clearance projects. The projects are to be completed within the next year.

After the above-referenced commitment has been paid, there will be a zero balance left in the account. We currently have a request from the Mason Valley Conservation District for funding under this program in the amount of approximately \$28,000.00 for channel maintenance of the Walker River, to which we informed them that there were no funds currently available. In the event of an emergency the availability of this money would be needed without delay. These

funds have been extremely useful and helpful in the past to assist in potential flood problems and in helping local jurisdictions.

Therefore, it is respectfully requested that the Channel Clearance Fund be restored from the contingency fund per statute in the amount not to exceed \$250,000.00.

Sincerely,

A handwritten signature in black ink, appearing to read "Kel. Hickenbottom P.E.", written in a cursive style.

**Kelvin Hickenbottom, P.E.
Deputy Administrator**

Replenishment of Channel Clearance Account
SFY 2019
B/A 4222 - Channel Clearance

FY18 - Balance Forward	282,628.00
<i>Outstanding Commitment - Carson Valley Conservation District</i>	<i>175,889.00</i>
<i>Outstanding Commitment - Dayton Valley Conservation District</i>	<i>106,739.00</i>
REMAINING APPROPRIATION	-
Work Program Request	250,000.00
<i>Pending Request - Mason Valley Conservation District</i>	<i>28,228.00</i>
REMAINING FOR FUTURE REQUESTS	221,772.00

Department of Conservation and Natural Resources
Division of Water Resources
B/A 4222
Channel Clearance
FY2019 Fund Map

	TRANSFER FROM INTERIM FINANCE	CURRENT AUTHORITY	PENDING WORK PROGRAM	REVISED AUTHORITY
REVENUE	4654	TOTAL	C44197	TOTAL
4654 TRANSFER FROM INTERIM FINANCE	-	-	250,000	250,000
REVENUE TOTAL	-	-	250,000	250,000
EXPENDITURES				
10 CHANNEL CLEARANCE COSTS	-	-	250,000	250,000
EXPENDITURE TOTAL	-	-	250,000	250,000
Difference	0	0	0	0

NRS 532.220 Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program: Establishment; administration; purpose; grant qualification; immunity of state and local governments; refund of certain fees; certain permits not to be denied for lack of money.

1. The Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program is hereby established and must be administered by the State Engineer.

2. This Program is to aid local governments in this state in the clearance, maintenance, restoration, surveying and monumenting of navigable rivers.

3. Any incorporated city, county or other political subdivision of this state may apply to the State Engineer for a grant under this program if the incorporated city, county or other political subdivision requesting the money agrees to match the state grant equally.

4. The State, its departments, divisions and agencies, an incorporated city, a county and all other political subdivisions of this state, and their employees and agents, are immune from civil liability for damages caused by an alteration or disturbance of a riverbed or flooding sustained as a result of any act or omission by an employee or agent in clearing or causing to be cleared, maintaining or restoring a channel of a river pursuant to this section if the channel is cleared, maintained or restored pursuant to a permit granted by the Division of State Lands of the State Department of Conservation and Natural Resources and such other permits and approvals as are required by law.

5. The Division of State Lands and the Division of Environmental Protection of the State Department of Conservation and Natural Resources shall refund the application or permit fees, if any, paid by a governmental entity to apply for a state permit to perform channel clearance, maintenance, restoration, surveying and monumenting if:

(a) The governmental entity applies for the applicable permits from the Division of State Lands and from the Division of Environmental Protection of the State Department of Conservation and Natural Resources;

(b) The governmental entity obtains all other permits and approvals as are required by law;

(c) The governmental entity applies for a grant pursuant to subsection 3; and

(d) The grant is denied for lack of money in the Account for the Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program after:

(1) The State Engineer requests an allocation from the Contingency Account pursuant to subsection 4 of NRS 532.230; and

(2) An allocation from the Contingency Account is not made within 90 days after the request is made.

6. A state permit must not be denied for lack of money in the Account for the Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program.

7. As used in this section, "navigable river" means a river or stream that is used, or is susceptible of being used, in its ordinary condition for trade or travel in the customary modes of trade or travel on rivers or streams.

(Added to NRS by 1973, 821; A 1979, 114; 1985, 305; 1989, 1692; 1993, 112; 1997, 2221; 1999, 1240)

NRS 532.230 Account for the Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program.

1. The Account for the Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program is hereby created in the State General Fund.

2. The money in the Account must be administered by the State Engineer and must be expended only to aid local governments in the manner provided in NRS 532.220.

3. If the balance in the Account is below \$250,000, the State Engineer may request an allocation from the Contingency Account pursuant to NRS 353.266, 353.268 and 353.269.

4. If the balance in the Account is not sufficient to provide a grant of money to an incorporated city, a county or a political subdivision of this state, the State Engineer shall request an allocation from the Contingency Account pursuant to NRS 353.266, 353.268 and 353.269.

(Added to NRS by 1995, 865; A 1997, 2222; 1999, 1241)

NRS 353.266 Creation; source; use.

1. The Contingency Account is hereby created in the State General Fund. Money for the Account must be provided by direct legislative appropriation.

2. Money in the Contingency Account may be allocated and expended within the limitations and in the manner provided in NRS 353.268, 353.269 and 538.650 or by the Legislature directly:

(a) For emergency use to supplement regular legislative appropriations which fail to cover unforeseen expenses;

(b) To meet expenses pursuant to the requirements of the law; or

(c) As provided by specific statute.

(Added to NRS by 1969, 1015; A 1971, 879; 1975, 114; 1979, 106; 1991, 2072; 1995, 866; 1997, 118; 2010, 26th Special Session, 8; 2011, 437)

NRS 353.268 Recommendation by State Board of Examiners for allocation from Contingency Account.

1. When any state agency or officer, at a time when the Legislature is not in session, finds that circumstances for which the Legislature has made no other provision require an expenditure during the biennium of money in excess of the amount appropriated by the Legislature for the biennium for the support of that agency or officer, or for any program, including the State Distributive School Account in the State General Fund, the agency or officer shall submit a request to the State Board of Examiners for an allocation by the Interim Finance Committee from the Contingency Account.

2. The State Board of Examiners shall consider the request, may require from the requester such additional information as they deem appropriate, and shall, if it finds that an allocation should be made, recommend the amount of the allocation to the Interim Finance Committee for its independent evaluation and action. The Interim Finance Committee is not bound to follow the recommendation of the State Board of Examiners.

(Added to NRS by 1969, 1016; A 1971, 879; 1987, 417)

NRS 353.269 Action by Interim Finance Committee; transfer by State Controller.

1. The recommendation of the State Board of Examiners for an allocation from the Contingency Account shall be transmitted to the Director of the Legislative Counsel Bureau, who shall notify the Chair of the Interim Finance Committee. The Chair shall call a meeting of the Committee to consider the recommendation.

2. No allocation from the Contingency Account may be made by the Interim Finance Committee to effect salary increases for state officers and employees except as provided in NRS 281.1233.

3. If the Interim Finance Committee, after independent determination, finds that an allocation recommended by the State Board of Examiners should and may lawfully be made, the Committee shall by resolution establish the amount and purpose of the allocation, and direct the State Controller to transfer that amount to the appropriate fund and account. The State Controller shall thereupon make the transfer.

(Added to NRS by 1969, 1016; A 1971, 879; 1973, 668; 1975, 115, 288, 289; 1977, 892, 1043)

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
1371	Administrative Services	\$2,108	
	Total	\$2,108	

Brian Sandoval
Governor



Patrick Cates
Director

Jenni Cartwright
Administrator

**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Administrative Services Division

209 E Musser, Rm 304 | Carson City, NV 89701

Phone: (775) 684-0273 | Fax (775) 684-0275

MEMORANDUM

DATE: August 29, 2018

TO: Catherine Brekken, Executive Budget Officer I
Governor's Finance Office

FROM: Darlene Baughn, Budget Analyst
Administrative Services Division

VIA: Jenni Cartwright, Administrator
Administrative Services Division

SUBJECT: Fiscal Year 2018 Salary Adjustment Funds

CB

Darlene Baughn

Per Assembly bill 517, section 3 and SB 368 section 1, appropriated General Funds to the Board of Examiners (BOE) to meet deficiencies created between the appropriated money of the respective departments and the amount of money required to pay the salaries of the employees; Administration Services Division, Budget Account 1371 requests salary adjustment funds in the amount of \$2,108 to augment a General Fund payroll shortfall for fiscal year 2018.

Section C: Position Cost Detail

[illegible]

LEASES SUMMARY

BOE #	LESSEE		LESSOR	AMOUNT
1.	DEPARTMENT OF BUSINESS AND INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS		THE TRUST FOR METHODISTS DEVELOPMENT OF THE FIRST UNITED METHODISTS CHURCH OF CARSON CITY, NV	\$1,013,429
		This is an extension of an existing lease.		
		Term of Lease:	09/01/2018 – 08/31/2023	Located in Carson City
2.	DEPARTMENT OF BUSINESS AND INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS		M.R.P., LLC	\$85,410
		This is an extension of an existing lease.		
		Term of Lease:	02/01/2020 – 01/31/2025	Located in Elko
3.	DEPARTMENT OF BUSINESS AND INDUSTRY – NEVADA TRANSPORTATION AUTHORITY		RENO NOTEHOLDERS, LLC	\$346,218
		This is an extension of an existing lease which includes relocating from suites 216/218 to 229/230 to better accommodate staff with additional work and conference space and increased security.		
		Term of Lease:	11/01/2018 – 10/31/2026	Located in Reno
4.	DEPARTMENT OF BUSINESS AND INDUSTRY – TAXICAB AUTHORITY		PARK FLAMINGO, LP	\$764,926
		This is the first amendment to the existing lease with reduces the square footage by 2,710 sf, due to the decrease in taxi revenues.		
		Term of Lease:	07/01/2018 – 06/30/2021	Located in Las Vegas
5.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION – RURAL REGIONAL CENTER		LAKEY BROTHERS GENERAL TIRE, INC.	\$27,360
		This is an extension of an existing lease.		
		Term of Lease:	12/01/2018 – 11/30/2021	Located in Fallon
6.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, ENVIRONMENTAL HEALTH SECTION		NYE COUNTY	\$0
		This lease was negotiated at a zero cost to relocate an inspector to increase customer service by having a local office available to the community.		
		Term of Lease:	01/01/2019 – 12/31/2021	Located in Pahrump

LEASES SUMMARY

BOE #	LESSEE		LESSOR	AMOUNT
7.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES		S. AND A. FRESHMAN FAMILY PROPERTIES, LLC DBA NORTHGATE PLAZA	\$117,459
	This is an extension of an existing lease.			
		Term of Lease: 01/01/2019 – 12/31/2021	Located in Carson City	
8.	DEPARTMENT OF MOTOR VEHICLES		NATHAN WOOD AND YUKO WOOD	\$140,300
	This is an extension of an existing lease.			
		Term of Lease: 12/01/2018 – 11/30/2023	Located in Hawthorne	
9.	NEVADA ARMY NATIONAL GUARD		ROCHELLE AIZENBERG WILSON REVOCABLE TRUST	\$141,972
	This is an extension of an existing lease.			
		Term of Lease: 09/15/2018 – 09/14/2023	Located in North Las Vegas	
10.	NEVADA ARMY NATIONAL GUARD		CHEYENNE AIR CENTER, MIKE BLACK	\$156,000
	This is an extension of an existing lease.			
		Term of Lease: 09/15/2018 – 09/14/2023	Located in North Las Vegas	

12/01/18

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Business and Industry Division of Industrial Relations 1830 College Parkway, Suite 100 Carson City, Nevada 89706 Ray Fierro 775.688.3758 fax: 775.688.1664 rfierro@business.nv.gov				
Remarks:	This is a renewal of an existing lease, <i>with a retroactive start date of September 1, 2018</i>				
Exceptions/Special notes:					
2. Name of Lessor:	The Trust for Methodists Development of the First United Methodists Church of Carson City, Nevada				
3. Address of Lessor:	c/o Carson Properties 187 Sonoma Street Carson City, Nevada 89701				
4. Property contact:	Terry Yeager 775.882.3211 fax: 775.882.7553 terryyeager@carsoncommercial.com				
5. Address of Lease property:	400 West King Street, Suites 200, 210 and 400 Carson City, Nevada 89703				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 11,697				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$15,907.92	12	\$190,895.04	September 1, 2018 - August 31, 2019	\$1.36
3%	\$16,375.80	12	\$196,509.60	September 1, 2019 - August 31, 2020	\$1.40
3%	\$16,843.68	12	\$202,124.16	September 1, 2020 - August 31, 2021	\$1.44
3%	\$17,428.53	12	\$209,142.36	September 1, 2021 - August 31, 2022	\$1.49
3%	\$17,896.41	12	\$214,756.92	September 1, 2022 - August 31, 2023	\$1.53
c. Total Lease Consideration:	60		\$1,013,428.08		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30	Renewal terms:	One (1) Identical Term
e. Holdover notice:	# of Days required		90	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 checked="" type="checkbox"/> Landlord <input 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:	\$1.68 - \$2.03 - Carson City Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	4680				
6. Purpose of the lease:	To house the Division of Industrial Relations				
7. This lease constitutes:	<input checked="" 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 type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$0.00		Furnishings:	\$0.00	
			Data/Phones:	\$0.00	

RECEIVED

JUL 09 2018

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 ps No _____ Dec Unit _____

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET


Authorized Agency Signature

6/22/18
Date


For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19861025336</u>	Exp: <u>N/A</u>	33
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
*If no, please explain in exceptions section			
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>T81080064</u>		

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO


Authorized Signature
Public Works Division

7/9/18
Date

//bm


For Board of Examiners

☒ YES

☐ NO

8/7/18

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Business and Industry Division of Industrial Relations 1830 College Parkway, Suite 100 Carson City, Nevada 89706 Ray Fierro (775) 688-3758 Fax: (775) 688-1664 rfierro@business.nv.gov				
Remarks:	Leasing Services negotiated this lease renewal which includes new carpet and paint throughout the suite.				
Exceptions/Special notes:					
2. Name of Lessor:	M.R.P., LLC				
3. Address of Lessor:	PO Box 2730, Elko, Nevada 89803 245 10th Street, Elko, Nevada 89801				
4. Property contact:	Angie Heguy PO Box 2730 Elko, Nevada 89803 (775) 397-8788 Fax: (775) 753-7992 angieheguy@gmail.com				
5. Address of Lease property:	350 West Silver Street Elko, Nevada 89801				
a. Square Footage:	<input type="checkbox"/> Rentable 180 Storage space <input checked="" type="checkbox"/> Usable 790 Office space				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 1,256.10	12	\$15,073.20	February 1, 2020 - January 31, 2021	\$1.59
1.89%	\$ 1,279.80	12	\$15,357.60	February 1, 2021 - January 31, 2022	\$1.62
1.85%	\$ 1,303.50	12	\$15,642.00	February 1, 2022 - January 31, 2023	\$1.65
1.82%	\$ 1,327.20	12	\$15,926.40	February 1, 2023 - January 31, 2024	\$1.68
1.79%	\$ 1,350.90	12	\$16,210.80	February 1, 2024 - January 31, 2025	\$1.71
Total Office Space			\$78,210.00		
	\$ 120.00	12	\$1,440.00	February 1, 2020 - January 31, 2021	\$0.67
	\$ 120.00	12	\$1,440.00	February 1, 2021 - January 31, 2022	\$0.67
	\$ 120.00	12	\$1,440.00	February 1, 2022 - January 31, 2023	\$0.67
	\$ 120.00	12	\$1,440.00	February 1, 2023 - January 31, 2024	\$0.67
	\$ 120.00	12	\$1,440.00	February 1, 2024 - January 31, 2025	\$0.67
Total Storage Space			\$7,200.00		
c. Total Lease Consideration:		60	\$85,410.00		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 90 Renewal terms: One identical term				
e. Holdover notice:	# of Days required 30 Holdover terms: 5% / 90				
f. Term:	Five (5) years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input 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:	Not Available - Rural Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	4685, 4686				
6. Purpose of the lease:	To house the B&I, DIR				
7. This lease constitutes:	<input checked="" 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 type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				

a. Estimated Moving Expenses: \$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

122 24 Jun 18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV19971001093	Exp:	1/31/2019	2
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
g. State of Nevada Vendor number:	T81070096			

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

Sharon P. Patach 7/25/18
Authorized Signature Date

Public Works Division

BM

For Board of Examiners ☒ YES ☐ NO

12/1/18

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Business and Industry
Nevada Transportation Authority
1755 East Plumb Lane, Suite 229
Reno, Nevada 89502
Jennifer DeRose
702.486.6566 Fax: 702.486.2590 jderose@nta.nv.gov

216/218
229/230

Remarks:

This lease was negotiated to relocate staff from one suite to another in the same location, which will better accommodate staff, and provide requested security. This relocation also saves the Agency an average of \$0.08 per square foot. Tenant improvements to include new carpet and paint throughout suites.

Not this biennium, though
non-IFC

Exceptions/Special notes:

This lease is contingent upon ~~IFC~~ approval of work program # C43589

2. Name of Lessor:

Reno Noteholders, LLC

3. Address of Lessor:

300 Montgomery Street, Suite 800
San Francisco, California 94104

4. Property contact:

Nevada Commercial Services, Inc.
5455 Kietzke Lane
Reno, Nevada 89511
Jennifer Vogt
775.851.3666 Fax: 775.851.3667 jvogt@ncsreno.com

5. Address of Lease property:

1755 East Plumb Lane, Suites 229 and 230
Reno, Nevada 89502

a. Square Footage:

☒ Rentable

☐ Usable

2,753

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$3,441.25	✓ 12	\$41,295.00	November 1, 2018 - October 31, 2019	✓ \$1.25
0% \$3,441.25	✓ 12	\$41,295.00	November 1, 2019 - October 31, 2020	✓ \$1.25
3% \$3,551.37	✓ 12	\$42,616.44	November 1, 2020 - October 31, 2021	✓ \$1.29
0% \$3,551.37	✓ 12	\$42,616.44	November 1, 2021 - October 31, 2022	✓ \$1.29
3% \$3,661.49	✓ 12	\$43,937.88	November 1, 2022 - October 31, 2023	✓ \$1.33
0% \$3,661.49	✓ 12	\$43,937.88	November 1, 2023 - October 31, 2024	✓ \$1.33
3% \$3,771.61	✓ 12	\$45,259.32	November 1, 2024 - October 31, 2025	✓ \$1.37
0% \$3,771.61	✓ 12	\$45,259.32	November 1, 2025 - October 31, 2026	✓ \$1.37

c. Total Lease Consideration:

96 \$346,217.28

d. Option to renew:

☒ Yes ☐ No

90

Renewal terms:

One Identical Term

e. Holdover notice:

of Days required

30

Holdover terms:

5%/90

f. Term:

Eight (8) Years

g. Pass-thrus/CAM/Taxes

☒ Landlord ☐ Tenant

h. Utilities:

☒ Landlord ☐ Tenant

i. Janitorial:

☒ Landlord ☐ Tenant

j. Repairs:

Major: ☒ Landlord ☐ Tenant

Minor: ☒ Landlord ☐ Tenant

k. Comparable Market Rate:

\$2.01 - \$2.10 - Reno Area

l. Specific termination clause in lease:

Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number:

3922, 3923

6. Purpose of the lease:

To house the Nevada Transportation Authority

7. This lease constitutes:

- ☒ An extension of an existing lease
- ☒ An addition to current facilities (requires a remark)
- ☐ A relocation (requires a remark)
- ☐ A new location (requires a remark)
- ☐ Remodeling only
- ☐ Other

a. Estimated Moving Expenses: \$1,170.00

Furnishings: \$0.00

Data/Phones: \$6,200.00

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

 5/31/18
Authorized Agency Signature Date

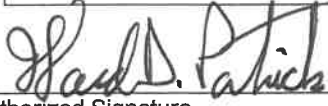
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20101832509	Exp:	11/30/2018	8
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
g. State of Nevada Vendor number:	T29036884			

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

 7/18/18
Authorized Signature Date
Public Works Division

 For Board of Examiners ☒ YES ☐ NO

7/27/18

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
FIRST AMENDMENT**

1. Agency:	Department of Business & Industry, Taxicab Authority 1830 College Parkway, Suite 100 Carson City, Nevada 89706 Front Desk 702.668.4005 fax 702.668.4001 taxiauth@taxi.state.nv.us				
Remarks:	This first amendment reduces the square footage by 2,710 sf, due to a decrease in taxi revenues.				
Exceptions/Special notes:	to the existing lease Retrospective start date of July 1, 2018				
2. Name of Lessor:	Park Flamingo, LP				
3. Address of Lessor:	9420 Wilshire Boulevard, 4th Floor Beverly Hills, California 90212				
4. Property contact:	Omninet Property Management Afatia Teofilo 702. 778.7815 fax 702.778.7815 afatiat@omninet.com				
5. Address of Lease property:	2090 East Flamingo Road, Suite 200 Las Vegas, Nevada 89119				
a. Square Footage:	<input checked="" type="checkbox"/> Rentable <input type="checkbox"/> Usable 11,015				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 21,038.65	12	\$252,463.80	July 1, 2018 - June 30, 2019	\$1.910
0%	\$ 21,038.65	12	\$252,463.80	July 1, 2019 - June 30, 2020	\$1.910
3%	\$ 21,666.51	12	\$259,998.06	July 1, 2020 - June 30, 2021	\$1.967
c. Total Lease Consideration:	36		\$764,925.66		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One (1) Identical Term
e. Holdover notice:	# of Days required		30	Holdover terms:	30% / 90
f. Term:	Three (3) 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 checked="" type="checkbox"/> Landlord <input 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:	\$2.05 - \$2.60 - 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:	4130				
6. Purpose of the lease:	To house the Taxicab Authority				
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 type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input checked="" type="checkbox"/> Other				

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

RECEIVED

JUL 09 2018


GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit reduction in space

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET


Authorized Agency Signature Date 7-6-18

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20101138228	Exp:	2/28/2019	70
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 checked="" type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
g. State of Nevada Vendor number:	T29023573			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO


Authorized Signature Date 7/9/18

Public Works Division

For Board of Examiners ☒ YES ☐ NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health and Human Services Aging and Disability Services Division, Rural Regional Center 3416 Goni Road, Building D 132-Fiscal Carson City, Nevada 89706 Lisa Tuttle (775) 687-0532 Fax: (775) 687-0573 email: ltuttle@adsd.nv.gov				
Remarks:	Leasing Services negotiated this renewal of an existing lease.				
Exceptions/Special notes:					
2. Name of Lessor:	Lakey Brothers General Tire, Inc.				
3. Address of Lessor:	PO Box 5159, Fallon, Nevada 89407 3434 Cress Place, Fallon, Nevada 89406				
4. Property contact:	Jim Lakey Cell: (775) 560-8473 Fax: (775) 867-4820 Home: (775) 423-5846 email: tonijim@cccomm.net				
5. Address of Lease property:	103 North Maine Street Fallon, Nevada 89406				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 800				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$750.00	12	\$9,000.00	December 1, 2018 - November 30, 2019	\$0.94
2%	\$765.00	12	\$9,180.00	December 1, 2019 - November 30, 2020	\$0.96
0%	\$765.00	12	\$9,180.00	December 1, 2020 - November 30, 2021	\$0.96
c. Total Lease Consideration:		36	\$27,360.00		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One (1) identical term
e. Holdover notice:	# of Days required		30	Holdover terms:	5% / 90
f. Term:	Three (3) years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant				
i. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input checked="" 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:	Not Available - Rural Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3167				
6. Purpose of the lease:	To house the ADSD Rural Regional Center				
7. This lease constitutes:	<input checked="" 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 type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$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

J. Gary L. F. Dean Schmitt 7/20/18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20101343328	Exp:	4/30/2019	3
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input checked="" type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	T81074050			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

David D. Patrick 7/31/18
Authorized Signature Date
Public Works Division

PS
For Board of Examiners ☒ YES ☐ NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <u>ARF</u>	<u>8-8-13</u>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Health and Human Services
Division of Public and Behavioral Health, Environmental Health Section
4150 Technology Way, Third Floor
Carson City, Nevada 89706
Debbie Ohi (775) 684-5915 Fax: (775) 684-4211 email: dlohi@health.nv.gov

Remarks:

This lease was negotiated at a zero cost in order to relocate one inspector currently based in Las Vegas. Relocation was requested in order to increase customer service abilities by having a local office available to the community.

Exceptions/Special notes:

2. Name of Lessor:

Nye County

3. Address of Lessor:

2100 East Walt Williams Drive, Suite 100
Pahrump, NV 89048

4. Property contact:

Samantha Tackett
775.751.4270 Fax: 775.751.4229 stackett@co.nye.nv.us

5. Address of Lease property:

Nye County Planning Offices
250 North Highway 160
Pahrump, Nevada 89060

a. Square Footage:

☐ Rentable

☒ Usable 100

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$0.00	60	\$0.00	July 9, 2018 - June 30, 2023	\$0.00
	60	\$0.00		

Increase %

c. Total Lease Consideration:

d. Option to renew:

☐ Yes ☐ No

Renewal terms:

e. Holdover notice:

of Days required

Holdover terms:

f. Term:

Five (5) years

g. Pass-thrus/CAM/Taxes

☒ Landlord ☐ Tenant

h. Utilities:

☒ Landlord ☐ Tenant

i. Janitorial:

☒ Landlord ☐ Tenant ☐ 3 day ☐ 5 day ☐ Rural 3 day ☐ Rural 5 day ☒ Other (see special notes)

j. Repairs:

Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant

k. Comparable Market Rate:

Not Available - Rural Area

l. Specific termination clause in lease:

Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number:

3194

6. Purpose of the lease:

To house the DPBH - Environmental Health Section

7. This lease constitutes:

- ☐ An extension of an existing lease
- ☐ An addition to current facilities (requires a remark)
- ☐ A relocation (requires a remark)
- ☒ A new location (requires a remark)
- ☐ Remodeling only
- ☐ Other

a. Estimated Moving Expenses: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00

RECEIVED

AUG - 8 2018

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit _____

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Authorized Agency Signature _____

Date _____

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>Exempt</u>	Exp:							1
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC	<input type="checkbox"/>	INC	<input type="checkbox"/>	CORP	<input type="checkbox"/>	LP	<input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:		<input checked="" type="checkbox"/> YES						<input type="checkbox"/> NO	
*If yes, please explain in exceptions section									
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES						<input type="checkbox"/> NO	
*If no, please explain in exceptions section									
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input type="checkbox"/> YES						<input checked="" type="checkbox"/> NO	
*If no, please explain in exceptions section									
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States		<input checked="" type="checkbox"/> YES						<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T80044560</u>								

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO



Authorized Signature
Public Works Division

7/23/18
Date

W PS

For Board of Examiners

☒ YES

☐ NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i> 8/14/18
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health and Human Services Division of Welfare and Supportive Services 1470 College Parkway Carson City, Nevada 89706 Barbara Smith (775) 684-0652 Fax: (775) 684-0656 Email: basmith@dwss.nv.gov				
Remarks:	This is a renewal of an existing lease, for warehouse/storage space of Tenant's files which is across the parking lot from the main Division office.				
Exceptions/Special notes:	Minimum janitorial standards are being used due to warehouse environment.				
2. Name of Lessor:	S. and A. Freshman Family Properties, LLC dba Northgate Plaza				
3. Address of Lessor:	c/o Standard Management Company 5901 West Century Blvd, #1010 Los Angeles, California 90045				
4. Property contact:	Robert Fleischer (310) 410-2300 x 5323 Fax: (310) 410-2919 rfleischer@standardmanagement.com				
5. Address of Lease property:	2593 North Carson Street Carson City, Nevada 89706				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 3,412				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$3,198.75	12	\$38,385.00	January 1, 2019 - December 31, 2019	\$0.94
3%	\$3,294.71	12	\$39,536.52	January 1, 2020 - December 31, 2020	\$0.97
0%	\$3,294.71	12	\$39,536.52	January 1, 2021 - December 31, 2021	\$0.97
c. Total Lease Consideration:		36	\$117,458.04		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One (1) identical term
e. Holdover notice:	# of Days required		30	Holdover terms:	5% / 90
f. Term:	Three (3) years				
g. Pass-thrus/CAM/Taxes	<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 type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" 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:	Not Available for Storage				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3233				
6. Purpose of the lease:	To house Division of Welfare and Supportive Services files for storage				
7. This lease constitutes:	<input checked="" 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 type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$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 Base - ongoing project

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

 7/30/18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19991099231</u>	Exp:	<u>12/31/2018</u>	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
g. State of Nevada Vendor number:	<u>T27027378</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

 7/31/18
Authorized Signature Date

Public Works Division

PS
For Board of Examiners ☒ YES ☐ NO

STATEWIDE LEASE INFORMATION

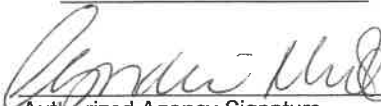
1. Agency:	Department of Motor Vehicles 555 Wright Way Carson City, Nevada 89711 Gareth Jones (775) 684-4504 fax: (775) 684-4724 email: gjones01@dmv.nv.gov				
Remarks:	Leasing Services negotiated this renewal at the current term to include new paint throughout.				
Exceptions/Special notes:					
2. Name of Lessor:	Nathan Wood & Yuko Wood				
3. Address of Lessor:	P.O. Box 249, Hawthorne, Nevada 89415 3205 Susan Avenue, Marina, California 93933				
4. Property contact:	Nathan & Yuko Wood (831) 760-2940 email: honest747@gmail.com				
5. Address of Lease property:	1085 Highway 95 Hawthorne, Nevada 89415				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 1,269				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 2,283.17	12	\$27,398.04	December 1, 2018 - November 30, 2019	\$1.80
2%	\$ 2,328.83	12	\$27,945.96	December 1, 2019 - November 30, 2020	\$1.84
0%	\$ 2,328.83	12	\$27,945.96	December 1, 2020 - November 30, 2021	\$1.84
2%	\$ 2,375.41	12	\$28,504.92	December 1, 2021 - November 30, 2022	\$1.87
0%	\$ 2,375.41	12	\$28,504.92	December 1, 2022 - November 30, 2023	\$1.87
c. Total Lease Consideration:		60	\$140,299.80		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One (1) identical term
e. Holdover notice:	# of Days required		30	Holdover terms:	5% / 90
f. Term:	Five (5) years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input 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:	Not Available - Rural Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	4735				
6. Purpose of the lease:	To house the Department of Motor Vehicles				
7. This lease constitutes:	<input checked="" 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 type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$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

 8/2/18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20131488614	Exp:	8/31/2018	3
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	T29005790			

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

 8/3/18
Authorized Signature Date
Public Works Division

 For Board of Examiners ☒ YES ☐ NO

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	8-7-18
Reviewed by:	

**REAL PROPERTY (FOR BOARDS AND COMMISSIONS)
OR STORAGE LEASE INFORMATION**

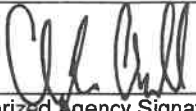
1. Agency (Lessee):	State of Nevada, for and on behalf of the Nevada Army National Guard 901 S. Stewart St. Ste 5003 Carson City, Nevada 89701				
Purpose:	To rent hangar Hangar 1 at Cheyenne Air Center. Full service lease with 8,586 square feet of hangar space. The Lease has a FIVE (5) year term, effective September 15, 2018 through September 14, 2023. Upon expiration, Lease may be renewed for an additional ONE (1) year term.				
Exceptions/Special Lease Terms:	Lessor shall furnish and at their expense shall pay for utilities. Services including heat and air conditioning systems maintenance, parking lot maintenance, elevator maintenance, and then collection, janitorial services, and landscaping. Tenant ("NVARNG") shall provide.				
2. Name of Landlord (Lessor):	Rochelle Aizenberg Wilson Revocable Trust				
3. Address of Landlord:	4511 West Cheyenne Avenue North Las Vegas, Nevada 89032				
4. Property Contact:	Alan Schimpf (702)604-6133				
5. Address of Lease Property:	4511 West Cheyenne Avenue, Hangar 1 North Las Vegas, Nevada 89032				
a. Square Footage or Unit Description	Hangar 8,000 sq. feet office 1,600 sq. feet 8,586 Hangar and Office space				
b. Cost:	Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
Increase %	\$10,000 11,831	60	\$120,000 141,972	5 years	\$1.40 1.38
c. Total Lease Consideration:					709,860 \$600,000
d. Option to Renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Renewal Terms: 5 year term w/ renewal of one additional year				
e. Holdover Notice:	# of Days Required Holdover Terms:				
f. Term:	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 checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input 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 type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant				
k. Comparable Market Rate:	N/A				
l. Specific termination clause in lease:	Breach/Default/Lack of Funding Prior termination				
m. Lease will be paid for by Agency Budget Account Number or BOC Number:	3650				
6. BOE Threshold:					
7. This lease constitutes:	<input checked="" 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 type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only				
a. Estimated Moving Expenses: \$	0	Furnishings: \$	0	Data/Phones: \$	0

PROPERTY OR STORAGE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE AND STORAGE 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

3 August 2018

Date

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>Pending</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 checked="" type="checkbox"/> LP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>T29034346</u>		

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Please Note: Dates for lease 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>Sur</i>	8-7-18
Reviewed by:	

**REAL PROPERTY (FOR BOARDS AND COMMISSIONS)
OR STORAGE LEASE INFORMATION**

1. Agency (Lessee):	State of Nevada, for and on behalf of the Nevada Army National Guard 901 S. Stewart St. Ste 5003 Carson City, Nevada 89701				
Purpose:	To rent hangar and office space of Hangar 2 at Cheyenne Air Center. Full service Lease of 8,000 square feet of hangar and 1,600 office space. The Lease has a 5 year term, effective 9/15/2018 through 9/14/2023. Upon expiration, Lease may be renewed for 1 additional year.				
Exceptions/Special Lease Terms:	Lessor shall furnish and at their expense shall pay for utilities including gas, water, sewer and electricity. Services including heat and air conditioning systems maintenance, parking lot maintenance, elevator maintenance, garbage collection, janitorial services and +				
2. Name of Landlord (Lessor):	Cheyenne Air Center, Mike Black				
3. Address of Landlord:	4511 West Cheyenne Avenue North Las Vegas, Nevada 89032				
4. Property Contact:	Mike Black (702)228-2222				
5. Address of Lease Property:	4511 West Cheyenne Avenue, Hangar 2 North Las Vegas, Nevada 89032				
a. Square Footage or Unit Description	Hangar 8,000 sq. feet; office 1,600 sq. feet				
b. Cost:	Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
Increase % -	\$13,000	60	\$156,000	5 years	\$1.35
c. Total Lease Consideration:					\$780,000
d. Option to Renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Renewal Terms: 5 year term w/ renewal of one additional year		
e. Holdover Notice:	# of Days Required		Holdover Terms:		
f. Term:	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 checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input 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 type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant				
k. Comparable Market Rate:	N/A				
l. Specific termination clause in lease:	Breach/Default/Lack of Funding Prior termination				
m. Lease will be paid for by Agency Budget Account Number or BOC Number:	3650				
6. BOE Threshold:					
7. This lease constitutes:	<input checked="" 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 type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only				
a. Estimated Moving Expenses: \$	0	Furnishings: \$	0	Data/Phones: \$	0

PROPERTY OR STORAGE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE AND STORAGE 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

3 August 2018
Date

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19961193239</u>	Exp: <u>09/30/2018</u>
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 checked="" type="checkbox"/> LP <input type="checkbox"/>	
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section		
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
*If no, please explain in exceptions section		
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
*If no, please explain in exceptions section		
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T29003866</u>	

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Please Note: Dates for lease commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - GRANTS UNIT	CHRIS HALSOR UNDERSTANDING LEGAL MARIJUANA, LLC	FEDERAL	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide training to prosecutors, assist in evaluating and prosecuting DUI and DUI related vehicular homicide cases and provide data for reports relating to those cases for future training needs.				
	Term of Contract:	10/01/2018 - 09/30/2019	Contract # 20686			
2.	030	ATTORNEY GENERAL'S OFFICE - GRANTS UNIT	FILEONQ, INC.	FEDERAL	\$81,811	
	Contract Description:	This is a new contract to implement an approved technology investment for an evidence software management system, hardware, training and ongoing support for three locations. This system will be replacing the current system and will be used in the Investigations Division for tracking evidence that has been seized pertaining to criminal investigations and prosecutions.				
	Term of Contract:	Upon Approval - 12/31/2019	Contract # 20638			
3.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	CITY OF LAS VEGAS DEPARTMENT OF PUBLIC SAFETY	FEE: REVENUE	\$80,000	
	Contract Description:	This is a new revenue interlocal contract to provide for the Victim Information and Notification System. The entities that will be using this system will cost share with the Office of the Attorney General.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20642			
4.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	HENDERSON POLICE DEPARTMENT	FEE: REVENUE	\$50,000	
	Contract Description:	This is a new revenue interlocal contract to provide for the Victim Information and Notification System. The entities that will be using this system will cost share with the Office of the Attorney General.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20639			
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	NEVADA LANDCARE USA, LLC DBA LANDCARE	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$42,960	
	Contract Description:	This is the second amendment to the original contract which provides landscaping services to the Department of Motor Vehicles Henderson location and various state-owned buildings located in southern Nevada. This amendment extends the termination date from October 31, 2018 to October 31, 2020 and increases the maximum amount from \$42,960 to \$88,920 due to the continued need for these services.				
	Term of Contract:	11/01/2016 - 10/31/2020	Contract # 17931			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	WOW CLEANING CORPORATION	OTHER: BUILDINGS & GROUNDS BUILDING RENT INCOME REVENUE	\$45,000	
	Contract Description:	This is the first amendment to the original contract which provides floor and window cleaning for state-owned building in southern Nevada. This amendment increases the maximum amount from \$45,000 to \$90,000 due to higher than anticipated demand and a continued need for these services.				
	Term of Contract:	12/04/2017 - 11/01/2021	Contract # 19430			
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS	\$14,600	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Heroes Memorial Building Annex - Roofing Replacement and Roof Seismic Stabilization CIP project: CIP Project No. 17-M68; SPWD Contract No. 111642. This amendment increases the maximum amount from \$48,365 to \$62,965 and changes the scope of work to include design services to install a new DX type air handler unit on the roof.				
	Term of Contract:	12/20/2017 - 06/30/2021	Contract # 19500			
8.	300	DEPARTMENT OF EDUCATION - CONTINUING EDUCATION	LITERACYPRO SYSTEMS, INC.	FEDERAL	\$139,382	Sole Source
	Contract Description:	This is a new contract to provide an online web-based management information system for the collection of student data for federal reporting requirements under the Workforce Innovation and Opportunity Act, Title II Adult Education programs. Literacy, Adult and Community Education System, a proprietary cloud-based system by Literacy Pro Systems Inc., is specifically engineered for providers of Adult Basic Education which meets the requirements imposed by the U.S. Department of Education Office of Career, Technical, and Adult Education.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20696			
9.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	BOARD OF REGENTS- NEVADA SYSTEM OF HIGHER EDUCATION OBO-UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	\$97,574	
	Contract Description:	This is a new interlocal agreement to provide review of vendors who respond to the department's request for qualifications for evidence based providers.				
	Term of Contract:	Upon Approval - 07/31/2019	Contract # 20721			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	DOUGLAS COUNTY	OTHER: REVENUE	\$100,000	
	Contract Description:	This is a new revenue interlocal agreement to provide services to children with intellectual and developmental disabilities. This agreement will automatically renew each year unless terminated by either party.				
		Term of Contract:	07/01/2018 - Unlimited	Contract # 20597		
11.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	HUMBOLDT COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$173,532	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement to receive funds to support and fund the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for the non-state governmental-owned and operated hospital. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from \$3,034,639 to \$3,208,171 due to adding the Graduate Medical Education program to the scope of work.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17786		
12.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	HUMBOLDT COUNTY HOSPITAL DISTRICT	OTHER: REVENUE	\$124,490	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement to receive funds for voluntary contributions which is calculated based on the outpatient Upper Payment Limit supplemental payments received by the non-state, governmental-owned and operated hospital. This amendment increases the maximum amount from \$1,455,353 to \$1,579,843 due to adding the Graduate Medical Education program to the scope of work.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17785		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	HEALTHIE NEVADA	GENERAL 10% FEDERAL 90%	\$1,122,800	Sole Source
	Contract Description:	This is a new contract to provide Health Information Exchange (HIE) connectivity services to agencies to further the Center for Medicare and Medicaid HITECH Act Interoperability program. HIE is the services to move health data between disparate electronic health and clinical data systems which provides the ability to aggregate clinical patient information into a repository for care coordination and population health management.				
	Term of Contract:	Upon Approval - 09/30/2019	Contract # 20643			
14.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - CHRONIC DISEASE	NATIONAL JEWISH HEALTH	OTHER: HEALTHY NEVADA FUNDS 33.3% FEDERAL 66.7%	\$1,200,000	
	Contract Description:	This is the first amendment to provide services in support of the Nevada Tobacco Quit line. This amendment extends the termination date from September 30, 2018 to September 30, 2022 and increases the maximum amount from \$1,200,000 to \$2,400,000 due to the continued need for these services and compliance with federal grant funding.				
	Term of Contract:	09/10/2014 - 09/30/2022	Contract # 15974			
15.	431	OFFICE OF THE MILITARY	ANDREWS, HAMMOCK, & POWELL, INC.	FEDERAL	\$77,527	Professional Service
	Contract Description:	This is a new contract to provide professional Life Cycle Cost Analysis services, in accordance with National Institute of Standards and Technology Handbook 135, for two heating, ventilation and air conditioning replacement options for Nevada Army Guard facility located in Las Vegas.				
	Term of Contract:	Upon Approval - 09/11/2019	Contract # 20701			
16.	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS DBA SIMPSON COULTER STUDIO	FEDERAL	\$67,500	Professional Service
	Contract Description:	This is a new contract to provide a feasibility study for the Field Maintenance Shop No. 1 at Floyd Edsall Training Center in Las Vegas including an analysis of various required upgrades, design options and coordination with the existing Combined Support Maintenance Shop #2.				
	Term of Contract:	Upon Approval - 06/30/2019	Contract # 20700			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	COMPUMED, INC.	GENERAL	\$148,304	
	Contract Description:	This is a new contract to provide ongoing electrocardiogram (EKG) services, (also referred to as ECG) for eight EKG machines, equipment maintenance and interpretation of EKG readings to the Regional Medical Facility at Northern Nevada Correctional Center, Warm Springs Correctional Center, Lovelock Correctional Center, Ely State Prison, High Desert State Prison, Southern Desert Correctional Center and Florence McClure Women's Correctional Center.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 20180		
18.	440	DEPARTMENT OF CORRECTIONS - WARM SPRINGS CORRECTIONAL CENTER	WATERS SEPTIC TANK SERVICE DBA WATERS VACUUM TRUCK SERVICE	GENERAL	\$89,435	
	Contract Description:	This is a new contract to provide ongoing grease trap and interceptor pumping and cleaning at Northern Nevada Correctional Center, Stewart Conservation Camp, and Warm Springs Conservation Camp.				
		Term of Contract:	08/01/2018 - 06/30/2021	Contract # 20513		
19.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	ADVANCE PIERRE FOODS, INC. DBA THE HILLSHIRE BRANDS COMPANY	FEDERAL	\$450,000	
	Contract Description:	This is the second amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$500,000 to \$950,000 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for these services.				
		Term of Contract:	10/01/2016 - 09/30/2020	Contract # 17996		
20.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	BONGARDS CREAMERIES	FEDERAL	\$260,000	
	Contract Description:	This is the first amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$641,700 to \$901,700 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for these services.				
		Term of Contract:	10/01/2016 - 09/30/2020	Contract # 18000		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	CHINESE FOOD SOLUTIONS, INC. DBA ASIAN FOOD SOLUTIONS	FEDERAL	\$1,275,000	
	Contract Description:	This is the second amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$1,050,000 to \$2,325,000 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for these services.				
	Term of Contract:	10/01/2016 - 09/30/2020	Contract # 17999			
22.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	JENNIE-O TURKEY STORE SALES, LLC	FEDERAL	\$1,310,000	
	Contract Description:	This is the fourth amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$1,500,000 to \$2,810,000 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for these services.				
	Term of Contract:	10/01/2016 - 09/30/2020	Contract # 18004			
23.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	LAND O' LAKES	FEDERAL	\$120,000	
	Contract Description:	This is the first amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$324,000 to \$444,000 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for these services.				
	Term of Contract:	10/01/2016 - 09/30/2020	Contract # 18018			
24.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	LETS DO LUNCH, INC. DBA INTEGRATED FOOD SERVICE	FEDERAL	\$770,000	
	Contract Description:	This is the first amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$1,984,100 to \$2,754,100 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for these services.				
	Term of Contract:	10/01/2016 - 09/30/2020	Contract # 18019			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	NATIONAL FOOD GROUP, INC.	FEDERAL	\$7,930,000	
	Contract Description:	This is the first amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$6,392,000 to \$14,322,000 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for these services.				
	Term of Contract:	10/01/2016 - 09/30/2020	Contract # 18020			
26.	650	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	WESTERN IDENTIFICATION NETWORK, INC.	FEE: FINGERPRINT	\$8,606,419	Sole Source
	Contract Description:	This is the fifth amendment to the original contract which provides system maintenance services and continues access/participation in the Western Identification Network - Automated Fingerprint Identification System program. This amendment extends the termination date from June 30, 2021 to June 30, 2031 and increases the maximum amount from \$10,830,968.00 to \$19,437,386.54 due to an increase in the system user cost share fee, approved by the Board, resulting from system-wide hardware and software upgrades, system functionality improvements, and increased maintenance cost associated with those upgrades.				
	Term of Contract:	01/18/2007 - 06/30/2031	Contract # CONV3568			
27.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	HALEY SHARPE DESIGN	GENERAL	\$92,000	
	Contract Description:	This is the first amendment to the original contract which provides exhibit planning and design services to include project scoping, conceptual design, schematic design and vision documentation for the new Ice Age Fossils State Park. This amendment increases the maximum amount from \$68,000 to \$160,000 and extends the termination date from June 30, 2019 to December 31, 2019 to address phase II of the design element.				
	Term of Contract:	03/13/2018 - 12/31/2019	Contract # 19693			
28.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	LAKE TAHOE SHAKESPEARE FESTIVAL	OTHER: REVENUE	\$646,800	
	Contract Description:	This is a new revenue contract to provide cultural outdoor performances at Lake Tahoe Nevada State Park.				
	Term of Contract:	01/01/2019 - 12/31/2028	Contract # 20573			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - BASIN ACCOUNT REGION 1 - NON-EXEC	BOARD OF REGENTS- NEVADA SYSTEM OF HIGHER EDUCATION OBO-UNIVERSITY OF NEVADA, RENO	OTHER: BASIN ASSESSMENTS	\$77,937	
	Contract Description:	This is a new interlocal agreement to provide a method to estimate the annual economic value of water within the Humboldt Basin to support management of groundwater.				
		Term of Contract:	Upon Approval - 10/31/2019	Contract # 20709		
30.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - PROTECT LAKE TAHOE-NON-EXEC	MARKIT! FORESTRY MANAGEMENT, LLC	BONDS 79% OTHER: LAKE TAHOE LICENSE PLATES 21%	\$2,389,500	
	Contract Description:	This is a new contract to provide tree thinning services for 300 acres within the Spooner Lake Unit in the Lake Tahoe Basin.				
		Term of Contract:	Upon Approval - 03/11/2019	Contract # 20610		
31.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	BAKER TILLY VIRCHOW KRAUSE, LLP	FEE: EXAMINATION	\$2,500,000	
	Contract Description:	This is a new contract to provide statutory examination services on an as needed basis. Work will vary from a full scope exam to a targeted exam and may be required in all 50 states, District of Columbia or territories.				
		Term of Contract:	Upon Approval - 08/31/2020	Contract # 20603		
32.	810	DEPARTMENT OF MOTOR VEHICLES - VERIFICATION OF INSURANCE	DATAMATX, INC.	HIGHWAY 19% FEE: REGISTRATION 81%	\$9,361,000	
	Contract Description:	This is the first amendment to the original contract which provide an approved technology investment for the processing of first class mail and certified letters utilizing electronic means to track and mail letters. This amendment increases the maximum amount from \$6,243,895.71 to \$15,604,895.71 and extends the termination date from September 30, 2018 to September 30, 2024 due to the continued need for these services.				
		Term of Contract:	10/01/2014 - 09/30/2024	Contract # 16037		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	B001	LICENSING BOARDS AND COMMISSIONS - ACCOUNTANCY	ALLISON MACKENZIE	FEE: LICENSURE	\$289,500	Professional Service
	Contract Description:	This is a new contract for legal services, including representation in law suits, disciplinary actions, administrative hearings and legislative assistance.				
		Term of Contract:	01/01/2019 - 12/31/2021	Contract # 20612		

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: **20686**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1040-25**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CHRIS HALSOR UNDERSTANDING LEGAL MARIJUANA, LLC**Contractor Name: **CHRIS HALSOR UNDERSTANDING LEGAL MARIJUANA, LLC**Address: **717 ARAPAHOE STREET**City/State/Zip: **GOLDEN, CO 80401-1053**Contact/Phone: **303/547-0470**Vendor No.: **T27040349**NV Business ID: **NV20161694977**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 **10/01/2018**

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2019**Contract term: **364 days**4. Type of contract: **Contract**Contract description: **Attorney**

5. Purpose of contract:

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

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$5,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

State employees are not specialized in this type of training.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Sole Proprietor

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Debbie Tanaka, MAIV Ph: 775-684-1110

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	08/02/2018 17:03:20 PM
Division Approval	cschonl1	08/02/2018 17:03:21 PM
Department Approval	cschonl1	08/02/2018 17:03:25 PM
Contract Manager Approval	cschonl1	08/02/2018 17:03:27 PM
Budget Analyst Approval	hfield	08/07/2018 16:31:07 PM
BOE Agenda Approval	hfield	08/07/2018 16:31:09 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: **20638**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1040-19**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **FILEONQ, INC.**Contractor Name: **FILEONQ, INC.**Address: **832 INDUSTRY DR**City/State/Zip: **SEATTLE, WA 98188**Contact/Phone: **206/575-3488**Vendor No.: **PUR0004315**NV Business ID: **NV20181131193**To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2019**Contract term: **1 year and 121 days**4. Type of contract: **Contract**Contract description: **Evidence Software**

5. Purpose of contract:

This is a new contract to implement an approved technology investment for an evidence software management system, hardware, training and ongoing support for three locations. This system will be replacing the current system and will be used in the Investigations Division for tracking evidence that has been seized pertaining to criminal investigations and prosecutions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$81,811.00**

Other basis for payment: see scope of work

II. JUSTIFICATION

7. What conditions require that this work be done?

The current software used by the Investigations Division to track and maintain seized property is antiquated and needs to be replaced.

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

State employees are not specialized in this area.

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?

RFP Selection committee

d. Last bid date: 11/02/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Sherri McGee, IT Chief Ph: 775-684-1104

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	07/31/2018 14:26:13 PM
Division Approval	cschonl1	07/31/2018 14:26:15 PM
Department Approval	cschonl1	07/31/2018 14:26:17 PM
Contract Manager Approval	cschonl1	08/03/2018 14:44:25 PM
EITS Approval	lolso3	08/06/2018 08:23:36 AM
Budget Analyst Approval	hfield	08/07/2018 13:25:19 PM
BOE Agenda Approval	hfield	08/07/2018 13:25:22 PM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Patrick Cates
Director

Shannon Rahming
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

MEMORANDUM

DATE: October 2, 2017

TO: Catherine Krause, Information Technology Chief, AG

CC: Governor's Finance Office
Tom Wolf, Chief IT Manager, Computing, EITS, DOA
Ken Adams, Chief IT Manager, Communications, EITS, DOA
Suzie Block, Chief IT Manager, Agency IT Services, EITS, DOA
Shannon Rahming, Administrator, EITS, DOA
David Haws, Deputy Administrator, EITS, DOA
Robert Dehnhardt, Chief IT Manager, Security, EITS, DOA

FROM: Tim Lewis, TIR Administrator, EITS, DOA

SUBJECT: TIR Approval: AGO Evidence Management System

We reviewed and approved the TIR and associated documentation for the AGO Evidence Management System.

The AGO Evidence Management System will use grant funding to procure evidence management software and associated computers, printers, and other peripheral hardware. The new solution, to be selected through the State's RFP process, will replace an aging, obsolete system that is no longer supported.

It is expected that this effort will follow the existing agency and State security policies. The Office of Information Security (OIS) (InfoSec@doit.nv.gov) will ensure maximum security through guidance related to system architecture and the establishment of proper security controls. Please work with OIS to assure that proper security provisions are included in RFPs and vendor contracts. They are available to review any controls and provide guidance on protecting critical and personally identifiable information.

If funded, please be sure to consider how the implementation of this system will affect the workflow of state data and the related records responsibilities of agency personnel. If you have questions regarding this or wish to receive a sampling of the types of RDAs that will be affected by this implementation please contact the State Records Manager, Nevada Library and Archives at records@admin.nv.gov.

Also, please be aware that requirements for additional bandwidth may result in the agency being placed in a different cost tier for communications services.

If you have any questions, or if EITS Planning can be of any further assistance, please feel free to contact me at 775-684-5845.

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: **20642**

Agency Name:	ATTORNEY GENERAL'S OFFICE	Legal Entity Name:	City of Las Vegas Department of Public Safety
Agency Code:	030	Contractor Name:	City of Las Vegas Department of Public Safety
Appropriation Unit:	1042-00	Address:	3300 Stewart Ave
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89101
If "No" please explain:	Not Applicable	Contact/Phone:	702-229-5295
		Vendor No.:	T40277602
		NV Business ID:	Government 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	100.00 % REVENUE
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 **07/01/2018**

Anticipated BOE meeting date 09/2018

Retroactive? **Yes**

If "Yes", please explain

The City of Las Vegas on behalf of the Department of Public Safety needed to obtain approvals from their Board prior to sending this to the Office of the Attorney General. Due to their lengthy approval process, this contract was just received by our office. We therefore request to make this contract retroactive from July 1, 2018.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **VINE Systems**

5. Purpose of contract:

This is a new revenue interlocal contract to provide for the Victim Information and Notification System. The entities that will be using this system will cost share with the Office of the Attorney General.

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?

Per NRS 178.4715 a victim may request the Administrator or the Administrator's designee to notify them of an offender's discharge, conditional release or escape from the custody of the Administrator. The VINE system has been implemented so that this notification is an automated process removing this task from the individual jurisdictions and creating a more expedient method of notification.

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

This is a revenue contract that does not require work to be done by State employees

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	07/31/2018 12:32:44 PM
Division Approval	cschonl1	07/31/2018 12:32:46 PM
Department Approval	cschonl1	07/31/2018 12:32:47 PM
Contract Manager Approval	cschonl1	07/31/2018 12:32:49 PM
Budget Analyst Approval	hfield	08/02/2018 16:50:17 PM
BOE Agenda Approval	hfield	08/02/2018 16:50:20 PM
BOE Final Approval	Pending	

ADAM PAUL LAXALT
Attorney General



NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

Date: July 30, 2018

To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract #20642 for City of Las Vegas
Department of Public Safety

The City of Las Vegas on behalf of the Department of Public Safety needed to obtain approvals from their Board prior to sending this to the Office of the Attorney General. Due to their lengthy approval process, this contract was just received by our office. We therefore request to make this contract retroactive from July 1, 2018.

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: **20639**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1042-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HENDERSON POLICE DEPARTMENT**Contractor Name: **HENDERSON POLICE DEPARTMENT**Address: **223 LEAD ST**City/State/Zip: **HENDERSON, NV 89015**Contact/Phone: **702/267-1752**Vendor No.: **T81092697**NV Business ID: **Government 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	100.00 % REVENUE
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 **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

The City of Henderson Police Department needed to obtain approvals from their Board prior to sending this to the Office of the Attorney General. Due to their lengthy approval process, this contract was just received by our office. We therefore request to make this contract retroactive from July 1, 2018

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **VINE Systems**

5. Purpose of contract:

This is a new revenue interlocal contract to provide for the Victim Information and Notification System. The entities that will be using this system will cost share with the Office of the Attorney General.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Payment for services will be made at the rate of \$12,500.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 178.4715 a victim may request the Administrator or the Administrator's designee to notify them of an offender's discharge, conditional release or escape from the custody of the Administrator. The VINE system has been implemented so that this notification is an automated process removing this task from the individual jurisdictions and creating a more expedient method of notification.

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

This is a revenue contract that does not require work to be done by State employees

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:
null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	07/31/2018 12:32:27 PM
Division Approval	cschonl1	07/31/2018 12:32:29 PM
Department Approval	cschonl1	07/31/2018 12:32:31 PM
Contract Manager Approval	cschonl1	07/31/2018 12:32:33 PM
Budget Analyst Approval	hfield	08/02/2018 16:38:14 PM
BOE Agenda Approval	hfield	08/02/2018 16:38:17 PM
BOE Final Approval	Pending	

ADAM PAUL LAXALT
Attorney General



NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

Date: July 30, 2018

To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract #20639 for City of Henderson
Police Department

The City of Henderson Police Department needed to obtain approvals from their Board prior to sending this to the Office of the Attorney General. Due to their lengthy approval process, this contract was just received by our office. We therefore request to make this contract retroactive from July 1, 2018

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: **17931**Amendment
Number: **2**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **NEVADA LANDCARE USA, LLC DBA
Landcare**Agency Code: **082**Contractor Name: **NEVADA LANDCARE USA, LLC DBA
Landcare**Appropriation Unit: **1349-12**Address: **LANDCARE
3035 S WESTWOOD DRIVE**Is budget authority
available?: **Yes**City/State/Zip **LAS VEGAS, NV 89109**

If "No" please explain: Not Applicable

Contact/Phone: 702-492-7529

Vendor No.: T32003858

NV Business ID: NV20001008059

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 % BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **11/01/2016**

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **10/31/2018**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Landscaping**

5. Purpose of contract:

This is the second amendment to the original contract which provides landscaping services to the Department of Motor Vehicles Henderson location and various state-owned buildings located in southern Nevada. This amendment extends the termination date from October 31, 2018 to October 31, 2020 and increases the maximum amount from \$42,960 to \$88,920 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:	\$42,960.00	\$42,960.00	\$42,960.00	Yes - Info
a. Amendment 1:	\$3,000.00	\$3,000.00	\$45,960.00	No
2. Amount of current amendment (#2):	\$42,960.00	\$45,960.00	\$88,920.00	Yes - Action
3. New maximum contract amount:	\$88,920.00			
and/or the termination date of the original contract has changed to:	10/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

Landscaping needs to be maintained/serviced on a regular basis to upkeep the property for the employees and for public safety.

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

Buildings and Grounds does not have the labor force or needed equipment to handle the landscaping.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 02/01/2016 Anticipated re-bid date: 06/01/2018

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:

Buildings and Grounds has used this vendor for years 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	ssands	07/26/2018 07:15:23 AM
Division Approval	ssands	07/26/2018 07:15:29 AM
Department Approval	ssands	07/26/2018 07:15:38 AM
Contract Manager Approval	ssands	07/26/2018 07:17:01 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: **19430**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **WOW CLEANING CORPORATION**Agency Code: **082**Contractor Name: **WOW CLEANING CORPORATION**Appropriation Unit: **1349-12**Address: **2720 WRONDEL WAY**Is budget authority
available?: **Yes****SUITE A**City/State/Zip **RENO, NV 89502-8343**

If "No" please explain: Not Applicable

Contact/Phone: **Thad Peterson, Regional Director 775-
322-4787**Vendor No.: **T27041430**NV Business ID: **NV20141289535**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 % BUILDINGS & GROUNDS BUILDING RENT INCOME REVENUE

Agency Reference #: **ASD 2654692**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **12/04/2017**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **11/01/2021**Contract term: **3 years and 332 days**4. Type of contract: **Contract**Contract description: **Flooring maintenance**

5. Purpose of contract:

This is the first amendment to the original contract which provides floor and window cleaning for state-owned buildings in southern Nevada. This amendment increases the maximum amount from \$45,000 to \$90,000 due to higher than anticipated demand and a continued need for these 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
2. Amount of current amendment (#1):	\$45,000.00	\$45,000.00	\$90,000.00	Yes - Action
3. New maximum contract amount:	\$90,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Carpets and flooring need to be kept clean.

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

Buildings and Grounds does not have the personnel to handle floor maintenance of all state-owned buildings in Southern Nevada.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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	ssands	07/31/2018 09:58:54 AM
Division Approval	ssands	07/31/2018 09:58:59 AM
Department Approval	ssands	07/31/2018 09:59:03 AM
Contract Manager Approval	ssands	08/03/2018 07:13:15 AM
Budget Analyst Approval	jrodrig9	08/08/2018 15:38:09 PM
BOE Agenda Approval	hfield	08/14/2018 11:37:54 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: **19500**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **HERSHENOW & KLIPPENSTEIN
ARCHITECTS, INC.**Agency Code: **082**Contractor Name: **HERSHENOW & KLIPPENSTEIN
ARCHITECTS, INC.**Appropriation Unit: **1590-91**Address: **DBA H&K ARCHITECTS
5485 RENO CORPORATE DR STE 100**Is budget authority
available?: **Yes**City/State/Zip **RENO, NV 89511-2262**

If "No" please explain: Not Applicable

Contact/Phone: **775-332-6640**Vendor No.: **T80984709**NV Business ID: **NV19941047730**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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 **No** or b. other effective date **12/20/2017**
Examiner's approval?

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2021**

Termination Date:

Contract term: **3 years and 192 days**4. Type of contract: **Contract**Contract description: **Roofing Replacement**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Heroes Memorial Building Annex - Roofing Replacement and Roof Seismic Stabilization CIP project: CIP Project No. 17-M68; SPWD Contract No. 111642. This amendment increases the maximum amount from \$48,365 to \$62,965 and changes the scope of work to include design services to install a new DX type air handler unit on the roof.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,365.00	\$48,365.00	\$48,365.00	Yes - Info
2. Amount of current amendment (#1):	\$14,600.00	\$14,600.00	\$62,965.00	Yes - Action
3. New maximum contract amount:	\$62,965.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Legislatively Approved CIP

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

Professional Agricultural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	08/01/2018 11:08:11 AM
Division Approval	lmars1	08/01/2018 11:08:14 AM
Department Approval	lmars1	08/01/2018 11:08:18 AM
Contract Manager Approval	lmars1	08/01/2018 11:08:22 AM
Budget Analyst Approval	jrodrig9	08/06/2018 23:39:17 PM
BOE Agenda Approval	hfield	08/07/2018 15:13:14 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: **20696**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	LITERACYPRO SYSTEMS, INC.
Agency Code:	300	Contractor Name:	LITERACYPRO SYSTEMS, INC.
Appropriation Unit:	2680-26	Address:	2355 CANYON BLVD STE 204
Is budget authority available?:	No	City/State/Zip	BOULDER, CO 80302-5656
If "No" please explain: Pending work program to balance forward federal funds with no change in purpose.		Contact/Phone:	DAVID MILLER 303-440-6906
		Vendor No.:	T27042299
		NV Business ID:	NV20181584011

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

The Literacy, Adult and Community Education System was previously paid for through a professional development grant. It was discovered however that the cost does not fall under the Workforce Innovation and Opportunity Act's definition of professional development, that instead it must be included as a part of program administration. The Department was further advised that a contract must be put in place for the services LiteracyPro System Inc. provides.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Data Mgmt System**

5. Purpose of contract:

This is a new contract to provide an online web-based management information system for the collection of student data for federal reporting requirements under the Workforce Innovation and Opportunity Act, Title II Adult Education programs. Literacy, Adult and Community Education System, a proprietary cloud-based system by Literacy Pro Systems Inc., is specifically engineered for providers of Adult Basic Education which meets the requirements imposed by the U.S. Department of Education Office of Career, Technical, and Adult Education.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$139,381.71**

Other basis for payment: 07/01/18 to 06/30/19 \$33,316.00, 07/01/19 to 06/30/20 \$34,315.48, 07/01/20 to 06/30/21 \$35,344.94, 07/01/21 to 06/30/22 \$36,405.29.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Literacy Adult and Community Education System (LACES) is needed in order to meet the requirements imposed by the U.S. Department of Education Office of Career, Technical, and Adult Education (OCTAE) for the Adult Education and Family Literacy Act (AEFLA) under the Workforce Innovation and Opportunity Act (WIOA) grant. All data collected is for federal reporting requirements.

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

Although this is a new contract, approximately six years of data is currently housed in LACES for WIOA, Title II Adult Education program. Required federal reporting necessitates using multiple years of data at a time. Staff is not available to provide the amount and level of work required to use or develop another system.

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 #: 180505

Approval Date: 05/18/2018

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

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	vostin	08/03/2018 12:12:20 PM
Division Approval	amccalla	08/04/2018 05:41:21 AM
Department Approval	amccalla	08/04/2018 05:41:24 AM
Contract Manager Approval	amccalla	08/07/2018 08:11:19 AM

EITS Approval	lolso3	08/13/2018 13:52:16 PM
Budget Analyst Approval	cbrekken	08/16/2018 09:47:55 AM
BOE Agenda Approval	tgreenam	08/21/2018 09:55:37 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

STATE OF NEVADA

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STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction




DEPARTMENT OF EDUCATION
700 E. Fifth Street
Carson City, Nevada 89701-5096
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<http://www.doe.nv.gov>

August 1, 2018

MEMORANDUM

TO: Paul Nicks
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Catherine Brekken
Budget Analyst, Governor's Finance Office – Budget Division

FROM: Andrea Osborne 
Administrative Services Officer 3, Business and Support Services Division

SUBJECT: Request for Retroactive Contract with LiteracyPro Systems, Inc.

This memorandum serves as a request for retroactive approval to July 1st, 2018 on a contract with LiteracyPro Systems, Inc.

The Literacy Adult and Community Education System (LACES), a proprietary cloud-based system by LiteracyPro Systems Inc., was previously paid for through a professional development grant. It was discovered however that the cost does not fall under the Workforce Innovation and Opportunity Act's definition of professional development, that instead it must be included as a part of program administration. The Department of Education was further advised that a contract must be put in place for the services LiteracyPro System Inc. provides.

The contract required both an approved Work Program and a Solicitation Waiver. Due to staff changes and necessary internal approvals, both the Work Program and the Solicitation Waiver were not approved until May 2018. The contract process did not begin until after the approvals and further delay occurred upon contract negotiations.

Given the unique circumstances of events this situation will not occur in the future

Failure to approve the retroactive contract would result in the vendor eliminating access to LACES and ultimately causing the Department of Education's inability to collect and report state and federal data. The system is needed in order to meet the requirements imposed by the U.S. Department of Education Office of Career, Technical, and Adult Education (OCTAE) for the Adult Education and Family Literacy Act (AEFLA) under the Workforce Innovation and Opportunity Act (WIOA) grant.

We appreciate your consideration in this matter.

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#: **180505**

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: Education		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Nancy Olsen, Adult Education Program Supervisor	775-687-7289	nolsen@doe.nv.gov

1b	Vendor Information:	
	Identify Vendor:	LiteracyPro Systems- Literacy Adult and Community Education System (LACES)
	Contact Name:	David Miller, CEO, LiteracyPro Systems, Inc.
	Address:	2355 Canyon Blvd Suite 204 Boulder CO 80302
	Telephone Number:	303-440-6906
	Email Address:	dhmiller@literacypro.com

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
	Amendment:	#		
	CETS:	#		

1e	Term:			
	One (1) Time Purchase:			
	Contract: yes	Start Date:	7/1/2018	End Date: 6/30/2022

1f	Funding:	
	State Appropriated:	
	Federal Funds:	<input checked="" type="checkbox"/>
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$133,200

	Provide a description of work/services to be performed or commodity/good to be purchased:
2	<p>LACES is a proprietary web-based management information system and meets the requirements imposed by the OCTAE, U.S. DOE. All data collected is required for federal reporting under the Workforce Innovation and Opportunity Act (WIOA).</p> <p>LACES was previously purchased through a subgrant award for professional development, however the cost does not fall under the WIOA definition for professional development, therefore the cost can no longer be paid from the current professional development contract. It must be included as a part of program administration to be paid through the WIOA, Title II Adult Education Eligible State Agency. The current web-based system requires annual maintenance and hosting fees.</p>

	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
3	<p>The system is owned and trademarked by the vendor and can only be modified by LiteracyPro. Nevada Adult Education has used LACES for several years and all current and past local student data for Nevada Adult Education is housed in LACES. LACES was developed to collect and report all required data for federal and state reporting for WIOA, Title II Adult Education programs.</p>

	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
4	<p>LACES, which is used statewide to collect and report student data for WIOA Title II Adult Education programs, is a proprietary web-based management information system. Approximately six years of data is currently housed in the LACES system for the WIOA, Title II Adult Education program. Required federal reporting necessitates using multiple years of data at a time. The state staff for the WIOA, Title II Adult Education program has conducted an enormous amount of training in the last six years on the use of this management information reporting system.</p>

	Were alternative services or commodities evaluated? Check One.	Yes:		No:	x
5	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>				
	LACES is a proprietary software and Nevada Adult Education has used LACES for several years. All current and past local student data for Nevada Adult Education is housed in LACES.				

6	<p>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</p> <p>Although payment has not been made directly through the agency, the entire</p>	Yes:	x	No:	x
---	--	------	---	-----	---

cost for the statewide program has been paid by a subgrantee (Northern Nevada Literacy Council) for the last six years using Adult Education and Family Literacy Act Funds that were awarded by the Nevada Department of Education.							
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>			
		\$					
		\$					
		\$					
		\$					
		\$					

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	Denial of the waiver could lead to a disruption in the ability to collect and report required data to maintain the federal grant received by the Nevada Department of Education (NDE). Because 82.5% or more of the federal grant is subgranted to local adult education programs, a failure to report could lead to the reduction or elimination of these funds. Approval of the solicitation waiver will prevent the interruption of said reporting by the NDE to the Office of Career Technical and Adult Education (OCTAE), U.S. DOE.

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?
	LACES is a proprietary system, developed and available only through this vendor. Similar systems are not tailored to Nevada Adult Education and changing would be cost prohibitive.


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:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	As long as the agency continues to receive Adult Education and Family Literacy Act funding it is the intention of the CRALEO office to continue the use, and therefore the contract, of the proprietary software.				

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

Nancy Olsen
Print Name of Agency Representative Initiating Request

3-29-18
Date


Signature of Agency Head Authorizing Request

KRISTINE NELSON
Print Name of Agency Head Authorizing Request

3/29/18
Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

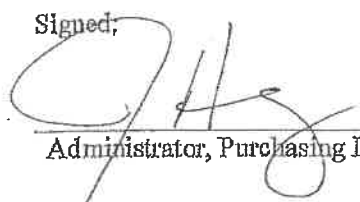
Print Name of Representative Providing Review

Date

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

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

Signed:


Administrator, Purchasing Division or Designee

5-18-2018
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: **20721**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	BOARD OF REGENTS-UNLV
Agency Code:	300	Contractor Name:	BOARD OF REGENTS-UNLV
Appropriation Unit:	2712-36	Address:	4505 S MARYLAND PKWY
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89154
If "No" please explain:	Not Applicable	Contact/Phone:	Felicia Sumler 702-895-5525
		Vendor No.:	D35000813
		NV Business ID:	n/a

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2019**Contract term: **333 days**4. Type of contract: **Interlocal Agreement**Contract description: **Providers**

5. Purpose of contract:

This is a new interlocal agreement to provide review of vendors who respond to the department's request for qualifications for evidence based providers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$97,574.00**

Other basis for payment: Per itemized invoice for services rendered

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department is required to provide support, resources, and guidance to districts and schools, particularly the lowest performing schools, around evidence-based interventions by the Every Student Succeeds Act (ESSA). This may include creating a list of providers to implement evidence-based interventions within schools, and these interventions will have the research and data to demonstrate that they have a statistically significant impact on school outcomes.

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

This work is new and complex, requiring highly specialized skills, both in understanding and implementing education policy and research. There are very few Department employees who have the training and capacity to complete this work accurately, the employees currently have full workloads and responsibilities, so they cannot do this additional complex work. Additionally, the Department was not provided with any extra federal dollars to implement these new federal regulations, and the state has also not provided extra dollars to fund additional positions to do this new and complex work. Thus, there are no positions within the Department that are responsible for this work, which is why the Department is contracting this work out to a research institution.

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?

Yes

If "Yes", please explain

Board of Regents, Nevada System of Higher Education on behalf of the University of Nevada, Las Vegas.

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 has worked with the Nevada System of Higher Education in the past and on current projects. The services have been consistently 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	08/07/2018 13:45:56 PM
Division Approval	amccalla	08/07/2018 13:46:02 PM
Department Approval	amccalla	08/07/2018 13:46:05 PM
Contract Manager Approval	amccalla	08/09/2018 14:12:03 PM
Budget Analyst Approval	cbrekken	08/09/2018 15:59:35 PM
BOE Agenda Approval	tgreenam	08/15/2018 15:25:18 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: **20597**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	DOUGLAS COUNTY
Agency Code:	402	Contractor Name:	DOUGLAS COUNTY
Appropriation Unit:	3167-00	Address:	1594 Esmeralda Avenue PO BOX 218
Is budget authority available?:	Yes	City/State/Zip	Minden, NV 89423
If "No" please explain:	Not Applicable	Contact/Phone:	775-782-9821
		Vendor No.:	T40174400
		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 %
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 **07/01/2018**

Anticipated BOE meeting date 09/2018

Retroactive? **Yes**

If "Yes", please explain

This contract requires the retroactive start date for the State's obligation to continue to provide critical support services (per NRS 435.020) for children with intellectual and development disabilities and ensure continuity of care for reimbursement to ADSD for non-federal share of funding as payment for children's services (per NRS 435.010). ADSD has been collaborating with its State agencies and the Counties to finalize contract language to meet the contractual obligations for all parties.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Douglas County**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide services to children with intellectual and developmental disabilities. This agreement will automatically renew each year unless terminated by either party.

6. NEW CONTRACT

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

7. What conditions require that this work be done?

Pursuant to NRS 435.010 and NRS 435.020, the Aging and Disability Services Division (ADSD) is obligated to provide services to children with intellectual and developmental disabilities and the County to reimburse ADSD the non-federal share of funding as payment for services.

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

State employees in your agency or other State agencies are not able 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?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

ADSD 07/01/2013 to Current - Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	07/23/2018 15:02:38 PM
Division Approval	dbowma1	07/23/2018 15:02:41 PM
Department Approval	vmilazz1	07/30/2018 07:48:03 AM
Contract Manager Approval	khardca1	07/30/2018 11:12:16 AM
Budget Analyst Approval	bwooldri	08/14/2018 14:00:51 PM
BOE Agenda Approval	nhovden	08/15/2018 11:55:45 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator


DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132
Carson City, NV, 89706
Telephone (775) 687-4210 • Fax (775) 687-0574
<http://adsd.nv.gov>

June 13, 2018

MEMORANDUM

TO: James Wells, Director
Governor's Finance Office

THROUGH: Richard Whitley, MS, Director
Department of Health and Human Services

FROM: Dena Schmidt, Administrator 
Aging and Disability Services Division

SUBJECT: Request for Approval for Retroactive July 1, 2018, Start Date for Douglas County Revenue Contract

This memorandum requests the above referenced Aging and Disability Services Division (ADSD) revenue contract with Douglas County be approved for a retroactive start date effective July 1, 2018. This contract requires this retroactive start date for the State's obligation to continue to provide services and ensure continuity of care to children.

This revenue contract is for reimbursement to ADSD for the non-federal share of funding as payment for children's services per NRS 435.010. The critical nature of these services and NRS 435.020 obligate the State to continue to provide needed support services and service coordination for residents with intellectual and developmental disabilities.

ADSD has been collaborating with its State agencies and the counties to finalize contract language to meet the needs and contractual obligations for all parties.

Thank you for your consideration.

Dena Schmidt, Administrator
Aging and Disability Services Division

cc: Lisa Sherych, ADSD, Deputy Administrator
Lisa Tuttle, ADSD, Contract Manager

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: **17786** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Humboldt County Hospital District**

Agency Code: **403** Contractor Name: **Humboldt County Hospital District**

Appropriation Unit: **3157-00** Address: **118 East Haskell Street**

Is budget authority available?: **Yes** City/State/Zip: **Winnemucca, NV 89445**

If "No" please explain: **Not Applicable** Contact/Phone: **775-623-5222**

Vendor No.:

NV Business ID: **Governmental Entity**

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2020**Contract term: **4 years**4. Type of contract: **Revenue Contract**
Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement to receive funds to support and fund the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for the non-state governmental-owned and operated hospital. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from \$3,034,639 to \$3,208,171 due to adding the Graduate Medical Education program to the scope of work.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,034,639.00	\$3,034,639.00	\$3,034,639.00	Yes - Action
2. Amount of current amendment (#1):	\$173,532.00	\$173,532.00	\$173,532.00	Yes - Action
3. New maximum contract amount:	\$3,208,171.00			

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:

State employees are doing 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: **Exempt (Per statute)**

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

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:

Existing contract with satisfactory performance.

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

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

Not Applicable

15. The contractor is 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	07/17/2018 09:17:54 AM
Division Approval	ecreceli	07/18/2018 11:45:51 AM
Department Approval	vmilazz1	07/30/2018 09:40:46 AM
Contract Manager Approval	jkolenut	08/03/2018 08:56:46 AM
Budget Analyst Approval	bwooldri	08/07/2018 14:44:12 PM
BOE Agenda Approval	nhovden	08/21/2018 09:05:09 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: **17785** Amendment Number: **1**

Legal Entity Name: **Humboldt County Hospital District**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Contractor Name: **Humboldt County Hospital District**

Agency Code: **403** Address: **118 East Haskell Street**

Appropriation Unit: **3157-00** City/State/Zip: **Winnemucca, NV 89445**

Is budget authority available?: **Yes** Contact/Phone: **775-623-5222**

If "No" please explain: **Not Applicable** Vendor No.:

NV Business ID: **Governmental Entity**

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2020**Contract term: **4 years**4. Type of contract: **Revenue Contract**
Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement to receive funds for voluntary contributions which is calculated based on the outpatient Upper Payment Limit supplemental payments received by the non-state, governmental-owned and operated hospital. This amendment increases the maximum amount from \$1,455,353 to \$1,579,843 due to adding the Graduate Medical Education program to the scope of work.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,455,353.00	\$1,455,353.00	\$1,455,353.00	Yes - Action
2. Amount of current amendment (#1):	\$124,490.00	\$124,490.00	\$124,490.00	Yes - Action
3. New maximum contract amount:	\$1,579,843.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay 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:

State employees are doing 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: **Exempt (Per statute)**

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

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:

Existing contract with satisfactory performance.

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

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

Not Applicable

15. The contractor is 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	07/20/2018 07:34:29 AM
Division Approval	jkolenut	07/26/2018 07:30:19 AM
Department Approval	vmilazz1	07/30/2018 09:55:52 AM
Contract Manager Approval	jkolenut	08/03/2018 09:10:18 AM
Budget Analyst Approval	bwooldri	08/07/2018 14:51:04 PM
BOE Agenda Approval	nhovden	08/21/2018 09:06:29 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: **20643**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: HEALTHIE NEVADA
Agency Code: 403	Contractor Name: HEALTHIE NEVADA
Appropriation Unit: 3158-73	Address: 6830 W OQUENDO RD STE 102
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-2538
If "No" please explain: Not Applicable	Contact/Phone: 801/892-0155
	Vendor No.: T27034892
	NV Business ID: NV20111661367

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	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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2019**Contract term: **1 year and 29 days**4. Type of contract: **Contract**Contract description: **HIE Connections**

5. Purpose of contract:

This is a new contract to provide Health Information Exchange (HIE) connectivity services to agencies to further the Center for Medicare and Medicaid HITECH Act Interoperability program. HIE is the services to move health data between disparate electronic health and clinical data systems which provides the ability to aggregate clinical patient information into a repository for care coordination and population health management.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,122,800.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

One of the main goals of health information exchange is to have a single state-wide repository of clinical patient information so that providers may access all pertinent patient data from a single source. HealthIE Nevada is the only comprehensive community based data exchange operating within Nevada. HealthIE Nevada currently includes data exchange with two DHHS public health registries, most of the large acute care hospitals, several laboratories, imaging centers, managed care organizations, and providers in both northern and southern Nevada. The Center for Medicare and Medicaid (CMS) approved use of federal 90% federal HITECH Act funding to improve the interoperability of health care data in Nevada in the HIT HIE Implementation Planning Document approved by CMS on 5/17/2018. The projects in this contract reflect the HIE connectivity services approved in that IAPD except for the State EMS registry connection which needs further scoping after the new registry is implemented.

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

The State does not have a designated health information exchange infrastructure nor staff with the required technical skills to perform the services required to connect the public health registries and EHRs to HealthIE which is the only community based HIE in Nevada.

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 #: 180608

Approval Date: 06/25/2018

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

Solicitation Waiver submitted and approved by purchasing on 6/25/2018. HealthIE Nevada operates the only available community based and comprehensive state-wide health information exchange in Nevada. Developing the interfaces necessary to connect providers state-wide is time consuming and costly. HealthIE Nevada already has many of the necessary interfaces developed and has the infrastructure and services in place to expand the health data exchange network as requested as part of this contract.

d. Last bid date: 05/17/2018 Anticipated re-bid date: 06/30/2019

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	07/31/2018 11:34:52 AM
Division Approval	vmilazz1	08/01/2018 16:38:03 PM
Department Approval	vmilazz1	08/01/2018 16:38:39 PM
Contract Manager Approval	jkolenut	08/03/2018 09:19:19 AM
EITS Approval	lolso3	08/06/2018 08:27:54 AM
Budget Analyst Approval	bwooldri	08/20/2018 14:12:41 PM

BOE Agenda Approval
BOE Final Approval

nhovden
Pending

08/21/2018 09:12:48 AM

Brian Sandoval
Governor



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

Patrick Cates
Director

Michael Dietrich
State CIO

David Haws
EITS Administrator

DATE: August 3, 2018

TO: Valerie Hoffman, Chief IT Manager, Health Care Finance and Policy
Priscilla Colegrove, ASO 3, Health Care Finance and Policy

CC: David Haws, Administrator, DOA, EITS, DOA

FROM: Tim Lewis, Technical Investment Administrator, DOA, EITS

SUBJECT: TIN Review: HIE Connections to HealthIE Nevada

We completed the review of the *HIE Connections to HealthIE Nevada* TIN.

The primary project goal of the investment is to share medical-related data among medical facilities and stakeholders by developing system interfaces with various care facilities. It is understood that DHHS-DHCFP will not be responsible for the ongoing maintenance of the interfaces; instead, it is the responsibility of the connecting entity to procure maintenance with HealthIE Nevada following implementation.

If I can be of further assistance, please feel free to contact me.

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#:	180802

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: Division of Health Care Financing and Policy		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Valerie Hoffman, CITM Division of Health Care Financing and Policy Department of Health and Human Services	(775)684-4076	v.hoffman@dncfp.nv.gov

Vendor Information:	
1b	Identify Vendor: HealthIE Nevada
	Contact Name: Michael Gagnon
	Address: 6830 W. Oquendo Road, Suite 102, Las Vegas, NV 89118
	Telephone Number: (702)933-7341
	Email Address: mgagnon@healthinsight.org

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

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

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	Upon BOE signature (target 8/14/2018 BOE)	End Date:	9/30/2019 (per approved DHHS HIT HIE IAPD)

1f	Funding:	
	State Appropriated:	\$104,900 - 10% on State and Underserved Facilities projects
	Federal Funds:	\$1,077,300 - 90% CMS HITECH HIT Funds
	Grant Funds:	
	Other (Explain):	\$14,800 - 10% non-federal/grant match on projects for non-State public health

	agencies (WCHD, SNHD).
--	------------------------

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$1,197,000

	Provide a description of work/services to be performed or commodity/good to be purchased:
2	<p>The Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP) recently requested and received federal Center for Medicaid and Medicare Services (CMS) 90/10 Health Information Technology for Economic and Clinical Health Act (HITECH) funds to connect several public health data systems/registries and Electronic Health Record (EHR) systems for underserved/rural health facilities to HealthIE Nevada. HealthIE Nevada is the only community based Health Information Exchange (HIE) within the State of Nevada. Health information exchange is the services to move health data between disparate electronic health and clinical data systems which provides the ability to aggregate clinical patient information into a repository for care coordination and population health management. By using HealthIE Nevada to provide HIE connections as approved by the Center for Medicare and Medicaid Services (CMS) in DHHS's HIT HIE Implementation Planning Document (IAPD) on May 17, 2018 it is anticipated to increase the interoperability of health data and improve the ability of Medicaid providers within Nevada to meet the HITECH EHR meaningful use/interoperability objectives as outlined by the American Recovery and Reinvestment Act (ARRA) and HITECH acts. HealthIE Nevada will provide HIE connection services which includes project scoping, planning, project management, design, development, functional/user testing, training, and HIE support services for approved DHHS HIE projects.</p>

	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
3	<p>HealthIE Nevada operates the only available community based and comprehensive state-wide health information exchange in Nevada. Developing the interfaces necessary to connect providers state-wide is time consuming and costly. HealthIE Nevada already has many of the necessary interfaces developed and has the infrastructure and services in place to expand the health data exchange network as requested as part of this contract.</p>

	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
4	<p>One of the main goals of health information exchange is to have a single state-wide repository of clinical patient information so that providers may access all pertinent patient data from a single source. HealthIE Nevada is the only comprehensive community based data exchange operating within Nevada. HealthIE Nevada currently includes data exchange with two DHHS public health registries, most of the large acute care hospitals, several laboratories, imaging centers, managed care organizations, and providers in both northern and southern Nevada.</p>

	Were alternative services or commodities evaluated? Check One.	Yes:	No:	X
5	<p>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.</p>			
	b. <i>If not</i> , why were alternatives not evaluated?			

There are no other HIEs operating in Nevada to evaluate. HealthIE Nevada is the only comprehensive community based data exchange operating within the State of Nevada. HealthIE Nevada currently includes data exchange with two DHHS public health registries, most of the large acute care hospitals, several laboratories, imaging centers, managed care organizations, and providers in both northern and southern Nevada.

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: <input type="checkbox"/>	
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:						
6	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFO#, Waiver #)	
	08.09.2016	06.26.2017	\$70,888.00	Connection between Nevada Colorectal Cancer Register and HealthIE Nevada's HIE	Sub-grant from DHHS-DHCFP/DPBH to HealthIE Nevada	
	08.15.2016	03.30.2017	\$56,756.00	Connection between State Electronic Health Lab and HealthIE Nevada's HIE.	Sub-grant from DHHS-DHCFP/DPBH to HealthIE Nevada	

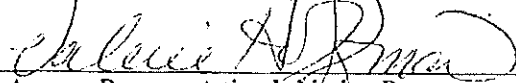
What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?	
7	<p>There are no other community based full service health information exchanges operating within the State of Nevada. The result of going through a lengthy and costly solicitation process when there are no other HIEs in Nevada with the comprehensive connections to acute care facilities, labs, imaging, providers does not make sense. It will delay the start of the project timelines and possibly create further delays due to the need to update the federal funding documents (HIT HIE IAPD) with CMS if the timelines delay more than 60 days from the original approved schedule. This would put the availability of approved state and federal funds at risk and would simply cause an unnecessary delay in the start of this important project while state matching funds and federally approved HITECH funds are still available. The end date for the currently approved HITECH federal funding for the approved HIE projects is set at September 2019. The current end date for HITECH federal grant availability is September 2021. A delay would result in fewer organizations being connected to the HIE and result in lost opportunity to improve the health and wellbeing of Nevadans and those that seek health and clinical services while visiting Nevada.</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?	
8	<p>DHHS, DHCFP staff routinely work with Nevada healthcare organizations, public health agencies, individual practices, and CMS with regard to health information technology project requirements as set forth by the State of Nevada and CMS. It is widely known amongst CMS and the Nevada healthcare and public health communities that HealthIE Nevada is the only community based full service health information exchange operating in the State of Nevada.</p> <p>The DHHS HIT Team conducted routine calls with CMS project officers to ensure the HIE connection costs provided by HealthIE Nevada are fair and reasonable. CMS reviewed the HIT HIE Implementation Advanced Planning Document (IAPD) several times before final submission and did</p>

	not express any concern with the HIE connectivity costs as provided by HealthIE Nevada and specifically complemented the HIT team on the well documented and detail of the project planning and cost estimates included in the most recent HIT HIE IAPD. The HIT HIE IAPD document contains a breakdown of costs of each HIE connection, and these costs were thoroughly reviewed by CMS project officers, discussed thoroughly and approved (CMS project officers see comparative costs amongst HIEs throughout the U.S. as almost all states submit IAPDs to CMS requesting funds for HIE connections).
--	---

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.


Agency Representative Initiating Request

Valerie Hoffman, CITM,
Division of Health Care Financing and Policy
Print Name of Agency Representative Initiating Request

8/15/2018
Date


Signature of Agency Head Authorizing Request

Marta Jensen, Administrator, Division of Health Care Financing and Policy
Print Name of Agency Head Authorizing Request

8/15/2018
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

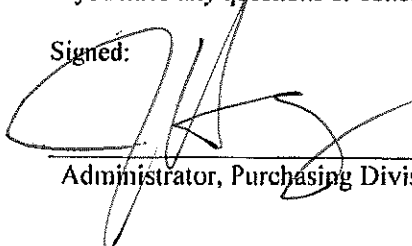
Print Name of Representative Providing Review

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

8-17-2018
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: **15974**Amendment Number: **1**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Legal Entity Name: **NATIONAL JEWISH HEALTH**Agency Code: **406**Contractor Name: **NATIONAL JEWISH HEALTH**Appropriation Unit: **3220-14**Address: **1400 JACKSON ST**Is budget authority available?: **Yes**City/State/Zip: **DENVER, CO 80206-2761**

If "No" please explain: Not Applicable

Contact/Phone: Cile Fisher 303-728-6553

Vendor No.: T27032264

NV Business ID: NV19881023405

To what State Fiscal Year(s) will the contract be charged? **2015-2023**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.70 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	33.30 % Healthy Nevada Funds

Agency Reference #: C 14659 (RFP 3126)

2. Contract start date:

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

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2018**Contract term: **8 years and 22 days**4. Type of contract: **Contract**Contract description: **Tobacco Quitline Ser**

5. Purpose of contract:

This is the first amendment to provide services in support of the Nevada Tobacco Quit line. This amendment extends the termination date from September 30, 2018 to September 30, 2022 and increases the maximum amount from \$1,200,000 to \$2,400,000 due to the continued need for these services and compliance with federal grant funding.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,200,000.00	\$1,200,000.00	\$1,200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$1,200,000.00	\$1,200,000.00	\$1,200,000.00	Yes - Action
3. New maximum contract amount:	\$2,400,000.00			
and/or the termination date of the original contract has changed to:	09/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is required to meet federal regulations pertaining to the CDC federal grant funding program.

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 proper training or skill set to perform these duties. It would not be cost effective to have state personnel staff and maintain a call center for the Tobacco Cessation Quitline.

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):

National Jewish Health
Mississippi Foundation for Medical Care, Inc. dba Information
Alere Weelbeing, Inc.

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

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

Pursuant to RFP #3126, 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: 01/03/2022

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:

Since 9/14 - 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	rmorse	07/20/2018 10:33:14 AM
Division Approval	rmorse	07/20/2018 10:33:18 AM
Department Approval	vmilazz1	07/30/2018 09:27:11 AM
Contract Manager Approval	rmorse	07/31/2018 10:20:55 AM



Purchasing Use Only:

Approval #: 229

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:		Division of Public and Behavioral Health	
	Contact Name(s) and Titles:		Rick Morse Debbie Kawcak MA III Tobacco Cessation Coordinator (775) 684-5932 (775) 684-4261 rmorse@health.nv.gov dkawcak@health.nv.gov	
	Telephone Number(s):		See above	
	Email Address(s):		See above	

2	Contractor Information:			
	Contractor:		National Jewish Health	
	Contact Name:		Allie Winter	
	Address:		1400 Jackson Street, Denver, Colorado 80202	
	Phone Number:		(303) 728-6622	
Email Address:		WinterA@NJHealth.org		

3	Ongoing relationship disclosure – List all previous contract information: N/A				
	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:		RFP #3126	
	Quote, solicitation # if applicable:		N/A	
	Waiver, provide number:		N/A	
Other:				

5	Current contract information:			
	CETS #:		15974	
	Initial contract “not to exceed amount”:		\$1,200,000	
	Contract term:		Start date:	End date:
		10/01/14	09/30/18	

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
	N/A			

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
	1	<ul style="list-style-type: none"> Term extension Budget increase 	\$1,800,000	09/30/22

8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?			
	<p>The Nevada Tobacco Quitline (NTQ) is supported by three funding sources:</p> <ol style="list-style-type: none"> 1. National State-Based Tobacco Control Programs 2. The Fund for a Healthy Nevada (FHN) 3. Tobacco Use Prevention and Public Health Approaches for ensuring Quitline Capacity 			
	<p>The work plan associated with the first grant listed above includes a strategy to increase engagement of health care providers and systems to expand utilization of proven cessation services. For this reason, Tobacco Program subgrantees were previously and are currently funded to establish communication links between community resources and the NTQ to enhance local health systems to refer potential clients to the NTQ. Significant time, training, funding, and other resources have been applied towards this work. To further support these efforts, four (4) subgrantees were awarded funds from FHN to promote health systems changes to support tobacco cessation. One (1) subgrantee represents six (6) rural coalitions; this means that geographically, partners covering the entire state are working on this initiative. The Tobacco Program has learned the minimal cost to set up a referring mechanism to the NTQ is approximately \$9,000. However, there can be additional technology costs. University Medical Center (UMC) Carson Tahoe Healthcare Systems and Federally Qualified Health Centers statewide are currently in the process of creating a referral system. A necessary cost of this process can be the purchase of a Health Information Signal Provider (HISP). The purchase of a HISP provides other benefits but is an important and costly step to establishing a secure means to transmit health data to the NTQ. UMC is in the process of purchasing a HISP at an estimated cost of \$60,000. As funding permits, subgrantees have allocated funds to these types of costs and are continuing to make plans with health systems willing to partner on this initiative. These health system enhancements and community-clinical linkages are being established between entities in Nevada and the current vendor for the NTQ at considerable cost to the State of Nevada and collaborating health systems. It would be more efficient for Nevada to take steps to maintain a regular vendor to capitalize on the referral mechanisms currently being developed. Tobacco treatment is one of the most cost-effective preventive services with as much as a \$2-\$3 return on every dollar invested. Studies show that continuous sustained quitters cost \$541 less in health care spending per quarter within 18 months of quitting, compared to those who continued smoking. (Retrieved from: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/tobacco/overview/index.html)</p>			

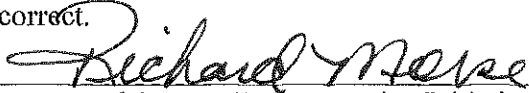
	<p>The third funding source focuses on strategies related to sustainability and Medicaid recipients in need of tobacco cessation services. Beginning in State Fiscal Year (SFY) 2018, three (3) Managed Care Organizations (MCOs) were awarded contracts to administer healthcare benefits for the majority of Nevada's Medicaid population. The MCOs included tobacco cessation as a value-added benefit as part of their bid. Coordinating with the Tobacco Program, two (2) MCOs separately contracted with the NTQ vendor to provide tobacco cessation services for their recipients. The third MCO is partnering with the Tobacco Program and NTQ vendor to create a system to transfer their recipients to their in-house tobacco cessation services. The actions of the MCOs benefit the State of Nevada and taxpayers, as more Medicaid recipients will be tracked, and their costs will be attributed to the MCOs instead of Nevada Medicaid or the Tobacco Program bearing the cost.</p> <p>There are other financial considerations supporting this amendment request. The NTQ vendor currently provides services for 14 other states. This arrangement provides for a cooperative agreement between states to leverage all funding sources. Since October 1, 2014, when Nevada began contracting with this NTQ vendor, the Tobacco Program has participated in the development of an enhanced, mobile-device friendly website at a cost of over \$10,000 and the development of a behavioral health protocol at a cost of \$40,000.</p> <p>Finally, the Tobacco Program has established quality baseline data within the NTQ. The previous NTQ vendor did not provide adequate or accurate data which impacted grant writing and the ability to evaluate the effectiveness of NTQ services. The Tobacco Program, with the current vendor, can report on quit rates, customer satisfaction, detailed demographics of callers, and program participant progress.</p> <p>For these reasons, it is recommended that consideration be given to extend the current contract with the NTQ vendor as a step towards providing continuity in improving data and services for the benefit of the State, direct-service recipients, the Tobacco Program and funders, community partners, and other tobacco prevention and cessation stakeholders who have invested in these services.</p>
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	<p>What are the potential consequences to the State if the contract extension request is denied?</p> <p>If services must be transferred to a new vendor, the referral infrastructure that has been developed would not transfer. It is important to note that health systems and community-clinical linkage strategies are considered "best practice" by the Centers for Disease Control and Prevention (CDC) and are anticipated to be built upon in future awards. If these linkages suffer in Nevada, the Tobacco Program could be at a disadvantage when applying for future tobacco control grants. Also, significant investments of money, time, and community relationships will be lost if there is a vendor change, as much of the development work would need to be repeated with a new vendor, and partners may not be as willing to engage again to redo this work with a new NTQ vendor.</p>
9	<p>It would also be detrimental to change vendors as the State-approved MCOs have already established contracts with the current vendor or made plans to handle NTQ callers enrolled under their Medicaid plan, and additional call-transferring costs would be incurred during a vendor change. The next opportunity to align MCOs with a new vendor would not occur until July 1, 2021. The Tobacco Program would also need to report to the CDC that progress made to address quitline sustainability and establish services for Medicaid recipients had been lost, which may factor into future grant-funding decisions.</p> <p>Sunk development costs of more than \$50,000 would be lost. Also, Nevada would no longer benefit from sharing the burden of developmental costs with other participating states. There are also quitline development and infrastructure costs entirely supported by other states which Nevada is not expected to contribute towards but will benefit from as result of maintaining the relationship with this vendor. The</p>

aforementioned behavioral health protocol has yet to be implemented. The NTQ has yet to reap the benefits of improved telephonic cessation services for this priority population.

Existing established and agreed-upon data collection and analysis methods will be disrupted by changing vendors. Data are not easily comparable across vendors and there exists the possibility of data loss which the program experienced the last time there was a NTQ vendor change. Multiple Tobacco Program grants rely on quality reporting to ensure future funds are received, which may be impacted if there are issues with having continuous, consistent data.

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.



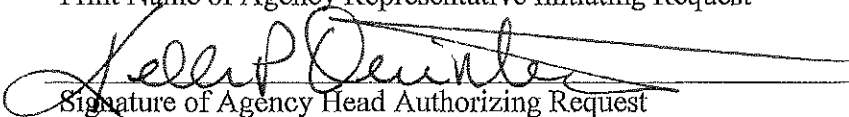
Signature of Agency Representative Initiating Request

RICHARD MORSE MATTI

Print Name of Agency Representative Initiating Request

4/18/18

Date



Signature of Agency Head Authorizing Request

Kelli Quintero ASO III

Print Name of Agency Head Authorizing Request

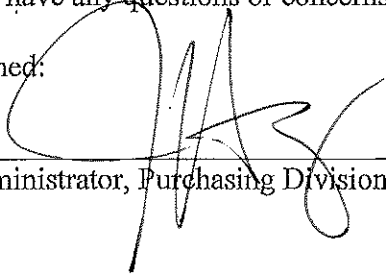
4/18/18

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

5-17-2018

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: **20701**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Andrews, Hammock, & Powell, Inc.

Contractor Name: **Andrews, Hammock, & Powell, Inc.**Address: **250 Charter Lane Suite 100**City/State/Zip: **Macon, GA 31210**

Contact/Phone: Chuck Hammock 478-405-8301

Vendor No.:

NV Business ID: NV20181551758

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/11/2019**Contract term: **1 year and 10 days**4. Type of contract: **Contract**Contract description: **HVAC Consulting**

5. Purpose of contract:

This is a new contract to provide professional Life Cycle Cost Analysis services, in accordance with National Institute of Standards and Technology Handbook 135, for two HVAC replacement options for Nevada Army Guard facility located in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$77,527.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is a new contract to provide professional Life Cycle Cost Analysis per National Institute of Standards and Technology Handbook 135, on two HVAC systems for Nevada Army Guard facility located in Las Vegas.

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

Agency personnel do not possess the necessary skills and certifications to perform specified 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 Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Per NAC 333.150, vendor has requisite skills and certifications to perform the analysis on the HVAC systems per National Institute of Standards and Technology Handbook 135.

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	08/03/2018 15:46:07 PM
Division Approval	ctyle1	08/03/2018 15:46:10 PM
Department Approval	ctyle1	08/03/2018 15:46:13 PM
Contract Manager Approval	twollan1	08/03/2018 15:46:31 PM
Budget Analyst Approval	jrodrig9	08/13/2018 12:01:45 PM
BOE Agenda Approval	hfield	08/14/2018 10:48:01 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20700**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WELLES PUGSLEY ARCHITECTS DBA SIMPSON COULTER STUDIO**Contractor Name: **WELLES PUGSLEY ARCHITECTS DBA SIMPSON COULTER STUDIO**Address: **151 E WARM SPRINGS RD.**City/State/Zip: **LAS VEGAS, NV 89119-4101**Contact/Phone: **702-435-1150**Vendor No.: **T27038348**NV Business ID: **NV20031000034**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	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **302 days**4. Type of contract: **Contract**Contract description: **Feasibility Study**

5. Purpose of contract:

This is a new contract to provide a feasibility study for the Field Maintenance Shop No. 1 at Floyd Edsall Training Center in Las Vegas including an analysis of various required upgrades, design options and coordination with the existing Combined Support Maintenance Shop #2.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$67,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is a new contract to provide professional architectural/engineering services for a feasibility study for Nevada Army Guard Facility FMS1 at Floyd Edsall Training Center in Las Vegas. The facility will be reviewed to determine what upgrades are needed to remodel or build an addition to support additional personnel.

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

Agency personnel does not have necessary qualifications to conduct this study.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?

Per NAC 333.150, vendor has requisite skills and certifications to perform the professional feasibility study required.

d. Last bid date: 07/23/2018 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:

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	08/03/2018 15:30:33 PM
Division Approval	ctyle1	08/03/2018 15:30:36 PM
Department Approval	ctyle1	08/03/2018 15:30:39 PM
Contract Manager Approval	twollan1	08/03/2018 15:45:23 PM
Budget Analyst Approval	jrodrig9	08/13/2018 12:03:54 PM
BOE Agenda Approval	hfield	08/14/2018 10:58:45 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: **20180**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3706-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **COMPUMED, INC.**Contractor Name: **COMPUMED, INC.**Address: **5777 W CENTURY BLVD STE 360**City/State/Zip: **LOS ANGELES, CA 90045-5690**Contact/Phone: **Laura Carroll 310/258-5000**Vendor No.: **T80941508**NV Business ID: **NV20181409948**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.

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? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 303 days**4. Type of contract: **Contract**Contract description: **EKG Machines**

5. Purpose of contract:

This is a new contract to provide ongoing electrocardiogram (EKG) services, (also referred to as ECG) for eight EKG machines, equipment maintenance and interpretation of EKG readings to the Regional Medical Facility at Northern Nevada Correctional Center, Warm Springs Correctional Center, Lovelock Correctional Center, Ely State Prison, High Desert State Prison, Southern Desert Correctional Center and Florence McClure Women's Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$148,304.00**

Other basis for payment: Payment for services at the rate of \$179.00 per month, per EKG machine (a total of 8 machines, 1 per facility, with the exception of NNCC which has 2), \$14.00 per non-stat read, and \$32.00 per stat read. Payment issued upon submission of invoice. FY19 (9/11/18-6/30/19) \$32,240.00, FY 20 \$38,688.00, FY 21 \$38,688.00, FY 22 \$38,688.00. Total contract maximum not to exceed \$148,304.00. Non stat overreads will require prior approval by NDOC fiscal to increase the contract maximum through an amendment.

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOC does not have EKG equipment, nor the licensed cardiologists required to interpret abnormal EKG readings. EKG machines are necessary for the health and welfare of incarcerated inmates.

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

NDOC does not have the equipment to perform these services, and does not have the specialized cardiologists on staff to do over reads on abnormal readings.

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):

CompuMed Inc
Renown Heart and Vascular Health

b. Solicitation Waiver: **Not Applicable**

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

At the conclusion of the solicitation for RFP 201804 this vendor was the highest ranking vendor among the evaluation committee and found to be in the best interest of the State.

d. Last bid date: 04/12/2018 Anticipated re-bid date: 02/07/2022

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:

2006 - 2010, NDOC, services were 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:

Russ Alfano, ASO2 Ph: 775-887-3360

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amonro1	08/07/2018 12:02:57 PM
Division Approval	sewart	08/07/2018 14:23:56 PM
Department Approval	sewart	08/07/2018 14:24:14 PM
Contract Manager Approval	mkillia1	08/07/2018 14:52:55 PM
Budget Analyst Approval	bmacke1	08/14/2018 15:39:44 PM
BOE Agenda Approval	hfield	08/16/2018 10:41:39 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: **20513**

Agency Name:	DEPARTMENT OF CORRECTIONS	Legal Entity Name:	WATERS SEPTIC TANK SERVICE DBA WATERS VACUUM TRUCK SERVICE
Agency Code:	440	Contractor Name:	WATERS SEPTIC TANK SERVICE DBA WATERS VACUUM TRUCK SERVICE
Appropriation Unit:	3716-09	Address:	4275 REWANA WAY PO BOX 7133
Is budget authority available?:	No	City/State/Zip:	RENO, NV 89502
If "No" please explain: Budget accounts 3716 and 3717 will require work programs to offset the budget short fall for FY19. Work programs C44402 for B/A 3716 and C44417 for B/A 3717 have been submitted to EBO 08/14/2018.		Contact/Phone:	Justin Waters 775-825-1595
		Vendor No.:	T80206180
		NV Business ID:	NV19781005671

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	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 **08/01/2018**

Anticipated BOE meeting date 09/2018

Retroactive? **Yes**

If "Yes", please explain

After the facilitation of the contract it was discovered the vendor did not meet all of the mandatory insurance requirements, the contract was not submitted for BOE approval until the vendor decided if they were willing to incur the additional expense of the additional liability policy. After the vendor agreed to purchase the additional liability policy there was insufficient time to submit the contract prior to the Agency deadline for the July 10, BOE meeting.

3. Termination Date: **06/30/2021**Contract term: **2 years and 334 days**4. Type of contract: **Contract**Contract description: **Grease Trap Service**

5. Purpose of contract:

This is a new contract to provide ongoing grease trap and interceptor pumping and cleaning at Northern Nevada Correctional Center, Stewart Conservation Camp, and Warm Springs Conservation Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$89,435.00**

Other basis for payment: Upon satisfactory completion of services and submission of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOC is required by State, Federal and local regulations to ensure the grease traps do not pose an environmental hazard through proper care and maintenance.

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 equipment or expertise to provide the service.

9. Were quotes or proposals solicited?

Yes

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

No

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

Reno Rendering

b. Solicitation Waiver: **Not Applicable**

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

RFP evaluation committee scored this vendor the highest based on experience and cost.

d. Last bid date: 04/06/2018 Anticipated re-bid date: 02/01/2021

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2010 to current, NDOC, 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:

Shanda Sergeant, Business Manager Ph: 775-684-3004

Kathryn Reynolds, Business Manager Ph: 775-887-9250

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	07/10/2018 16:12:07 PM
Division Approval	amonro1	08/07/2018 14:28:56 PM
Department Approval	sewart	08/07/2018 15:39:53 PM
Contract Manager Approval	mkillia1	08/14/2018 13:21:12 PM
Budget Analyst Approval	bmacke1	08/16/2018 11:11:08 AM
BOE Agenda Approval	hfield	08/16/2018 13:16:51 PM
BOE Final Approval	Pending	

Purchasing Division
Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3252
Fax: (775) 887-3343



Brian Sandoval
Governor


James Dzurenda
Director

John Borrowman
Deputy Director
Support Services

**State of Nevada
Department of Corrections**

MEMORANDUM

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

FROM: Scott Ewart, Chief of Fiscal Services 

DATE: August 3, 2018

SUBJECT: Retroactive Contract Waters Septic Tank Service CETS# 20513

Nevada Department of Corrections respectfully requests approval for the retroactive contract between the Nevada Department of Corrections (NDOC) and Waters Septic Tank Service. NDOC is requesting a retroactive effective date of August 01, 2018, to prevent the interruption of ongoing grease trap and interceptor pumping services.

At the conclusion of negotiations, it was discovered that the vendor did not have all of the required insurance liability policies mandated by Risk Management for the contract services. The Department chose not to submit the contract for the Board's approval until a decision was received from the vendor to either purchase the required liability policy or decline the offer to contract for the services.

The unforeseen delay left NDOC with insufficient time remaining to submit a completed contract prior to the agency deadline for the July 10, 2018 Board of Examiners meeting.

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

Thank you.

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: **17996**Amendment
Number: **2**Agency Name: **DEPARTMENT OF AGRICULTURE**Legal Entity
Name: **ADVANCE PIERRE FOODS, INC. DBA
THE HILLSHIRE BRANDS COMPANY**Agency Code: **550**Contractor Name: **ADVANCE PIERRE FOODS, INC. DBA
THE HILLSHIRE BRANDS COMPANY**Appropriation Unit: **1362-21**Address: **P.O. Box 4446**Is budget authority
available?: **Yes**City/State/Zip **Bridgeton, MO 63044-0446**

If "No" please explain: Not Applicable

Contact/Phone: **Phyllis Christos-Commodity Specialist
781-746-2213**Vendor No.: **T27028372A**NV Business ID: **NV20091345689**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 #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/01/2016**
Examiner's approval?Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **09/30/2018**
Termination Date:Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the second amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$500,000 to \$950,000 and extends the termination date from September 30, 2018 to September 30, 2020 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:	\$441,200.00	\$441,200.00	\$441,200.00	Yes - Action
a. Amendment 1:	\$58,800.00	\$58,800.00	\$58,800.00	Yes - Action
2. Amount of current amendment (#2):	\$450,000.00	\$450,000.00	\$450,000.00	Yes - Action
3. New maximum contract amount:	\$950,000.00			
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 increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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 #3237, 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: 03/25/2016 Anticipated re-bid date: 07/31/2020

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:

Current contract holder for Nevada Department of Agriculture 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	melli2	08/03/2018 07:33:44 AM
Division Approval	bbel1	08/14/2018 11:29:34 AM
Department Approval	bbel1	08/14/2018 11:29:38 AM
Contract Manager Approval	bbel1	08/14/2018 11:29:41 AM

Budget Analyst Approval
BOE Agenda Approval

mtum1
mtum1

08/21/2018 09:56:01 AM
08/21/2018 10:04:17 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: **18000**Amendment
Number: **1**Agency Name: **DEPARTMENT OF AGRICULTURE**Legal Entity
Name: **BONGARDS CREAMERIES**Agency Code: **550**Contractor Name: **BONGARDS CREAMERIES**Appropriation Unit: **1362-21**Address: **13200 COUNTY ROAD 51**Is budget authority
available?: **Yes**City/State/Zip **BONGARDS, MN 55368**

If "No" please explain: Not Applicable

Contact/Phone: **JOE DEANTONI, SFS MANAGER
952/277-5503**Vendor No.: **T32004413**NV Business ID: **NV20121327871**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 #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/01/2016**
Examiner's approval?Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **09/30/2018**
Termination Date:Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the first amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$641,700 to \$901,700 and extends the termination date from September 30, 2018 to September 30, 2020 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:	\$641,700.00	\$641,700.00	\$641,700.00	Yes - Action
2. Amount of current amendment (#1):	\$260,000.00	\$260,000.00	\$260,000.00	Yes - Action
3. New maximum contract amount:	\$901,700.00			
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 increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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 #3237, 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: 03/25/2016 Anticipated re-bid date: 03/25/2018

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:

Current contractor for Nevada Department of Agriculture and services have been satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	melli2	08/03/2018 07:32:19 AM
Division Approval	bbel1	08/14/2018 11:27:14 AM
Department Approval	bbel1	08/14/2018 11:27:20 AM
Contract Manager Approval	bbel1	08/14/2018 11:27:23 AM
Budget Analyst Approval	mtum1	08/14/2018 17:28:22 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: **17999** Amendment Number: **2**

Agency Name: **DEPARTMENT OF AGRICULTURE** Legal Entity Name: **CHINESE FOOD SOLUTIONS, INC. DBA ASIAN FOOD SOLUTIONS**

Agency Code: **550** Contractor Name: **CHINESE FOOD SOLUTIONS, INC. DBA ASIAN FOOD SOLUTIONS**

Appropriation Unit: **1362-21** Address: **ASIAN FOOD SOLUTIONS 2572 W SR 426 STE 2016**

Is budget authority available?: **Yes** City/State/Zip: **OVIEDO, FL 32765-8389**

If "No" please explain: Not Applicable Contact/Phone: **Allan Lam 888/499-6888**

Vendor No.: **T32004323**

NV Business ID: **NV20161328865**

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 #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2018**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Foods Processin**

5. Purpose of contract:

This is the second amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$1,050,000 to \$2,325,000 and extends the termination date from September 30, 2018 to September 30, 2020 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:	\$688,900.00	\$688,900.00	\$688,900.00	Yes - Action
a. Amendment 1:	\$361,100.00	\$361,100.00	\$361,100.00	Yes - Action
2. Amount of current amendment (#2):	\$1,275,000.00	\$1,275,000.00	\$1,275,000.00	Yes - Action
3. New maximum contract amount:	\$2,325,000.00			
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 increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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?

Pursuant to RFP #3237, 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: 03/25/2016 Anticipated re-bid date: 07/31/2020

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?

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	melli2	07/31/2018 14:43:42 PM
Division Approval	bbe11	08/14/2018 11:08:04 AM
Department Approval	bbe11	08/14/2018 11:08:08 AM
Contract Manager Approval	bbe11	08/14/2018 11:08:16 AM

Budget Analyst Approval
BOE Agenda Approval

mtum1
cmurph3

08/14/2018 17:06:19 PM
08/15/2018 16:08:21 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18004** Amendment Number: **4**

Agency Name: **DEPARTMENT OF AGRICULTURE** Legal Entity Name: **JENNIE-O TURKEY STORE SALES, LLC**

Agency Code: **550** Contractor Name: **JENNIE-O TURKEY STORE SALES, LLC**

Appropriation Unit: **1362-21** Address: **2505 Willmar Ave SW**

Is budget authority available?: **Yes** City/State/Zip: **Willmar, MN 56201**

If "No" please explain: Not Applicable Contact/Phone: **Tahlor Parkhurst, Wentern K12 Sales Manager 619-851-8623**

Vendor No.: **T27012910B**

NV Business ID: **NV27012910B**

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 #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2018**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the fourth amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$1,500,000 to \$2,810,000 and extends the termination date from September 30, 2018 to September 30, 2020 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:	\$249,700.00	\$249,700.00	\$249,700.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$75,300.00	\$75,300.00	\$75,300.00	Yes - Action
c. Amendment 3:	\$1,175,000.00	\$1,175,000.00	\$1,175,000.00	Yes - Action
2. Amount of current amendment (#4):	\$1,310,000.00	\$1,310,000.00	\$1,310,000.00	Yes - Action
3. New maximum contract amount:	\$2,810,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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 #3237, 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: 07/31/2020

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:

Current contractor for Nevada Department of Agriculture and services have been satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	bbel1	08/14/2018 11:28:51 AM
Division Approval	bbel1	08/14/2018 11:28:58 AM
Department Approval	bbel1	08/14/2018 11:29:03 AM
Contract Manager Approval	bbel1	08/14/2018 11:29:09 AM
Budget Analyst Approval	mtum1	08/14/2018 17:24:14 PM
BOE Agenda Approval	cmurph3	08/15/2018 15:56:44 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: **18018**Amendment
Number: **1**Agency Name: **DEPARTMENT OF AGRICULTURE**Legal Entity
Name: **LAND O' LAKES**Agency Code: **550**Contractor Name: **LAND O' LAKES**Appropriation Unit: **1362-21**Address: **1200 COUNTY ROAD F WEST**Is budget authority
available?: **Yes**City/State/Zip **ARDEN HILLS, MN 55112**

If "No" please explain: Not Applicable

Contact/Phone: **ALETHIA SCHEET, K-12 SPECIALIST
651/375-2364**Vendor No.: **T81101128**NV Business ID: **NV19811013447**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 #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/01/2016**
Examiner's approval?Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **09/30/2018**
Termination Date:Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the first amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$324,000 to \$444,000 and extends the termination date from September 30, 2018 to September 30, 2020 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:	\$324,000.00	\$324,000.00	\$324,000.00	Yes - Action
2. Amount of current amendment (#1):	\$120,000.00	\$120,000.00	\$120,000.00	Yes - Action
3. New maximum contract amount:	\$444,000.00			
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 increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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 #3237, 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: 03/25/2016 Anticipated re-bid date: 07/31/2020

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:

Had contract in the past with Nevada Commodity Foods Program and services have been satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

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	melli2	08/03/2018 07:43:28 AM
Division Approval	bbel1	08/14/2018 11:27:39 AM
Department Approval	bbel1	08/14/2018 11:27:47 AM
Contract Manager Approval	bbel1	08/14/2018 11:27:50 AM

Budget Analyst Approval
BOE Agenda Approval

mtum1
cmurph3

08/14/2018 17:15:43 PM
08/15/2018 15:37:38 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: **18019** Amendment Number: **1**

Agency Name: **DEPARTMENT OF AGRICULTURE** Legal Entity Name: **LETS DO LUNCH, INC. DBA INTEGRATED FOOD SERVICE**

Agency Code: **550** Contractor Name: **LETS DO LUNCH, INC. DBA INTEGRATED FOOD SERVICE**

Appropriation Unit: **1362-21** Address: **INTEGRATED FOOD SERVICE
310 W ALONDRA BLVD**

Is budget authority available?: **Yes** City/State/Zip: **GARDENA, CA 90248**

If "No" please explain: Not Applicable Contact/Phone: **Jon R. Sugimoto, Vice President
310/523-3664**

Vendor No.: **T81091571**

NV Business ID: **NV20111272488**

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 #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2018**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the first amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$1,984,100 to \$2,754,100 and extends the termination date from September 30, 2018 to September 30, 2020 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:	\$1,984,100.00	\$1,984,100.00	\$1,984,100.00	Yes - Action
2. Amount of current amendment (#1):	\$770,000.00	\$770,000.00	\$770,000.00	Yes - Action
3. New maximum contract amount:	\$2,754,100.00			
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 increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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 #3237, 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: 03/25/2016 Anticipated re-bid date: 07/31/2020

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:

Current contractor for Nevada Department of Agriculture and services have been satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	melli2	08/03/2018 07:52:29 AM
Division Approval	bbe11	08/14/2018 11:26:52 AM
Department Approval	bbe11	08/14/2018 11:26:55 AM
Contract Manager Approval	bbe11	08/14/2018 11:26:57 AM

Budget Analyst Approval
BOE Agenda Approval

mtum1
cmurph3

08/14/2018 17:11:27 PM
08/15/2018 16:06:45 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: **18020** Amendment Number: **1**

Agency Name: **DEPARTMENT OF AGRICULTURE** Legal Entity Name: **NATIONAL FOOD GROUP, INC.**

Agency Code: **550** Contractor Name: **NATIONAL FOOD GROUP, INC.**

Appropriation Unit: **1362-21** Address: **DBA CSV Sales, Inc.**

Is budget authority available?: **Yes** City/State/Zip: **46820 MAGELLAN DR STE A**

If "No" please explain: Not Applicable Contact/Phone: **NOVI, MI 48377-2454**

Vendor No.: **Dan Moss, Account Manager 248/560-2320**

NV Business ID: **T27010511**

NV20121331501

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 #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2018**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the first amendment to the original contract which allows local school districts throughout Nevada to purchase food for the National School Lunch and Breakfast Programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$6,392,000 to \$14,322,000 and extends the termination date from September 30, 2018 to September 30, 2020 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$6,392,000.00	\$6,392,000.00	\$6,392,000.00	Yes - Action
2. Amount of current amendment (#1):	\$7,930,000.00	\$7,930,000.00	\$7,930,000.00	Yes - Action
3. New maximum contract amount:	\$14,322,000.00			
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 increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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 #3237, 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: 03/25/2016 Anticipated re-bid date: 07/31/2020

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?

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	melli2	08/03/2018 07:49:41 AM
Division Approval	bbel1	08/14/2018 11:28:09 AM
Department Approval	bbel1	08/14/2018 11:28:16 AM
Contract Manager Approval	bbel1	08/14/2018 11:28:23 AM
Budget Analyst Approval	mtum1	08/14/2018 17:31:53 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: **CONV3568** Amendment Number: **5**

Agency Name: **DEPARTMENT OF PUBLIC SAFETY** Legal Entity Name: **Western Identification Network, Inc.**

Agency Code: **650** Contractor Name: **Western Identification Network, Inc.**

Appropriation Unit: **4709-14** Address: **11060 White Rock Road**

Is budget authority available?: **Yes** City/State/Zip: **Sacramento, CA 95827**

If "No" please explain: Not Applicable Contact/Phone: **916-369-3946**

Vendor No.: **T80960806**

NV Business ID: **NV19881016683**

To what State Fiscal Year(s) will the contract be charged? **2007-2031**

What is the source of funds that will be used to 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 % FINGERPRINT
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 **01/18/2007**

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2021**Contract term: **24 years and 168 days**4. Type of contract: **Contract**Contract description: **Speciality Services**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides system maintenance services and continues access/participation in the Western Identification Network - Automated Fingerprint Identification System program. This amendment extends the termination date from June 30, 2021 to June 30, 2031 and increases the maximum amount from \$10,830,968.00 to \$19,437,386.54 due to an increase in the system user cost share fee, approved by the Board, resulting from system-wide hardware and software upgrades, system functionality improvements, and increased maintenance cost associated with those upgrades.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,665,370.00	\$2,665,370.00	\$2,665,370.00	Yes - Action
a. Amendment 1:	\$3,044,160.00	\$3,044,160.00	\$3,044,160.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$5,121,438.00	\$5,121,438.00	\$5,121,438.00	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#5):	\$8,606,418.54	\$8,606,418.54	\$8,606,418.54	Yes - Action
3. New maximum contract amount:	\$19,437,386.54			

II. JUSTIFICATION

7. What conditions require that this work be done?

The DPS Records, Communications and Compliance Division is charged with maintaining the fingerprint database for the State of Nevada. This amendment will continue that database maintenance.

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

The WIN-AFIS is a proprietary system and there is no State of Nevada employee who is able to make changes to the system.

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 #: 100308C

Approval Date: 05/09/2014

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:

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	nkephart	07/26/2018 13:21:18 PM
Division Approval	nkephart	07/26/2018 13:21:23 PM
Department Approval	mcar2	07/30/2018 13:13:17 PM
Contract Manager Approval	mcar2	07/30/2018 13:13:22 PM
Budget Analyst Approval	jrodrig9	08/09/2018 18:46:28 PM
BOE Agenda Approval	hfield	08/14/2018 12:21:12 PM



Purchasing Use Only:	
Approval #:	237

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 Public Safety Records, Communications and Compliance Divisions	
	Contact Name(s) and Titles:	Melissa Costa, Management Analyst	
	Telephone Number(s):	775.684.6259	
	Email Address(s):	mcosta@dps.state.nv.us	

2	Contractor Information:		
	Contractor:	Western Identification Network, Inc. (WIN)	
	Contact Name:	Gary B. Goad, Member Services Manager	
	Address:	11070 White Rock Road #170 Rancho Cordova, CA 95670-6004	
	Phone Number:	916.369.3946	
	Email Address:	gary@winid.org	

3	Ongoing relationship disclosure - List all previous contract information:			
	Procurement method:		Solicitation Waiver	
	CETS #:		CONV3568	
	Contract "not to exceed amount":		\$10,830,968.00	
	Contract term:	Start date: mm/dd/yy	01.18.07	End date: mm/dd/yy

4	Procurement method used to award the current contract:		
	RFP, solicitation # if applicable:	Solicitation Waiver	
	Quote, solicitation # if applicable:	---	
	Waiver, provide number:	Sole Source approved September 2006 (Waiver number not issued), 100308A, 100308B and 100308C	
	Other:	---	

5	Current contract information:			
	CETS #:		CONV3568	
	Initial contract "not to exceed amount":		\$5,709,530.00	
	Contract term:	Start date: mm/dd/yy	01.18.07	End date: mm/dd/yy

Amendment information – List all previously approved amendments:			
Amd #:	Brief synopsis of what amendment accomplished:	Change in "not to exceed" amount:	Change in end date: mm/dd/yy
1	<i>Extend Contract Termination Date and increase Contract not to exceed amount</i>	<i>\$3,044,160.00</i>	<i>06.30.14</i>
2	<i>Revised Consideration language to remove monthly amount not to exceed 'x'.</i>	<i>---</i>	<i>---</i>
3	<i>Extend Contract Termination Date, increase Contract not to exceed amount and update Attachment BB – Western Identification Network Standard Member Agreement for Automated Fingerprint Identification System (AFIS) Processing Agreement for AFIS Terminal Access</i>	<i>\$5,121,438.00</i>	<i>06.30.21</i>
4	<i>Revise Attachment BB – Western Identification Network Standard Member Agreement for Automated Fingerprint Identification System (AFIS) Processing</i>	<i>---</i>	<i>---</i>

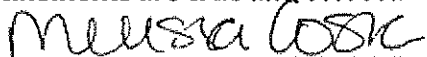
Proposed amendment information:			
Amd #:	Brief synopsis of what the requested amendment will accomplish:	Change in "not to exceed" amount:	Change in end date: mm/dd/yy
5	<i>Extend Contract Termination Date, increase Contract not to exceed amount and add Attachment CC: Western Identification Network Central Site and Remote Site Fee Orientation Analysis</i>	<i>\$8,606,418.54</i>	<i>06.30.31</i>

What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):	
8	<p><i>WIN is a non-profit corporation chartered in Nevada and comprised of 8 western states that have joined together to realize cost savings and economies of scale in the purchase and maintenance of a regionalized Automated Biometric Identification System (ABIS). ABIS is a high-speed computer system which digitizes stores and compares biometric data and images, mostly fingerprints, from criminal arrests and civil applicant background checks for employment and licensing purposes. Fingerprints entered into ABIS are searched against millions of prints on file and identified by experts from resulting candidate lists. This contract extension would continue Nevada's participation in the WIN-ABIS.</i></p> <p><i>RCCD has been notified of a rate increase in the WIN rate that will take effect July 2019. This amendment allows for current pricing to remain in effect through June 30, 2019. Effective July 2019, the annual rate will increase to \$850,461.00 and this amendment will acknowledge the increase and secure this rate through the amended contract termination date.</i></p>

What are the potential consequences to the State if the contract extension request is denied?	
9	<p><i>If Nevada were to pull out of WIN by going to competitive bidding for a stand-alone ABIS, it would cause a significant disruption in Nevada's ability to identify criminals based upon fingerprint submissions and would disrupt the submission of those fingerprints to the Federal Bureau of Investigation for use by other states and federal law enforcement agencies. Disruption of civil applicant background checks also would occur which would hamper our citizens' abilities to get jobs that require fingerprint-based background checks (e.g., teachers, nurses, child care workers, etc.).</i></p>
<i>~continued~</i>	

The WIN-ABIS contains millions of fingerprint images from all the member states. If Nevada were forced to create a stand-alone system, the only match would be to fingerprints obtained within Nevada and at the FBI, which may not have all the fingerprints from the WIN states, which is a significantly smaller database than the millions of prints housed by the WIN-ABIS. Nevada would then run the risk of not identifying individuals with a criminal history record in another state. This impacts officer safety and public safety in terms of potentially placing people with dangerous criminal records in positions of trust such as teachers, therapists, child care workers, etc. Additionally, Nevada would be forced to acquire yet another complex and large technology system at significant cost and risks. By executing this contract, Nevada is locked into a state-of-the-art Automated Biometric Identification System with desired functionality and consistent pricing for the term of the contract.

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

Melissa Costa, Management Analyst

Print Name of Agency Representative Initiating Request

06.13.18

Date



Signature of Agency Head Authorizing Request

Julie Butler, Administrator

Print Name of Agency Head Authorizing Request

6/15/18

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

6-21-2018

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: **19693**Amendment
Number: **1**Agency Name: **DCNR - PARKS DIVISION**Legal Entity
Name: **Haley Sharpe Design**Agency Code: **704**Contractor Name: **Haley Sharpe Design**
Address: **75 Sherbourne Street Suite 223**
CANADAAppropriation Unit: **4162-68**Is budget authority
available?: **Yes**City/State/Zip: **Toronto, ON M5A 2P9**

If "No" please explain: Not Applicable

Contact/Phone: **Jane Statham 416-361-3338**

Vendor No.:

NV Business ID: **NV20181553482**To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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 **03/13/2018**

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2019**Contract term: **1 year and 293 days**4. Type of contract: **Contract**Contract description: **Design New Park**

5. Purpose of contract:

This is the first amendment to the original contract which provides exhibit planning and design services to include project scoping, conceptual design, schematic design and vision documentation for the new Ice Age Fossils State Park. This amendment increases the maximum amount from \$68,000 to \$160,000 and extends the termination date from June 30, 2019 to December 31, 2019 to address phase II of the design element.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$68,000.00	\$68,000.00	\$68,000.00	Yes - Action
2. Amount of current amendment (#1):	\$92,000.00	\$92,000.00	\$92,000.00	Yes - Action
3. New maximum contract amount:	\$160,000.00			
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?

There is a new park that requires planning and development.

GFO Note: Email from 2/6/18, Shirley DeCrona, All funds for the contract are in US Dollars.

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

Staff does not possess the required expertise for exhibit planning and design for the project of this scale.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This was the highest ranked firm out of six.

- d. Last bid date: 12/15/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	08/06/2018 09:32:15 AM
Division Approval	sdecrona	08/06/2018 09:32:19 AM
Department Approval	sdecrona	08/06/2018 09:32:22 AM
Contract Manager Approval	sdecrona	08/06/2018 09:32:24 AM

Budget Analyst Approval
BOE Agenda Approval

cpalme2
cmurph3

08/16/2018 09:50:01 AM
08/16/2018 09:52:41 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: **20573**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Lake Tahoe Shakespeare Festival

Contractor Name: **Lake Tahoe Shakespeare Festival**Address: **948 Incline Way**City/State/Zip: **Incline Village, NV 89451**

Contact/Phone: Bob Taylor 216-453-4440

Vendor No.:

NV Business ID: NV19951167494

To what State Fiscal Year(s) will the contract be charged? **2019-2029**

What is the source of funds that will be used to 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 **01/01/2019**

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2028**Contract term: **10 years and 2 days**4. Type of contract: **Revenue Contract**Contract description: **Shakespeare Festival**

5. Purpose of contract:

This is a new revenue contract which provides cultural outdoor performances at Lake Tahoe Nevada State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$646,800.00**

Other basis for payment: Starts at \$1,400 per event day and increases 10% in 2024

II. JUSTIFICATION

7. What conditions require that this work be done?

The Shakespeare Festival provides a cultural aspect by providing Shakespeare performances.

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

We don't have the ability to produce plays.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 original contract was for 40 years with a first right of refusal after the first 20 years. This contract is for 10 years with the first right of refusal for an additional 10.

d. Last bid date:

Anticipated re-bid date: 01/01/2027

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 are currently under contract and have been for the last 20 years with satisfactory compliance to the rules and regulations.

14. Is the contractor currently involved in litigation with the State 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:

Allen Wooldridge, Park Supervisor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	07/13/2018 09:53:02 AM
Division Approval	sdecrona	07/13/2018 09:53:04 AM
Department Approval	sdecrona	07/13/2018 09:53:06 AM
Contract Manager Approval	sdecrona	07/13/2018 09:56:27 AM
Budget Analyst Approval	cpalme2	07/26/2018 09:12:40 AM
BOE Agenda Approval	cmurph3	07/27/2018 13:55:31 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: **20709**

Agency Name:	DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR
Agency Code:	705	Contractor Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR
Appropriation Unit:	4503-45	Address:	1664 N. Virginia Street Mail Stop 204
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89557
If "No" please explain:	Not Applicable	Contact/Phone:	Kimberly Rollins 775-784-1931
		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.

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

2. Contract start date:

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

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2019**Contract term: **1 year and 60 days**4. Type of contract: **Interlocal Agreement**Contract description: **UNR Humboldt Study**

5. Purpose of contract:

This is a new interlocal agreement to provide a method to estimate the annual economic value of water within the Humboldt Basin to support management of groundwater.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$77,937.00**

Payment for services will be made at the rate of \$77,937.00 per project completion

II. JUSTIFICATION

7. What conditions require that this work be done?

Groundwater pumping by junior water right holders may be conflicting with the rights of senior surface water right holders, requiring a method to estimate the annual economic value of an acre-foot of water as an input to represent irrigated agricultural operations that use surface water in the Humboldt River Basin.

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

These studies require a very high level of expertise and resources that the State does not have.

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?

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:

Adam Sullivan, Deputy State Engineer Ph: 775-684-2867

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbaldwi1	08/07/2018 12:26:43 PM
Division Approval	kbaldwi1	08/07/2018 12:26:46 PM
Department Approval	kwilliam	08/07/2018 14:57:49 PM
Contract Manager Approval	kbaldwi1	08/07/2018 15:13:05 PM
Budget Analyst Approval	cpalme2	08/10/2018 13:33:59 PM
BOE Agenda Approval	cmurph3	08/15/2018 15:16:13 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: **20610**Agency Name: **DCNR - STATE LANDS**Agency Code: **707**Appropriation Unit: **4206-34**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Markit! Forestry Management, LLC**Contractor Name: **Markit! Forestry Management, LLC**Address: **3370 Chuckwagon Road**City/State/Zip: **Colorado Springs,, CO 80919**Contact/Phone: **Patrick Gayner 719-593-2365**Vendor No.: **T27042417**NV Business ID: **NV20181493113**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 %	X Bonds	79.00 %
Highway Funds	0.00 %	X Other funding	21.00 % Lake Tahoe License Plates

2. Contract start date:

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

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/11/2019**Contract term: **191 days**4. Type of contract: **Contract**Contract description: **Spooner Landscape**

5. Purpose of contract:

This is a new contract to provide tree thinning services for 300 acres within the Spooner Lake Unit in the Lake Tahoe Basin.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,389,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The focus of the work will be fuels reduction and forest restoration within the state park system in the Lake Tahoe Basin. The Division is the lead agency for the implementation of the Environmental Improvement Program.

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

The fuels reduction work is on steep slopes in areas not accessible by roads. Therefore, the state is contracting with a vendor that is able to cut the fuels and remove them from the project area using a helicopter. The state does not have the resources to do this work.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

**MARKIT! FORESTRY MANAGEMENT
COLUMBIA HELICOPTERS, INC.
TIMBERLINE HELICOPTERS, INC.
DIVERSIFIED RESOURCES, INC.**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3506/70CNR-S182, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

ELIZABETH KINGSLAND, TAHOE PROGRAM MANAGER Ph: 775-684-2721

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	07/31/2018 16:15:50 PM
Division Approval	bre00	07/31/2018 16:15:54 PM
Department Approval	kwilliam	07/31/2018 16:16:24 PM
Contract Manager Approval	bre00	07/31/2018 16:16:39 PM
Budget Analyst Approval	mtum1	08/14/2018 16:32:15 PM
BOE Agenda Approval	cmurph3	08/16/2018 10:07:18 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: **20603**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3813-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BAKER TILLY VIRCHOW KRAUSE, LLP**Contractor Name: **BAKER TILLY VIRCHOW KRAUSE, LLP**Address: **8140 Corporate Drive Ste 140**City/State/Zip: **BALTIMORE, MD 21236**Contact/Phone: **Lester Schott 410/824-6011**Vendor No.: **PUR0005591A**NV Business ID: **NV20141705974**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 % Examination Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 74BAI-S55**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2020**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Regulatory Exams**

5. Purpose of contract:

This is a new contract to provide statutory examination services on an as needed basis. Work will vary from a full scope exam to a targeted exam and may be required in all fifty (50) states, District of Columbia or territories.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: Invoiced bi-weekly for services performed. \$160/hr contractors, except actuarial \$250/hr for actuaries \$130/hr for actuarial analyst \$50/hr non-actuarial support

II. JUSTIFICATION

7. What conditions require that this work be done?

Regulatory Examinations are required per Title 57 of the Nevada Revised Statutes (NRS), specifically Chapter 679B.300 which empowers the Commissioner of Insurance to determine the financial condition, obligations and compliance with State law for domestic and foreign insurers, associations of self-insured employers and other similar entities.

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

This is a specialized service and in the Insurance Division, only the Chief Examiner is certified as a Chief Financial Examiner (CFE). He manages the work of the independent contractors conducting examinations on behalf of the Insurance Division.

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):

Lewis & Ellis Inc.
INS Regulatory Insurance Services, Inc.
Eide Bailly

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #74BAI-S55, 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: 03/09/2018 Anticipated re-bid date: 01/02/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently with the Division of Insurance. 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:

LLP

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	jhanse4	08/06/2018 09:07:51 AM
Division Approval	jhanse4	08/06/2018 09:07:54 AM
Department Approval	jhanse4	08/06/2018 09:07:57 AM
Contract Manager Approval	tbouas	08/16/2018 10:36:45 AM
Budget Analyst Approval	aurruty	08/16/2018 10:45:35 AM
BOE Agenda Approval	lfree1	08/17/2018 11:37:53 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: **16037**Amendment Number: **1**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Legal Entity Name: **Datamatx, Inc.**Agency Code: **810**Contractor Name: **Datamatx, Inc.**Appropriation Unit: **4731-04**Address: **3146 Northeast Expressway NE**Is budget authority available?: **Yes**City/State/Zip: **Atlanta , GA 30341**

If "No" please explain: Not Applicable

Contact/Phone: **Robert Grant, CFO 770-936-5600**

Vendor No.:

NV Business ID: **NV20141480141**To what State Fiscal Year(s) will the contract be charged? **2015-2025**

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

General Funds 0.00 % **X** Fees **81.00 % REGISTRATION**

Federal Funds 0.00 % Bonds 0.00 %

X Highway Funds **19.00 %** Other funding 0.00 %Agency Reference #: **RFP #3121**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2014**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2018**Contract term: **10 years and 2 days**4. Type of contract: **Contract**Contract description: **Electronic Mailing**

5. Purpose of contract:

This is the first amendment to the original contract which provide an approved technology investment for the processing of first class mail and certified letters utilizing electronic means to track and mail letters. This amendment increases the maximum amount from \$6,243,895.71 to \$15,604,895.71 and extends the termination date from September 30, 2018 to September 30, 2024 due to the continued need for these services.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$6,243,895.71	\$6,243,895.71	\$6,243,895.71	Yes - Action
2. Amount of current amendment (#1):	\$9,361,000.00	\$9,361,000.00	\$9,361,000.00	Yes - Action
3. New maximum contract amount:	\$15,604,895.71			
and/or the termination date of the original contract has changed to:	09/30/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

The high volume of certified and 1st class mail for the Insurance Verification Program, Drivers License Review Program Datamailers for the Department of Motor Vehicles (DMV) dictates the establishment of a more efficient way to process and send these mailings. Utilization of the services provided by this vendor will save DMV both time and money.

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

The vendor possesses the ability to track the process of the mail electronically, which the State (Mail Services of DMV) does not have the equipment or software to conduct this service. The State Mail Services has confirmed that they cannot provide this service.

9. Were quotes or proposals solicited? Yes

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

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

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

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

Pursuant to RFP #3121, 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: 04/15/2014 Anticipated re-bid date: 04/15/2024

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	vleigh	07/31/2018 08:56:00 AM
Division Approval	vleigh	07/31/2018 08:56:04 AM

Department Approval	cmunoz	07/31/2018 11:18:30 AM
Contract Manager Approval	hazevedo	08/01/2018 10:19:15 AM
EITS Approval	lolso3	08/06/2018 08:18:39 AM
Budget Analyst Approval	hfield	08/07/2018 13:26:52 PM
BOE Agenda Approval	hfield	08/07/2018 13:29:57 PM



Purchasing Use Only:	
Approval #:	238

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 Motor Vehicles		
	Contact Name(s) and Titles:	Teri Baltisberger, DMV Services Manager III		
	Telephone Number(s):	(775) 684-4612		
	Email Address(s):	tbaltisberger@dmv.nv.gov		

2	Contractor Information:			
	Contractor:	Datamatx, Inc.		
	Contact Name:	Robert Grant, CFO		
	Address:	3146 Northeast Expressway NE		
	Phone Number:	(770)936-5600 x224 fax (770)936-5614		
	Email Address:	rgrant@datamatx.com		

3	Ongoing relationship disclosure – List all previous contract information:				
	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:	3121
	Quote, solicitation # if applicable:	
	Waiver, provide number:	
	Other:	

5	Current contract information:			
	CETS #:	16037		
	Initial contract “not to exceed amount”:	\$6,243,895.71		
	Contract term:	Start date: mm/dd/yy	10/1/2014	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	<i>Six (6) year extension with increase in “not to exceed) amount.</i>	<i>Increase of \$9,000,000 to \$15,604,895.71</i>	<i>9/30/2024</i>

8		What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):
		<i>This is a request to extend the contract for six (6) years with an increase in the “not to exceed” amount of \$1,500,000 per year. The Department has dedicated a considerable financial investment and time developing the system in the past four years. Conversion of the data from the previous vendor and design of the file format going forward with this vendor, delayed full implementation of the contract until November 2015; although the contract commenced in October 2014. Continuing with the current vendor would be a more efficient use of our resources, fiscally responsible, and for the good of the state at this time.</i>

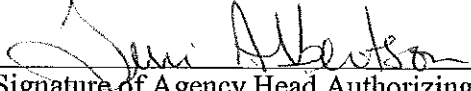
9		What are the potential consequences to the State if the contract extension request is denied?
		<i>The Department has invested over \$3.3 million with this vendor and their system. It took over one year to plan, convert, and test prior to implementing the system. Denial of the contract extension will require the Department to re-solicit proposals with the possibility of a different vendor being approved. This will require additional time to plan, convert, and test a new system; disrupting our business flow and timely mailing of first-class and certified letters. Additionally, the Department will need a nine to twelve month extension with the current vendor in order to avoid having to print, fold, stuff, and mail the multiple first-class and certified letters the vendor currently processes on our behalf while completing a re-solicitation. Without the program supplied by this contract, the Department would be required to complete the work in-house, resulting in an increase to our staff duties, ultimately affecting other business areas, and an increase in processing costs from the reduced rate we currently receive by utilizing a bulk vendor system. The vendor provides paper and envelopes at a reduced cost in addition to the first-class and certified postage.</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

Heidi Azevedo, Contract Manager
Print Name of Agency Representative Initiating Request

6/13/18
Date



Signature of Agency Head Authorizing Request

Terri Albertson, Director

Print Name of Agency Head Authorizing Request

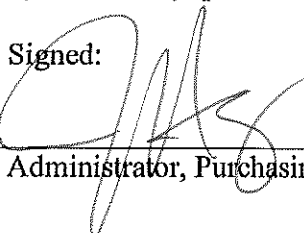
6-13-18

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

6-21-2018

Date

Brian Sandoval
Governor



Patrick Cates
Director

Michael Dietrich
State CIO

David Haws
EITS 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

DATE: July 26, 2018

TO: Teri Baltisberger, Services Manager III, DMV
Bill Bernard, IT Manager II, DMV
Joy Grimmer, ASO III, DMV

CC: David Haws, Administrator, DOA, EITS, DOA

FROM: Tim Lewis, Technical Investment Administrator, DOA, EITS

SUBJECT: TIN Review: Electronic Mailing & Tracking Services

We completed the review of the Electronic Mailing & Tracking Services TIN. The TIN documents the extension of a contract for the electronic mailing of first-class and certified letters. The Agency securely sends the vendor an FTP file consisting of names, addresses, and pertinent information that allows the vendor to create letters and postcards notifying customers of non-compliance with insurance requirements, actions taken on their driver's license, and delinquent amounts due as required by statute.

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: **20612**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	ALLISON MACKENZIE
Agency Code:	BDC	Contractor Name:	ALLISON MACKENZIE
Appropriation Unit:	B001 - All Categories	Address:	402 N DIVISION ST
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89703
If "No" please explain:	Not Applicable	Contact/Phone:	Karen Peterson 775/687-0202
		Vendor No.:	T81035486A
		NV Business ID:	NV19781001597

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

General Funds	0.00 %	X	Fees	100.00 % 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 **01/01/2019**

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2021**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract for legal services, including representation in law suits, disciplinary actions, administrative hearings, and legislative assistance.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$289,500.00**

Payment for services will be made at the rate of \$275.00 per Hour

Other basis for payment: \$275 Per Hour 2019 & 2020 / \$290 Per Hour 2021

II. JUSTIFICATION

7. What conditions require that this work be done?

Necessary engagement of Independent Contractor for purpose of accomplishing work of the Board under authority of NRS 284.173. In addition NRS 628.090 authorizes the hiring of attorney for legal counsel services.

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

No legal expertise within the agency. Legal services to be provided regarding a specific knowledge of area and a need for continuity of services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

The firm has provided legal services to the Board of Accountancy for over 40 years and possesses the necessary expertise resulting in a continuity of services and reduction of cost. Currently the Board's needs do not amount to needing full time counsel and through the long term relationship with the current firm we are able to save money through the continuity the firm provides.

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 State Board of Accountancy 1978 to Present

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

No

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	07/26/2018 13:38:37 PM
Division Approval	vwind1	07/26/2018 13:38:40 PM
Department Approval	vwind1	07/26/2018 13:38:45 PM
Contract Manager Approval	vwind1	07/26/2018 13:38:49 PM
Budget Analyst Approval	lfree1	08/10/2018 11:53:34 AM
BOE Agenda Approval	lfree1	08/10/2018 11:53:37 AM
BOE Final Approval	Pending	

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	BEHAVIORAL LEARNING SOLUTIONS, LLC	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide behavioral analysis services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20627			
2.		VARIOUS STATE AGENCIES	A & R DIVERSIFIED HUMAN SERVICES, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide outpatient housing therapy services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20787			
3.		VARIOUS STATE AGENCIES	A CARING HAND HOME HEALTH CARE	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide home health services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20626			
4.		VARIOUS STATE AGENCIES	A GENTLE TOUCH HOME CARE, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20678			
5.		VARIOUS STATE AGENCIES	A LIST FAMILY SERVICES, LLC	OTHER: VARIOUS	\$14,000,000	
	Contract Description:	This is a new contract to provide mental and behavioral health services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20746			
6.		VARIOUS STATE AGENCIES	A NEW GENERATION RECOVERY CENTER, LLC	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide alcohol and substance abuse, counseling and outpatient services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20859			
7.		VARIOUS STATE AGENCIES	A NOVO CARE, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20825			
8.		VARIOUS STATE AGENCIES	A SIMPLE SOLUTION, LLC	OTHER: VARIOUS	\$300,000	
	Contract Description:	This is a new contract to provide home care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20672			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.		VARIOUS STATE AGENCIES	A SACRED HOME HEALTH CARE, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20828			
10.		VARIOUS STATE AGENCIES	A VICTORIOUSCARE	OTHER: VARIOUS	\$10,000,000	
	Contract Description:	This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20630			
11.		VARIOUS STATE AGENCIES	AACRES, NV. LLC	OTHER: VARIOUS	\$37,000,000	
	Contract Description:	This is a new contract to provide supported living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20924			
12.		VARIOUS STATE AGENCIES	ABSOLUTE PERSONAL CARE, LLC	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20688			
13.		VARIOUS STATE AGENCIES	ACCESSIBLE SPACE, INC.	OTHER: VARIOUS	\$60,000,000	
	Contract Description:	This is a new contract to provide supportive housing services to physically/cognitively disabled individuals statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20738			
14.		VARIOUS STATE AGENCIES	ACHIEVABLE BEHAVIOR STRATEGIES	OTHER: VARIOUS	\$700,000	
	Contract Description:	This is a new contract to provide applied behavior analysis therapy services for autism statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20668			
15.		VARIOUS STATE AGENCIES	ADT SECURITY CORPORATION	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide personal emergency response system services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20812			
16.		VARIOUS STATE AGENCIES	ADVANCED HOME HEALTH CARE	OTHER: VARIOUS	\$200,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20629			
17.		VARIOUS STATE AGENCIES	ADVANCED NEURO CONNECTIONS, INC.	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20961			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.		VARIOUS STATE AGENCIES	ADVOCATES TO END DOMESTIC VIOLENCE	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide domestic violence emergency shelter services statewide. This contract replaces a previous provider agreement				
19.		VARIOUS STATE AGENCIES	ALL ABOUT YOU COUNSELING	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide counseling and behavioral health services statewide. This contract replaces a previous provider agreement.				
20.		VARIOUS STATE AGENCIES	ALL AROUND, INC.	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
21.		VARIOUS STATE AGENCIES	ALL VALLEY HOME HEALTH CARE	OTHER: VARIOUS	\$3,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
22.		VARIOUS STATE AGENCIES	ALLIANCE MENTAL HEALTH SPECIALISTS, PLLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide psychiatry services statewide. This contract replaces a previous provider agreement.				
23.		VARIOUS STATE AGENCIES	ALOHA ADULT DAY HEALTHCARE, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide adult day care services statewide. This contract replaces a previous provider agreement.				
24.		VARIOUS STATE AGENCIES	AMCE PHYSICIANS GROUP	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide disability evaluation services statewide. This contract replaces a previous provider agreement.				
25.		VARIOUS STATE AGENCIES	AMERICAN COMPREHENSIVE COUNSELING SERVICES	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide behavioral health services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20679		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.		VARIOUS STATE AGENCIES	AMERICAN HOME COMPANION, INC.	OTHER: VARIOUS	\$10,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
27.		VARIOUS STATE AGENCIES	AMI HEALTH CARE SERVICES, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide residential and behavioral services statewide. This contract replaces a previous provider agreement.				
28.		VARIOUS STATE AGENCIES	ANITA DELEON	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.				
29.		VARIOUS STATE AGENCIES	APPLIED BEHAVIOR ANALYSIS INSTITUTE	OTHER: VARIOUS	\$20,000,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.				
30.		VARIOUS STATE AGENCIES	AT HOME SOLUTIONS	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
31.		VARIOUS STATE AGENCIES	AT YOUR SERVICE HOME CARE	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
32.		VARIOUS STATE AGENCIES	AVALON PRIVATE DUTY HOME CARE	OTHER: VARIOUS	\$200,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
33.		VARIOUS STATE AGENCIES	ABLE ABILITIES GROUP	OTHER: VARIOUS	\$16,000,000	
	Contract Description:	This is a new contract to provide supported living services statewide. This contract replaces a previous provider agreement.				
34.		VARIOUS STATE AGENCIES	ABLE HOME CARE SOLUTIONS, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20742		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.		VARIOUS STATE AGENCIES	ABOVE THE REST HOMECARE, INC.	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20904			
36.		VARIOUS STATE AGENCIES	ABSOLUSTION, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20804			
37.		VARIOUS STATE AGENCIES	ABSOLUTE HOME CARE, INC.	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20922			
38.		VARIOUS STATE AGENCIES	ACCESSIBLE SPACE, INC.	OTHER: VARIOUS	\$16,000,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20699			
39.		VARIOUS STATE AGENCIES	ACCESSIBLE SPACE, INC.	OTHER: VARIOUS	\$18,000,000	
	Contract Description:	This is a new contract to provide brain injury rehabilitation services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20837			
40.		VARIOUS STATE AGENCIES	ADDUS HEALTHCARE (NEVADA), INC.	OTHER: VARIOUS	\$8,000,000	
	Contract Description:	This is a new contract to provide in-home care and personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20873			
41.		VARIOUS STATE AGENCIES	ADVANCED PEDIATRIC THERAPIES, LLC	OTHER: VARIOUS	\$16,000,000	
	Contract Description:	This is a new contract to provide early intervention services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20820			
42.		VARIOUS STATE AGENCIES	ALEXIES ASSISTED LIVING, INC.	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide assisted living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20833			
43.		VARIOUS STATE AGENCIES	ALFA HOME CARE, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20942			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.		VARIOUS STATE AGENCIES	ALVIN'S DAUGHTERS, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide basic skills training and psychosocial rehabilitation services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20773			
45.		VARIOUS STATE AGENCIES	AMALIA O. MAGNO DBA ST. FRANCIS ADULT GROUP HOME CARE V	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide adult group home services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20850			
46.		VARIOUS STATE AGENCIES	AMBER SKIES COMMUNITY SUPPORT GROUP	OTHER: VARIOUS	\$10,000,000	
	Contract Description:	This is a new contract to provide basic skills training, basic living skills and psychosocial rehabilitation services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20775			
47.		VARIOUS STATE AGENCIES	AMERICAN COMPREHENSIVE COUNSELING SERVICES	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide behavioral health services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20875			
48.		VARIOUS STATE AGENCIES	AT HOME CAREGIVERS, LLC	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20770			
49.		VARIOUS STATE AGENCIES	AUTISM & BEHAVIORAL CONSULTING SERVICES, LLC	OTHER: VARIOUS	\$8,000,000	
	Contract Description:	This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20763			
50.		VARIOUS STATE AGENCIES	AUTISM CARE WEST, LLC	OTHER: VARIOUS	\$8,000,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20807			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
51.		VARIOUS STATE AGENCIES	BAMBOO SUNRISE, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide therapeutic foster care services statewide. This contract replaces a previous provider agreement.				
52.		VARIOUS STATE AGENCIES	BEHAVIORAL LEARNING SOLUTIONS, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis and autism treatment services statewide. This contract replaces a previous provider agreement.				
53.		VARIOUS STATE AGENCIES	BEUG BEHAVIORAL INTERVENTION & CONSULTING SERVICES	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide behavioral analysis services statewide. This contract replaces a previous provider agreement.				
54.		VARIOUS STATE AGENCIES	BHC HEALTH SERVICES OF NEVADA DBA WEST HILLS BEHAVIORAL HOSPITAL	OTHER: VARIOUS	\$25,000,000	
	Contract Description:	This is a new contract to provide acute inpatient care for mental health and substance abuse services statewide. This contract replaces a previous provider agreement.				
55.		VARIOUS STATE AGENCIES	BOARD OF REGENTS DBA BEHAVIOR EDUCATION AND CONSULTING SERVICES	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.				
56.		VARIOUS STATE AGENCIES	BOARD OF REGENTS DBA BEHAVIOR EDUCATION AND CONSULTING SERVICES	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.				

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
57.		VARIOUS STATE AGENCIES	BOYACK & ASSOCIATES, INC. DBA BAI SERVICES	OTHER: VARIOUS	\$40,000,000	
	Contract Description:	This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.				
58.		VARIOUS STATE AGENCIES	BRADFORD GRANATH, MD	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide family medicine services statewide. This contract replaces a previous provider agreement.				
59.		VARIOUS STATE AGENCIES	BRAIN NEVADA	OTHER: VARIOUS	\$474,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
60.		VARIOUS STATE AGENCIES	BT SERVICES, INC. DBA COMFORT KEEPERS	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
61.		VARIOUS STATE AGENCIES	BEHAVIOR ESSENTIALS, LLC	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide behavior analysis services statewide. This contract replaces a previous provider agreement.				
62.		VARIOUS STATE AGENCIES	BEHAVIORAL HEALTH WORKS, INC.	OTHER: VARIOUS	\$15,000,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.				
63.		VARIOUS STATE AGENCIES	BELMA DIZON DBA THERESIANE ADULT GROUP HOME	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide adult group home services statewide. This contract replaces a previous provider agreement.				
64.		VARIOUS STATE AGENCIES	BERNADETTE COOPER & LARRY LEE COOPER	OTHER: VARIOUS	\$7,000,000	
	Contract Description:	This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.				

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
65.		VARIOUS STATE AGENCIES	BERNARD PRESTON	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20579			
66.		VARIOUS STATE AGENCIES	BEST BUDDIES INTERNATIONAL, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide pre-employment, job development and job placement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20735			
67.		VARIOUS STATE AGENCIES	BETHANY SCHLINGER DBA NORTHWEST THERAPY AND PSYCHOLOGICAL SERVICE	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide psychological testing services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20777			
68.		VARIOUS STATE AGENCIES	BLINDCONNECT, INC.	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20704			
69.		VARIOUS STATE AGENCIES	CCS LAS VEGAS JANITORIAL, INC.	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide janitorial services statewide.				
	Term of Contract:	Upon Approval - 08/31/2022	Contract # 20247			
70.		VARIOUS STATE AGENCIES	CHANGING MINDS, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide mental health and psychiatry services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20645			
71.		VARIOUS STATE AGENCIES	CHILD FAMILY MENTAL HEALTH, LLC	OTHER: VARIOUS	\$700,000	
	Contract Description:	This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20739			
72.		VARIOUS STATE AGENCIES	CINDY JOHNSON	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide non family host services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20631			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
73.		VARIOUS STATE AGENCIES	CONSUMER DIRECT SERVICES FOR NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$9,000,000	
	Contract Description:	This is a new contract to provide intermediary services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20918			
74.		VARIOUS STATE AGENCIES	CURT LEE REED	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20969			
75.		VARIOUS STATE AGENCIES	CUSTOM EYES, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide licensed optician services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20681			
76.		VARIOUS STATE AGENCIES	CARE COUNSELING, LLC	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide counseling and therapy services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20864			
77.		VARIOUS STATE AGENCIES	CARING HEARTS CARE HOME, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide supported living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20869			
78.		VARIOUS STATE AGENCIES	CARMELA HOMES	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide assisted living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20832			
79.		VARIOUS STATE AGENCIES	CHANGING MINDS, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide psychiatric nurse practitioner services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20803			
80.		VARIOUS STATE AGENCIES	CHOICES FOR ALL, LLC	OTHER: VARIOUS	\$14,000,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20745			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
81.		VARIOUS STATE AGENCIES	CHRISTINA HUGHES VOCATIONAL SERVICES, LLC	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20640		
82.		VARIOUS STATE AGENCIES	CLAUDETTE MARIE ANDREWS	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide supported living services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20946		
83.		VARIOUS STATE AGENCIES	COLORADO CENTER FOR THE BLIND	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20705		
84.		VARIOUS STATE AGENCIES	COMPANION CARE SUPPORT SERVICES, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide in home personal care services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20863		
85.		VARIOUS STATE AGENCIES	CONFIDENCE HEALTH RESOURCES, LLC	OTHER: VARIOUS	\$18,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20940		
86.		VARIOUS STATE AGENCIES	CREATIVE BEHAVIORAL CONNECTIONS, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide neuropsychological evaluation and applied behavioral analysis services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20824		
87.		VARIOUS STATE AGENCIES	CREATIVE POSSIBILITIES OF NORTHERN NEVADA	OTHER: VARIOUS	\$13,000,000	
	Contract Description:	This is a new contract to provide personal care and supported living services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20868		
88.		VARIOUS STATE AGENCIES	CROSSROADS LIVING, LLC	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide temporary housing and independent living services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20791		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
89.		VARIOUS STATE AGENCIES	D & D ELITE PROPERTY MAINTENANCE, INC.	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide janitorial services statewide.				
	Term of Contract:		Upon Approval - 08/31/2022	Contract # 20241		
90.		VARIOUS STATE AGENCIES	DR. SERGIO A GUZMAN OPTOMETRY, LTD	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide optometry services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:		07/01/2018 - 06/30/2022	Contract # 20657		
91.		VARIOUS STATE AGENCIES	DANNY CERVAS & TERESITA CERVAS DBA PRINCESS II GROUP HOME	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:		07/01/2018 - 06/30/2022	Contract # 20878		
92.		VARIOUS STATE AGENCIES	DANVILLE SERVICES OF NV, LLC	OTHER: VARIOUS	\$60,000,000	
	Contract Description:	This is a new contract to provide residential, behavioral, day program and other community based services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:		07/01/2018 - 06/30/2022	Contract # 20872		
93.		VARIOUS STATE AGENCIES	DEBORAH E. KEIL DBA KEIL, LLC	OTHER: VARIOUS	\$20,000,000	
	Contract Description:	This is a new contract to provide medical laboratory director services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:		07/01/2018 - 06/30/2022	Contract # 20848		
94.		VARIOUS STATE AGENCIES	DIANA JANE KLYMMAN	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide non-family host home services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:		07/01/2018 - 06/30/2022	Contract # 20756		
95.		VARIOUS STATE AGENCIES	DRIVING TO INDEPENDENCE, LLC	OTHER: VARIOUS	\$200,000	
	Contract Description:	This is a new contract to provide occupational therapy services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:		07/01/2018 - 06/30/2022	Contract # 20843		
96.		VARIOUS STATE AGENCIES	DUNAMIS PROCESS, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide psychosocial rehabilitation services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:		07/01/2018 - 06/30/2022	Contract # 20906		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
97.		VARIOUS STATE AGENCIES	EAGLE QUEST	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide therapeutic counseling, medication management, family support and mental health assessment services statewide. This contract replaces a previous provider agreement.				
98.		VARIOUS STATE AGENCIES	EAGLE QUEST	OTHER: VARIOUS	\$7,000,000	
	Contract Description:	This is a new contract to provide foster care services statewide. This contract replaces a previous provider agreement.				
99.		VARIOUS STATE AGENCIES	EBS HEALTHCARE, INC.	OTHER: VARIOUS	\$20,000,000	
	Contract Description:	This is a new contract to provide special education, early intervention and behavior therapy services statewide. This contract replaces a previous provider agreement.				
100.		VARIOUS STATE AGENCIES	EDUCARE COMMUNITY LIVING CORPORATION- NEVADA DBA EDUCARE NEVADA	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide residential and adult day care services statewide. This contract replaces a previous provider agreement.				
101.		VARIOUS STATE AGENCIES	ELSUBE, LLC DBA SAN ANTONIO PERSONAL CARE	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide home health services statewide. This contract replaces a previous provider agreement.				
102.		VARIOUS STATE AGENCIES	EASTER SEALS NEVADA	OTHER: VARIOUS	\$100,000,000	
	Contract Description:	This is a new contract to provide disability services statewide. This contract replaces a previous provider agreement.				
103.		VARIOUS STATE AGENCIES	ENTERPRISE JANITORIAL, INC.	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide janitorial services statewide.				
104.		VARIOUS STATE AGENCIES	ESMERALDA ARIAS	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide in home care and respite care services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20764		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
105.		VARIOUS STATE AGENCIES	EVALONE PRO, LLC	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide internal medicine and psychology services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20908		
106.		VARIOUS STATE AGENCIES	EVERGREEN COUNSELING	OTHER: VARIOUS	\$200,000	
	Contract Description:	This is a new contract to provide counseling services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20780		
107.		VARIOUS STATE AGENCIES	EVERYDAY MIRACLES, LLC	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide home health care and personal care services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20793		
108.		VARIOUS STATE AGENCIES	EXPANDING LIFE, LLC	OTHER: VARIOUS	\$1,100,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20578		
109.		VARIOUS STATE AGENCIES	FAMILY FIRST MEDICAL, LLC	OTHER: VARIOUS	\$15,000,000	
	Contract Description:	This is a new contract to provide primary care services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20644		
110.		VARIOUS STATE AGENCIES	FDB ENTERPRISES, INC.	OTHER: VARIOUS	\$20,000,000	
	Contract Description:	This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20965		
111.		VARIOUS STATE AGENCIES	FIREBIRD, LLC	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide mental and behavioral health services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20648		
112.		VARIOUS STATE AGENCIES	FELIPE BADIOLA DBA TOUCH OF LOVE II	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20724		
113.		VARIOUS STATE AGENCIES	FEMFOL GROUP, INC.	OTHER: VARIOUS	\$20,000,000	
	Contract Description:	This is a new contract to provide supported living services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20759		

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
114.		VARIOUS STATE AGENCIES	FOUNDATION FOR POSITIVELY KIDS	OTHER: VARIOUS	\$21,000,000	
	Contract Description:	This is a new contract to provide early intervention, medical clinics, home health and pediatric healthcare services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20822			
115.		VARIOUS STATE AGENCIES	FREEDOM HOME HEALTH, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20795			
116.		VARIOUS STATE AGENCIES	FUTURE BUILDERS OF AMERICA	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide counseling, behavioral treatment, training and social services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20935			
117.		VARIOUS STATE AGENCIES	GIL FOLK	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide in-home care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20674			
118.		VARIOUS STATE AGENCIES	GOLDEN CROSS HOME CARE, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20619			
119.		VARIOUS STATE AGENCIES	GOLDING RADIOLOGY, LTD DBA ADVANCED RADIOLOGY	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide radiology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20720			
120.		VARIOUS STATE AGENCIES	GLASS HOUSE COUNSELING AGENCY, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide behavioral health, supportive living and psychosocial rehabilitation services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20944			
121.		VARIOUS STATE AGENCIES	HEAR BETTER CENTERS, LLC	OTHER: VARIOUS	\$700,000	
	Contract Description:	This is a new contract to provide audiology and hearing aid services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20660			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
122.		VARIOUS STATE AGENCIES	HEARING PLUS, INC. DBA RENO HEARING CENTER	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide audiology and hearing aid services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20655			
123.		VARIOUS STATE AGENCIES	HEARING SPEECH PATHOLOGY & READING CENTER DBA ALPINE CENTER	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide audiology and hearing aid services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20781			
124.		VARIOUS STATE AGENCIES	HEART FELT PERSONAL CARE, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20685			
125.		VARIOUS STATE AGENCIES	HELPING HAND SLA SERVICES, LLC	OTHER: VARIOUS	\$10,000,000	
	Contract Description:	This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20936			
126.		VARIOUS STATE AGENCIES	HIGH CLASS PERSONAL CARE, LLC	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20620			
127.		VARIOUS STATE AGENCIES	HIGH SIERRA INDUSTRIES	OTHER: VARIOUS	\$50,000,000	
	Contract Description:	This is a new contract to provide behavioral analysis services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20684			
128.		VARIOUS STATE AGENCIES	HEALTH AND HUMAN SERVICES FOUNDATION	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide supportive housing services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20809			
129.		VARIOUS STATE AGENCIES	HEALTH TO NEVADA, LLC DBA HEALTH TO YOU	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20876			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
130.		VARIOUS STATE AGENCIES	HELPING OTHERS HELP THEMSELVES, INC.	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.				
131.		VARIOUS STATE AGENCIES	HERNANDO ANGAT DBA ST. JOSEPH GROUP CARE III - GOOD SHEPHERD	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide group care home services statewide. This contract replaces a previous provider agreement.				
132.		VARIOUS STATE AGENCIES	HOPE HEALTHCARE SERVICES	OTHER: VARIOUS	\$50,000,000	
	Contract Description:	This is a new contract to provide supported living arrangements, foster care and alcohol and drug counseling services statewide. This contract replaces a previous provider agreement.				
133.		VARIOUS STATE AGENCIES	HOPE PCA, LLC	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
134.		VARIOUS STATE AGENCIES	HUMBOLDT HUMAN DEVELOPMENT SERVICES, INC.	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide supportive living services statewide. This contract replaces a previous provider agreement.				
135.		VARIOUS STATE AGENCIES	IN KARING ARMS, INC.	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide home health services statewide. This contract replaces a previous provider agreement.				
136.		VARIOUS STATE AGENCIES	IN TOUCH RESIDENTIAL CARE I & II	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.				
137.		VARIOUS STATE AGENCIES	INNOVATIVE MEDICAL, LLC	OTHER: VARIOUS	\$2,000,000	
	Contract Description:	This is a new contract to provide family medicine services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022 Contract # 20653				

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
138.		VARIOUS STATE AGENCIES	IDEAL STAFFING, INC.	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide home health care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20796			
139.		VARIOUS STATE AGENCIES	J. ADAMS CORPORATION	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20954			
140.		VARIOUS STATE AGENCIES	JOHANNA WAGNER DEKAY MD, LLC	OTHER: VARIOUS	\$2,000,000	
	Contract Description:	This is a new contract to provide general adult psychiatry services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20734			
141.		VARIOUS STATE AGENCIES	JOY'S REST HOME	OTHER: VARIOUS	\$600,000	
	Contract Description:	This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20682			
142.		VARIOUS STATE AGENCIES	JACK ARAZA, PH. D.	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20481			
143.		VARIOUS STATE AGENCIES	JADELLE, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide residential, behavioral and community based services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20821			
144.		VARIOUS STATE AGENCIES	JAMES P. LAROCCA	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide supported living arrangement and functional training services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20799			
145.		VARIOUS STATE AGENCIES	JOHNSON GROUP CARE, INC. DBA JOHNSONS GROUP CARE #1	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide group care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20900			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
146.		VARIOUS STATE AGENCIES	JONI SRUMPF DBA RAINBOW HELPERS, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20860			
147.		VARIOUS STATE AGENCIES	JOSEPHINE FERRER AGUILAR	OTHER: VARIOUS	\$20,000,000	
	Contract Description:	This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20814			
148.		VARIOUS STATE AGENCIES	KIDEOLOGY, LTD	OTHER: VARIOUS	\$10,000,000	
	Contract Description:	This is a new contract to provide comprehensive early intervention services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20711			
149.		VARIOUS STATE AGENCIES	KIMBERLY MOLNAR, MFT, LTD	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide marriage and family therapy and substance abuse counseling services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20650			
150.		VARIOUS STATE AGENCIES	KIMBERLY MOLNAR, MFT. LTD	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide equestrian therapy services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20958			
151.		VARIOUS STATE AGENCIES	KNR ASSISTED LIVING SERVICES, LLC	OTHER: VARIOUS	\$30,000,000	
	Contract Description:	This is a new contract to provide supportive living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20669			
152.		VARIOUS STATE AGENCIES	KRATU, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide assistive technology assessment services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20920			
153.		VARIOUS STATE AGENCIES	KAREN REYNOLDS	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide nursing and teaching services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20966			
154.		VARIOUS STATE AGENCIES	KATHLEEN S. MAYERS, INC.	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide clinical psychology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20845			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
155.		VARIOUS STATE AGENCIES	KENNETH W. HOUCHIN, MD DBA ELKO EYE CENTER	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide ophthalmology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20855			
156.		VARIOUS STATE AGENCIES	KEY LEARNING CONCEPTS, LLC	OTHER: VARIOUS	\$18,000,000	
	Contract Description:	This is a new contract to provide 24-hour care for individuals with intellectual disabilities services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20839			
157.		VARIOUS STATE AGENCIES	LANAN E. PASION	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide job development and day training services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20621			
158.		VARIOUS STATE AGENCIES	LIBERTY RESIDENTIAL CARE	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide residential and supported living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20618			
159.		VARIOUS STATE AGENCIES	LISA CAMPANARO	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide host home services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20676			
160.		VARIOUS STATE AGENCIES	LOVE'S HOME HEALTH CARE, LLC	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20673			
161.		VARIOUS STATE AGENCIES	LUBRITZ & NASRI, PLLC	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide otolaryngology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20664			
162.		VARIOUS STATE AGENCIES	LEO SOO HOO, M.A., INC.	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide audiology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20858			
163.		VARIOUS STATE AGENCIES	LIFETRAN, INC.	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20580			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
164.		VARIOUS STATE AGENCIES	LIFELINE SYSTEMS COMPANY	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide personal emergency response system services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20938			
165.		VARIOUS STATE AGENCIES	LIFETIME ASSISTANCE, LLC	OTHER: VARIOUS	\$11,000,000	
	Contract Description:	This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20786			
166.		VARIOUS STATE AGENCIES	LIFETRAN CORPORATION	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide elderly assistance, mental health, vocational and residential support services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20960			
167.		VARIOUS STATE AGENCIES	LIVING LIFE, INC.	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide training support and supervised community based independent living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20811			
168.		VARIOUS STATE AGENCIES	LOIDA DELA CRUZ MAGNO DBA ST. JOSEPH ADULT GROUP CARE V	OTHER: VARIOUS	\$800,000	
	Contract Description:	This is a new contract to provide group care home services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20802			
169.		VARIOUS STATE AGENCIES	LOVING GRACE, LLC	OTHER: VARIOUS	\$7,000,000	
	Contract Description:	This is a new contract to provide community-based living and supportive services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20751			
170.		VARIOUS STATE AGENCIES	LOVING HANDS OF NEVADA HOME HEALTH CARE, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20762			
171.		VARIOUS STATE AGENCIES	M & M ANGEL ENTERPRISES, INC.	OTHER: VARIOUS	\$10,000,000	
	Contract Description:	This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20939			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
172.		VARIOUS STATE AGENCIES	MAPLESTAR NEVADA, INC.	OTHER: VARIOUS	\$3,000,000	
	Contract Description:	This is a new contract to provide mental and behavioral health services statewide. This contract replaces a previous provider agreement.				
173.		VARIOUS STATE AGENCIES	MARIA LUISA A. CAGUICLA, DBA ST. FRANCIS GROUP HOME CARE VI	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.				
174.		VARIOUS STATE AGENCIES	MCKENZIE RUPP	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide speech and language pathology services statewide. This contract replaces a previous provider agreement.				
175.		VARIOUS STATE AGENCIES	MELANIE CRAWFORD, PH.D.	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide clinical neuropsychology services statewide. This contract replaces a previous provider agreement.				
176.		VARIOUS STATE AGENCIES	MOA FAMILY CARE, LLC	OTHER: VARIOUS	\$6,600,000	
	Contract Description:	This is a new contract to provide assisted living services statewide. This contract replaces a previous provider agreement.				
177.		VARIOUS STATE AGENCIES	MANTHEI EYE PHYSICIANS LIMITED	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide ophthalmology services statewide. This contract replaces a previous provider agreement.				
178.		VARIOUS STATE AGENCIES	MARTHA B. MAHAFFEY, PH.D.	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide clinical psychology services statewide. This contract replaces a previous provider agreement.				
179.		VARIOUS STATE AGENCIES	MELISSA J. MONTIEL DBA TALK OF THE TOWN, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide speech therapy services statewide. This contract replaces a previous provider agreement.				

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
180.		VARIOUS STATE AGENCIES	MIGUELA M. SUAREZ DBA TRINIBELLE GUIDING HANDS, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide day training services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 07/03/2022	Contract # 20943			
181.		VARIOUS STATE AGENCIES	MINDS MATTER LV, LLC	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide basic skills training, psychosocial rehabilitation and case management services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20899			
182.		VARIOUS STATE AGENCIES	MINGO HEALTH SOLUTIONS, LLC DBA MHS BEHAVIORAL SERVICES, INC.	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide in home therapy services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20815			
183.		VARIOUS STATE AGENCIES	MIRACLE HANDS PERSONAL HOME CARE	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide home care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20768			
184.		VARIOUS STATE AGENCIES	MOONLIGHT EXAMINATIONS, LLC	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide consultative exam services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20133			
185.		VARIOUS STATE AGENCIES	MT. OLIVE CARE, LLC	OTHER: VARIOUS	\$32,000,000	
	Contract Description:	This is a new contract to provide residential support services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20866			
186.		VARIOUS STATE AGENCIES	NADHC AT THE ACSC, INC. DBA NEVADA ADULT DAY HEALTHCARE	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide adult day care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20710			
187.		VARIOUS STATE AGENCIES	NADHC AT EASTERN, INC.	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide adult day care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20733			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
188.		VARIOUS STATE AGENCIES	NANCY RUTHERFORD	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide case management services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20137			
189.		VARIOUS STATE AGENCIES	NEVADA EAR & SINUS INSTITUTE	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide otolaryngology/neurology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20715			
190.		VARIOUS STATE AGENCIES	NEVADA EYE CARE PROFESSIONALS LITTLE & STEIN, LTD	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide ophthalmology and optometry services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20714			
191.		VARIOUS STATE AGENCIES	NEVADA PERSONAL CARE SERVICES, INC.	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20675			
192.		VARIOUS STATE AGENCIES	NORTHERN NEVADA HUMAN SERVICES ASSOCIATION	OTHER: VARIOUS	\$10,700,000	
	Contract Description:	This is a new contract to provide jobs and day training services for individuals with developmental disabilities statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20949			
193.		VARIOUS STATE AGENCIES	NAOMI LEAHY	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20692			
194.		VARIOUS STATE AGENCIES	NEVADA ADULT DAY HEALTHCARE CENTERS, INC.	OTHER: VARIOUS	\$300,000	
	Contract Description:	This is a new contract to provide adult day care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20737			
195.		VARIOUS STATE AGENCIES	NEVADA HOMES FOR YOUTH	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide substance abuse treatment programs, support and education for at risk youth statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20767			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
196.		VARIOUS STATE AGENCIES	NEW HOPE PLACEMENT, LLC	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide independent living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20790			
197.		VARIOUS STATE AGENCIES	NEW HORIZON HOME CARE, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide home care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20732			
198.		VARIOUS STATE AGENCIES	NEW VISTA RANCH, INC.	OTHER: VARIOUS	\$50,000,000	
	Contract Description:	This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20798			
199.		VARIOUS STATE AGENCIES	NEXT LEVEL CONNECTIONS	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20788			
200.		VARIOUS STATE AGENCIES	NOBLE HORIZON OF NEVADA	OTHER: VARIOUS	\$8,000,000	
	Contract Description:	This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20862			
201.		VARIOUS STATE AGENCIES	NORTHERN NEVADA CENTER FOR BEHAVIORAL SERVICES	OTHER: VARIOUS	\$7,000,000	
	Contract Description:	This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20740			
202.		VARIOUS STATE AGENCIES	NORTHERN NEVADA ELECTRICAL JOINT APPRENTICE & TRAINING COMMITTEE	OTHER: VARIOUS	\$982,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20576			
203.		VARIOUS STATE AGENCIES	NORTHERN NEVADA HUMAN SERVICES	OTHER: VARIOUS	\$10,700,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20575			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
204.		VARIOUS STATE AGENCIES	OPPORTUNITY VILLAGE ARC	OTHER: VARIOUS	\$100,000,000	
	Contract Description:	This is a new contract to provide behavioral and community based services statewide. This contract replaces a previous provider agreement.				
205.		VARIOUS STATE AGENCIES	P6 FAMILY SERVICES, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide supportive living services statewide. This contract replaces a previous provider agreement.				
206.		VARIOUS STATE AGENCIES	PEOPLE'S CARE NEVADA, INC.	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide supported living and behavioral health services statewide. This contract replaces a previous provider agreement.				
207.		VARIOUS STATE AGENCIES	PRIME CARE FACILITY	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.				
208.		VARIOUS STATE AGENCIES	PROGRESSIVE CHOICE, INC.	OTHER: VARIOUS	\$20,000,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
209.		VARIOUS STATE AGENCIES	PROVAIL	OTHER: VARIOUS	\$310,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
210.		VARIOUS STATE AGENCIES	PSYCHOLOGICAL SOLUTIONS FOR NEVADA, LTD	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.				
211.		VARIOUS STATE AGENCIES	PARADISE HEALTHCARE SERVICES, INC.	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022 Contract # 20810				

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
212.		VARIOUS STATE AGENCIES	POSITIVE BEHAVIOR CHANGES, LLC	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	PRIDE HOUSE, LLC	OTHER: VARIOUS	\$15,000,000	
213.		VARIOUS STATE AGENCIES	PRIDE HOUSE, LLC	OTHER: VARIOUS	\$15,000,000	
	Contract Description:	This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	PROGRESSUS THERAPY, LLC	OTHER: VARIOUS AGENCIES	\$6,000,000	
214.		VARIOUS STATE AGENCIES	PROGRESSUS THERAPY, LLC	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide community and school based services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	PROJECT HELP NEVADA, INC.	OTHER: VARIOUS	\$6,000,000	
215.		VARIOUS STATE AGENCIES	PROJECT HELP NEVADA, INC.	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	PURELY PILATES STUDIO, INC.	OTHER: VARIOUS	\$100,000	
216.		VARIOUS STATE AGENCIES	PURELY PILATES STUDIO, INC.	OTHER: VARIOUS	\$100,000	
	Contract Description:	This is a new contract to provide spinal cord injury rehabilitation services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	R.D. PRABHU - LATA K. SHETE, MD'S LTD	OTHER: VARIOUS	\$500,000	
217.		VARIOUS STATE AGENCIES	R.D. PRABHU - LATA K. SHETE, MD'S LTD	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide pulmonology services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	RACHNA GUPTA D.O., P.C. DBA DESERT EYE CARE	OTHER: VARIOUS	\$250,000	
218.		VARIOUS STATE AGENCIES	RACHNA GUPTA D.O., P.C. DBA DESERT EYE CARE	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide ophthalmology services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	RADIOLOGY CONSULTANTS, LLC	OTHER: VARIOUS	\$500,000	
219.		VARIOUS STATE AGENCIES	RADIOLOGY CONSULTANTS, LLC	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide diagnostic radiology services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	RAY OF SUNSHINE ADULT DAY CARE, LLC	OTHER: VARIOUS	\$250,000	
220.		VARIOUS STATE AGENCIES	RAY OF SUNSHINE ADULT DAY CARE, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide adult day care services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	RAY OF SUNSHINE ADULT DAY CARE, LLC	OTHER: VARIOUS	\$250,000	

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
221.		VARIOUS STATE AGENCIES	REBECCA BAILEY TORRES DBA NEVADA EDUCATION & HERAPY SOLUTIONS LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide speech language pathology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20661			
222.		VARIOUS STATE AGENCIES	REM NEVADA	OTHER: VARIOUS	\$85,000,000	
	Contract Description:	This is a new contract to provide community-based residential and non-residential support services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20754			
223.		VARIOUS STATE AGENCIES	RESCUE MY SPEECH	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide speech language pathology and occupational therapy services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20723			
224.		VARIOUS STATE AGENCIES	ROBERT JOHNSON BCBA, LLC DBA NEVADA BEHAVIOR AND AUTISM	OTHER: VARIOUS	\$4,000,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20636			
225.		VARIOUS STATE AGENCIES	RUBY MOUNTAIN RESOURCE CENTER	OTHER: VARIOUS	\$2,000,000	
	Contract Description:	This is a new contract to provide vocational and job training services for adults with intellectual disabilities statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20665			
226.		VARIOUS STATE AGENCIES	RVALRC, LLC DBA RENO VALLEY RETIREMENT & ASSISTED LIVING CENTER	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide assisted living and retirement living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20963			
227.		VARIOUS STATE AGENCIES	RAGER DIAGNOSTICS & BEHAVIORAL HEALTH, LLC	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20841			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
228.		VARIOUS STATE AGENCIES	REHAB & INDUSTRIAL SERVICES, LLC	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide physical therapy services statewide. This contract replaces a previous provider agreement.				
229.		VARIOUS STATE AGENCIES	RENAY BUCHANAN DBA UNIQUE ABILITES	OTHER: VARIOUS	\$1,800,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
230.		VARIOUS STATE AGENCIES	RESTINA A. ANGAT DBA ST. FRANCIS GROUP CARE HOME #2	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide group care home services statewide. This contract replaces a previous provider agreement.				
231.		VARIOUS STATE AGENCIES	REYES PSYCHIATRY, PLLC	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide child and adolescent psychiatry services statewide. This contract replaces a previous provider agreement.				
232.		VARIOUS STATE AGENCIES	RIDGE HOUSE, INC.	OTHER: VARIOUS	\$30,000,000	
	Contract Description:	This is a new contract to provide behavioral health services, substance abuse counseling, and other supportive services statewide. This contract replaces a previous provider agreement.				
233.		VARIOUS STATE AGENCIES	RIDGE HOUSE, INC.	OTHER: VARIOUS	\$2,000,000	
	Contract Description:	This is a new contract to provide drug testing and substance abuse therapy services statewide. This contract replaces a previous provider agreement.				
234.		VARIOUS STATE AGENCIES	RISING STAR, LLC	OTHER: VARIOUS	\$8,000,000	
	Contract Description:	This is a new contract to provide behavioral health services statewide. This contract replaces a previous provider agreement.				
235.		VARIOUS STATE AGENCIES	ROBBIN HICKMAN	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide comprehensive early intervention services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20221			

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
236.		VARIOUS STATE AGENCIES	ROCKING H. RANCH, LLC	OTHER: VARIOUS	\$12,000,000	
	Contract Description:	This is a new contract to provide jobs and day training services statewide. This contract replaces a previous provider agreement.				
237.		VARIOUS STATE AGENCIES	RONALD G. KONG, M.D. A PROFESSIONAL CORPORATION	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide family medicine and rehabilitation services statewide. This contract replaces a previous provider agreement.				
238.		VARIOUS STATE AGENCIES	ROYAL HEIGHTS, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide supportive living services statewide. This contract replaces a previous provider agreement.				
239.		VARIOUS STATE AGENCIES	RUBY MOUNTAIN RESOURCE CENTER	OTHER: VARIOUS	\$1,900,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
240.		VARIOUS STATE AGENCIES	S.A.F.E. HOUSE, INC.	OTHER: VARIOUS	\$16,000,000	
	Contract Description:	This is a new contract to provide behavioral and community based services statewide. This contract replaces a previous provider agreement.				
241.		VARIOUS STATE AGENCIES	SAGE COLLECTIVE, INC. DBA THE LEARNING CONSULTANTS	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.				
242.		VARIOUS STATE AGENCIES	SAGE HEALTH SERVICES, LLC	OTHER: VARIOUS	\$8,000,000	
	Contract Description:	This is a new contract to provide autism treatment services statewide. This contract replaces a previous provider agreement.				
243.		VARIOUS STATE AGENCIES	SEVEN HILLS HOSPITAL, LLC	OTHER: VARIOUS	\$150,000	
	Contract Description:	This is a new contract to provide inpatient psychiatry, chemical dependency, opioid treatment and outpatient services statewide. This contract replaces a previous provider agreement.				

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
244.		VARIOUS STATE AGENCIES	SIERRA NEVADA QUALITY CARE	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide respite care services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20670			
245.		VARIOUS STATE AGENCIES	SILVER STATE HEARING & BALANCE	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide audiology services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20662			
246.		VARIOUS STATE AGENCIES	STEP2, INC.	OTHER: VARIOUS	\$15,000,000	
	Contract Description:	This is a new contract to provide substance abuse therapy and drug testing services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20658			
247.		VARIOUS STATE AGENCIES	SACRED HEART RESIDENCE I, II & III	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide assisted living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20910			
248.		VARIOUS STATE AGENCIES	SAINT BENEDICT'S GROUP HOME CARE, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide assisted living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20794			
249.		VARIOUS STATE AGENCIES	SANKOFA PROVIDERS OF NEVADA, INC.	OTHER: VARIOUS	\$8,000,000	
	Contract Description:	This is a new contract to provide individualized care planning and other supportive services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20870			
250.		VARIOUS STATE AGENCIES	SENIOR LIFE ADVOCACY GROUP, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide personal care attendant and home health services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20964			
251.		VARIOUS STATE AGENCIES	SENIOR SERVICES PERSONAL CARE, LLC	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide personal care attendant, respite and homemaker services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20950			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
252.		VARIOUS STATE AGENCIES	SHELLE ALSIP	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide host home services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20741		
253.		VARIOUS STATE AGENCIES	SHEPHERD EYE CENTER, LTD.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide ophthalmology services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20849		
254.		VARIOUS STATE AGENCIES	SILVER STATE SPEECH THERAPY, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide speech therapy services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20853		
255.		VARIOUS STATE AGENCIES	SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF NEVADA, INC.	OTHER: VARIOUS	\$7,000,000	
	Contract Description:	This is a new contract to provide therapeutic foster care, family support and behavioral health services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20919		
256.		VARIOUS STATE AGENCIES	ST. JUDE'S RANCH FOR CHILDREN - NEVADA REGION, INC.	OTHER: VARIOUS	\$10,000,000	
	Contract Description:	This is a new contract to provide foster care, child care, independent living, youth and adult residential living services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20813		
257.		VARIOUS STATE AGENCIES	STACI R. ROSS, PH. D., INC.	OTHER: VARIOUS	\$500,000	
	Contract Description:	This is a new contract to provide neuropsychology services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20840		
258.		VARIOUS STATE AGENCIES	STEPHANIE SCHOEN	OTHER: VARIOUS	\$2,500,000	
	Contract Description:	This is a new contract to provide occupational therapy services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20761		
259.		VARIOUS STATE AGENCIES	SUZANNE M. ABERASTURI, PH.D	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide neuropsychology services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20521		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
260.		VARIOUS STATE AGENCIES	T.A.L.K. SPECIALISTS, LLC	OTHER: VARIOUS	\$100,000	
	Contract Description:	This is a new contract to provide speech and language pathology services statewide. This contract replaces a previous provider agreement.				
261.		VARIOUS STATE AGENCIES	TEMPORARY ASSISTANCE DOMESTIC CRISIS, INC. DBA SAFE NEST	OTHER: VARIOUS	\$21,000,000	
	Contract Description:	This is a new contract to provide domestic violence shelter, hotline, counseling, advocacy education and outreach services statewide. This contract replaces a previous provider agreement.				
262.		VARIOUS STATE AGENCIES	THE PILL BOX	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide pharmacy services statewide. This contract replaces a previous provider agreement.				
263.		VARIOUS STATE AGENCIES	THERAPY MANAGEMENT GROUP, LLC	OTHER: VARIOUS	\$35,000,000	
	Contract Description:	This is a new contract to provide pediatric early intervention services statewide. This contract replaces a previous provider agreement.				
264.		VARIOUS STATE AGENCIES	TRANS VISION, PC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide optometry services statewide. This contract replaces a previous provider agreement.				
265.		VARIOUS STATE AGENCIES	TWENTYEIGHTY STRATEGY EXECUTION, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new participating addendum to a NASPO ValuePoint contract for training services. The Purchasing Division, other State agencies and political subdivisions may use this contractor for instruction, course customization, and development.				
266.		VARIOUS STATE AGENCIES	TAKING A.C.T.I.O.N., LLC	OTHER: VARIOUS	\$118,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
267.		VARIOUS STATE AGENCIES	TANDEM THERAPY SERVICES, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.				

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
268.		VARIOUS STATE AGENCIES	THE ACHIEVEMENT ACADEMY, INC.	OTHER: VARIOUS	\$820,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20691			
269.		VARIOUS STATE AGENCIES	THE EMPOWERMENT CENTER	OTHER: VARIOUS	\$7,300,000	
	Contract Description:	This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20581			
270.		VARIOUS STATE AGENCIES	THE LOVAAS CENTER FOR BEHAVIORAL INTERVENTION, INC.	OTHER: VARIOUS	\$35,000,000	
	Contract Description:	This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20753			
271.		VARIOUS STATE AGENCIES	THE SHADE TREE, INC.	OTHER: VARIOUS	\$7,000,000	
	Contract Description:	This is a new contract to provide emergency shelter, case management and family services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20774			
272.		VARIOUS STATE AGENCIES	THE TUNGLAND CORPORATION	OTHER: VARIOUS	\$50,000,000	
	Contract Description:	This is a new contract to provide community-based residential and non-residential support services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20830			
273.		VARIOUS STATE AGENCIES	THE VICTORIAN CENTER, LLC	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide group home and short term assisted living services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20766			
274.		VARIOUS STATE AGENCIES	UNIVERSAL BUILDING MAINTENANCE LLC DBA ALLIED UNIVERSAL	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide janitorial services statewide.				
	Term of Contract:	Upon Approval - 08/31/2022	Contract # 20419			
275.		VARIOUS STATE AGENCIES	VICTORIA M. LUPEI, OD PC DBA SAHARA EYE CENTER	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide optometry services statewide. This contract replaces a previous provider agreement.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20654			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
276.		VARIOUS STATE AGENCIES	WESTCARE NEVADA, INC.	OTHER: VARIOUS	\$50,000,000	
	Contract Description:	This is a new contract to provide substance abuse and behavioral health services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	WHITE PINE COMMUNITY TRAINING CENTER	OTHER: VARIOUS	\$6,000,000	
277.		VARIOUS STATE AGENCIES	WHITE PINE COMMUNITY TRAINING CENTER	OTHER: VARIOUS	\$6,000,000	
	Contract Description:	This is a new contract to provide job training services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	WILLIAMS AKO ENOH & ANTOINETTE LEE ENOH	OTHER: VARIOUS	\$750,000	
278.		VARIOUS STATE AGENCIES	WILLIAMS AKO ENOH & ANTOINETTE LEE ENOH	OTHER: VARIOUS	\$750,000	
	Contract Description:	This is a new contract to provide respite care services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	WOW CLEANING CORPORATION	OTHER: VARIOUS	\$1,000,000	
279.		VARIOUS STATE AGENCIES	WOW CLEANING CORPORATION	OTHER: VARIOUS	\$1,000,000	
	Contract Description:	This is a new contract to provide janitorial services statewide.				
		VARIOUS STATE AGENCIES	YOUR CHOICE BEHAVIORAL SERVICES, LLC	OTHER: VARIOUS	\$250,000	
280.		VARIOUS STATE AGENCIES	YOUR CHOICE BEHAVIORAL SERVICES, LLC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide mental health services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	ZURI BEHAVIORAL HEALTH, LLC	OTHER: VARIOUS	\$1,500,000	
281.		VARIOUS STATE AGENCIES	ZURI BEHAVIORAL HEALTH, LLC	OTHER: VARIOUS	\$1,500,000	
	Contract Description:	This is a new contract to provide behavioral health services statewide. This contract replaces a previous provider agreement.				
		VARIOUS STATE AGENCIES	ZURI BEHAVIORAL HEALTH, LLC	OTHER: VARIOUS	\$1,500,000	

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: **20627**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	BEHAVIORAL LEARNING SOLUTIONS, LLC
Agency Code:	MSA	Contractor Name:	BEHAVIORAL LEARNING SOLUTIONS, LLC
Appropriation Unit:	9999 - All Categories	Address:	1213 IAN CT.
Is budget authority available?:	Yes	City/State/Zip	SPARKS, NV 89434
If "No" please explain:	Not Applicable	Contact/Phone:	CHRISTINA LYDON 775/525-0244
		Vendor No.:	T27031808A
		NV Business ID:	NV20111693530
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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

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:

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	07/31/2018 10:49:11 AM
Division Approval	mstewa10	07/31/2018 10:49:14 AM
Department Approval	mstewa10	07/31/2018 10:49:26 AM
Contract Manager Approval	mstewa10	07/31/2018 10:49:28 AM
Budget Analyst Approval	aurrutu	08/07/2018 15:32:20 PM
BOE Agenda Approval	lfree1	08/08/2018 09:40:51 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20787**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	A & R Diversified Human Services, LLC
Agency Code:	MSA	Contractor Name:	A & R Diversified Human Services, LLC
Appropriation Unit:	9999 - All Categories	Address:	4538 W. Craig Road #240
Is budget authority available?:	Yes	City/State/Zip	N. Las Vegas, NV 89032
If "No" please explain:	Not Applicable	Contact/Phone:	Akilah Bennett 702-919-9210
		Vendor No.:	T27040375
		NV Business ID:	NV20141048148

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide outpatient housing therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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:

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	08/13/2018 09:23:09 AM
Division Approval	mstewa10	08/13/2018 09:23:11 AM
Department Approval	mstewa10	08/13/2018 09:23:13 AM
Contract Manager Approval	mstewa10	08/13/2018 09:23:16 AM
Budget Analyst Approval	nhovden	08/16/2018 15:38:00 PM
BOE Agenda Approval	nhovden	08/16/2018 15:38:03 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20626**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: **CYBT INCORPORATED**Contractor Name: **A CARING HAND HOME HEALTH CARE**Address: **7320 SMOKE RANCH ROAD, SUITE H**City/State/Zip: **LAS VEGAS, NV 89128**Contact/Phone: **Edgar Jimenez 702/345-4065**Vendor No.: **T27007495C**NV Business ID: **NV20031266904**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide home health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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?

No b. If "No", please explain:

Vendor name is a DBA of the legal entity.

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	07/31/2018 10:35:13 AM
Division Approval	mstewa10	07/31/2018 10:35:15 AM
Department Approval	mstewa10	07/31/2018 10:35:19 AM
Contract Manager Approval	mstewa10	07/31/2018 10:35:22 AM
Budget Analyst Approval	aurruty	08/08/2018 09:49:36 AM
BOE Agenda Approval	lfree1	08/09/2018 13:56:24 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20678**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	A GENTLE TOUCH HOME CARE, INC.
Agency Code:	MSA	Contractor Name:	A GENTLE TOUCH HOME CARE, INC.
Appropriation Unit:	9999 - All Categories	Address:	2001 S JONES BLVD STE K
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89146-3165
If "No" please explain:	Not Applicable	Contact/Phone:	702/202-3452
		Vendor No.:	T29029914
		NV Business ID:	NV20101513013

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/02/2018 11:32:20 AM
Division Approval	mstewa10	08/02/2018 11:32:22 AM
Department Approval	mstewa10	08/02/2018 11:32:25 AM
Contract Manager Approval	mstewa10	08/02/2018 11:32:27 AM
Budget Analyst Approval	aurruty	08/13/2018 11:57:13 AM
BOE Agenda Approval	lfree1	08/14/2018 09:55:58 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20746**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: A List Family Services, LLC

Contractor Name: **A List Family Services, LLC**Address: **8275 S. Eastern Avenue Suite 200-119**City/State/Zip: **Las Vegas, NV 89123**

Contact/Phone: Jr. Fonotisatele 702-321-9273

Vendor No.: T29026282

NV Business ID: NV20091607237

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide mental and behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/07/2018 16:29:05 PM
Division Approval	mstewa10	08/07/2018 16:29:07 PM
Department Approval	mstewa10	08/07/2018 16:29:10 PM
Contract Manager Approval	mstewa10	08/07/2018 16:29:13 PM
Budget Analyst Approval	aurruty	08/13/2018 17:11:41 PM
BOE Agenda Approval	lfree1	08/14/2018 08:38:12 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20859**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	A New Generation Recovery Center, LLC
Agency Code:	MSA	Contractor Name:	A New Generation Recovery Center, LLC
Appropriation Unit:	9999 - All Categories	Address:	2575 S. Cimarron Rd. #104
Is budget authority available?:	Yes	City/State/Zip	Las VEGas, NV 89117
If "No" please explain:	Not Applicable	Contact/Phone:	Tammy Stanford 702-684-5830
		Vendor No.:	T27042442
		NV Business ID:	NV20161446916

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide alcohol and substance abuse, counseling and outpatient services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00****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:

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	08/14/2018 10:22:31 AM
Division Approval	mstewa10	08/14/2018 10:22:33 AM
Department Approval	mstewa10	08/14/2018 10:22:36 AM
Contract Manager Approval	mstewa10	08/14/2018 10:22:38 AM
Budget Analyst Approval	nhovden	08/16/2018 12:12:09 PM
BOE Agenda Approval	nhovden	08/16/2018 12:12:11 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20825**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: A Novo Care, LLC

Contractor Name: **A Novo Care, LLC**Address: **2575 S. Cimarron Rd. #200**City/State/Zip: **Las Vegas, NV 89117**

Contact/Phone: Tammy Standford 702-635-9900

Vendor No.: T32005371

NV Business ID: NV20151418614

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/13/2018 16:05:56 PM
Division Approval	mstewa10	08/13/2018 16:05:58 PM
Department Approval	mstewa10	08/13/2018 16:06:01 PM
Contract Manager Approval	mstewa10	08/13/2018 16:06:03 PM
Budget Analyst Approval	aurretty	08/17/2018 08:28:45 AM
BOE Agenda Approval	lfree1	08/20/2018 11:49:42 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20672**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	A SIMPLE SOLUTION, LLC
Agency Code:	MSA	Contractor Name:	A SIMPLE SOLUTION, LLC
Appropriation Unit:	9999 - All Categories	Address:	dba DYNAMIC CAREGIVERS 2865 S JONES BLVD
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89146-5307
If "No" please explain:	Not Applicable	Contact/Phone:	DILLON LUTZA 702/388-1700
		Vendor No.:	T81093765
		NV Business ID:	NV20001044794

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide home care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/02/2018 11:28:57 AM
Division Approval	mstewa10	08/02/2018 11:28:59 AM
Department Approval	mstewa10	08/02/2018 11:29:01 AM
Contract Manager Approval	mstewa10	08/02/2018 11:29:04 AM
Budget Analyst Approval	aurruty	08/08/2018 11:58:09 AM
BOE Agenda Approval	lfree1	08/09/2018 14:12:58 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20828**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: A Sacred Home Health Care, LLC

Contractor Name: **A Sacred Home Health Care, LLC**Address: **7040 Laredo St. E**City/State/Zip: **Las Vegas , NV 89117**

Contact/Phone: Elizabeth Gamboa 702-488-2838

Vendor No.: T27038554

NV Business ID: NV20151325001

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/13/2018 16:10:18 PM
Division Approval	mstewa10	08/13/2018 16:10:27 PM
Department Approval	mstewa10	08/13/2018 16:10:31 PM
Contract Manager Approval	mstewa10	08/13/2018 16:10:34 PM
Budget Analyst Approval	cpalme2	08/15/2018 16:30:06 PM
BOE Agenda Approval	lfree1	08/16/2018 10:22:06 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20630**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	A VICTORIOUSCARE
Agency Code:	MSA	Contractor Name:	A VICTORIOUSCARE
Appropriation Unit:	9999 - All Categories	Address:	7318 WARHOL DR
Is budget authority available?:	Yes	City/State/Zip	SUN VALLEY, NV 89433-6663
If "No" please explain:	Not Applicable	Contact/Phone:	VICTORIA OLAEGBE 775/674-0442
		Vendor No.:	T29025825
		NV Business ID:	NV20101241512
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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	07/31/2018 10:43:13 AM
Division Approval	mstewa10	07/31/2018 10:43:15 AM
Department Approval	mstewa10	07/31/2018 10:43:17 AM
Contract Manager Approval	mstewa10	07/31/2018 10:43:19 AM
Budget Analyst Approval	aurruty	08/08/2018 09:23:25 AM
BOE Agenda Approval	lfree1	08/09/2018 13:58:30 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
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MEMORANDUM

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Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20924**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	AACRES, NV. LLC
Agency Code:	MSA	Contractor Name:	AACRES, NV. LLC
Appropriation Unit:	9999 - All Categories	Address:	4340 S. Valley View Blvd Suite 220
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89103
If "No" please explain:	Not Applicable	Contact/Phone:	Lisa Roberts 208-329-0723
		Vendor No.:	T29013487A
		NV Business ID:	NV20081362263

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 16:08:26 PM
Division Approval	jthom17	08/14/2018 16:08:30 PM
Department Approval	jthom17	08/14/2018 16:08:40 PM
Contract Manager Approval	jthom17	08/14/2018 16:08:45 PM
Budget Analyst Approval	cbrekken	08/16/2018 14:12:09 PM
BOE Agenda Approval	lfree1	08/20/2018 11:11:50 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
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Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20688**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: **ABSOLUTE PERSONAL CARE, LLC**Contractor Name: **ABSOLUTE PERSONAL CARE, LLC**Address: **6725-1 EASTERN AVE.**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **Edgar Jimenez 702/405-3192**Vendor No.: **T29037497A**NV Business ID: **NV20081543261**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/02/2018 11:01:16 AM
Division Approval	mstewa10	08/02/2018 11:01:19 AM
Department Approval	mstewa10	08/02/2018 11:01:22 AM
Contract Manager Approval	mstewa10	08/02/2018 11:01:27 AM
Budget Analyst Approval	aurruty	08/13/2018 12:02:04 PM
BOE Agenda Approval	lfree1	08/14/2018 10:43:05 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20738**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: **ACCESSIBLE SPACE, INC.**Contractor Name: **ACCESSIBLE SPACE, INC.**Address: **6375 W CHARLESTON BLVD L200**City/State/Zip: **LAS VEGAS, NV 89146-1139**Contact/Phone: **JERRY KAPPELER 702/259-1903**Vendor No.: **T80953552C**NV Business ID: **NV19911053742**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide supportive housing services to physically/cognitively disabled individuals statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	mstewa10	08/07/2018 15:46:49 PM
Division Approval	mstewa10	08/07/2018 15:46:51 PM
Department Approval	mstewa10	08/07/2018 15:46:53 PM
Contract Manager Approval	mstewa10	08/07/2018 15:46:56 PM
Budget Analyst Approval	aurruty	08/15/2018 09:12:22 AM
BOE Agenda Approval	lfree1	08/15/2018 13:50:48 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20668**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: **ACHIEVABLE BEHAVIOR STRATEGIES**Contractor Name: **ACHIEVABLE BEHAVIOR STRATEGIES**Address: **LLC**City/State/Zip: **9167 W FLAMINGO RD
LAS VEGAS, NV 89147-6458**Contact/Phone: **702/565-1894**Vendor No.: **T29032645**NV Business ID: **NV20121489791**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavior analysis therapy services for autism statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$700,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/02/2018 11:27:10 AM
Division Approval	mstewa10	08/02/2018 11:27:12 AM
Department Approval	mstewa10	08/02/2018 11:27:14 AM
Contract Manager Approval	mstewa10	08/02/2018 11:27:16 AM
Budget Analyst Approval	aurruty	08/08/2018 11:38:23 AM
BOE Agenda Approval	lfree1	08/09/2018 14:18:52 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20812**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: ADT Security Corporation

Contractor Name: **ADT Security Corporation**Address: **32100 US Highway 19 North**City/State/Zip: **Palm Harbor, FL 34684**

Contact/Phone: Donna Morreale 877-456-1787

Vendor No.: T32007028

NV Business ID: NV20171709180

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal emergency response system services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	08/13/2018 10:08:59 AM
Division Approval	mstewa10	08/13/2018 10:09:01 AM
Department Approval	mstewa10	08/13/2018 10:09:07 AM
Contract Manager Approval	mstewa10	08/13/2018 10:09:10 AM
Budget Analyst Approval	afrantz	08/16/2018 09:05:58 AM
BOE Agenda Approval	lfree1	08/17/2018 10:45:47 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

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Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20629**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: **WWB INCORPORATED**Contractor Name: **ADVANCED HOME HEALTH CARE**Address: **343 FAIRVIEW DRIVE**City/State/Zip: **CARSON CITY, NV 89701**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

No b. If "No", please explain:

Vendor name is a DBA of the legal entity.

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	07/31/2018 11:07:29 AM
Division Approval	mstewa10	07/31/2018 11:07:31 AM
Department Approval	mstewa10	07/31/2018 11:07:34 AM
Contract Manager Approval	mstewa10	07/31/2018 11:07:36 AM
Budget Analyst Approval	aurruty	08/09/2018 14:56:56 PM
BOE Agenda Approval	lfree1	08/10/2018 09:59:21 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20961**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	ADVANCED NEURO CONNECTIONS, INC.
Agency Code:	MSA	Contractor Name:	ADVANCED NEURO CONNECTIONS, INC.
Appropriation Unit:	9999 - All Categories	Address:	4325 N. Rancho Drive, Ste 150
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89130
If "No" please explain:	Not Applicable	Contact/Phone:	Eva Donaldson 719-231-3465
		Vendor No.:	T32005249
		NV Business ID:	NV20171083540

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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	Ideloach	08/15/2018 11:19:42 AM
Division Approval	Ideloach	08/15/2018 11:19:44 AM
Department Approval	Ideloach	08/15/2018 11:20:00 AM
Contract Manager Approval	rmille8	08/15/2018 11:24:05 AM
Budget Analyst Approval	laaron	08/16/2018 12:14:53 PM
BOE Agenda Approval	lfree1	08/20/2018 08:42:26 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20957**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: **ADVOCATES TO END DOMESTIC VIOLENCE**Contractor Name: **ADVOCATES TO END DOMESTIC VIOLENCE**Address: **32 Sierra Avenue**City/State/Zip: **CARSON CITY, NV 89701**Contact/Phone: **LISA LEE 775/883-7654**Vendor No.: **T80685370**NV Business ID: **NV19801002027**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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide domestic violence emergency shelter services statewide. This contract replaces a previous provider agreement

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	jthom17	08/14/2018 17:25:47 PM
Division Approval	jthom17	08/14/2018 17:25:49 PM
Department Approval	jthom17	08/14/2018 17:25:51 PM
Contract Manager Approval	jthom17	08/14/2018 17:25:54 PM
Budget Analyst Approval	cpalme2	08/15/2018 15:45:28 PM
BOE Agenda Approval	lfree1	08/16/2018 14:13:23 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20731**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: **TONIE M VALESANO LCSW**Contractor Name: **ALL ABOUT YOU COUNSELING**Address: **8685 S. EASTERN AVE.**City/State/Zip: **LAS VEGAS, NV 89123**Contact/Phone: **702/754-0807**Vendor No.: **T29022588**NV Business ID: **NV20061423240**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide counseling and behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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?

No b. If "No", please explain:

Vendor name is a DBA of the legal entity.

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	08/07/2018 15:41:53 PM
Division Approval	mstewa10	08/07/2018 15:41:56 PM
Department Approval	mstewa10	08/07/2018 15:41:58 PM
Contract Manager Approval	mstewa10	08/07/2018 15:42:00 PM
Budget Analyst Approval	aurruty	08/15/2018 09:22:57 AM
BOE Agenda Approval	lfree1	08/15/2018 13:42:02 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20624**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	ALL AROUND, INC.
Agency Code:	MSA	Contractor Name:	ALL AROUND, INC.
Appropriation Unit:	9999 - All Categories	Address:	5135 CAMINO AL NORTE SUITE 150
Is budget authority available?:	Yes	City/State/Zip	NORTH LAS VEGAS, NV 89031
If "No" please explain:	Not Applicable	Contact/Phone:	EDGAR JIMENEZ 702/405-3192
		Vendor No.:	T32006947A
		NV Business ID:	NV20111763649
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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	07/31/2018 11:01:08 AM
Division Approval	mstewa10	07/31/2018 11:01:10 AM
Department Approval	mstewa10	07/31/2018 11:01:12 AM
Contract Manager Approval	mstewa10	07/31/2018 11:01:15 AM
Budget Analyst Approval	aurruty	08/08/2018 10:26:21 AM
BOE Agenda Approval	lfree1	08/09/2018 13:49:21 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20628**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DIDC INCORPORATED
Agency Code:	MSA	Contractor Name:	ALL VALLEY HOME HEALTH CARE
Appropriation Unit:	9999 - All Categories	Address:	ALL VALLEY HOME HEALTH CARE 1325 AIRMOTIVE WAY
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	702/405-3192
		Vendor No.:	T29002187A
		NV Business ID:	NV20021448940

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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?

No b. If "No", please explain:

Vendor is a DBA of the legal entity.

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	07/31/2018 11:02:34 AM
Division Approval	mstewa10	07/31/2018 11:02:37 AM
Department Approval	mstewa10	07/31/2018 11:02:39 AM
Contract Manager Approval	mstewa10	07/31/2018 11:02:41 AM
Budget Analyst Approval	aurruty	08/08/2018 10:20:23 AM
BOE Agenda Approval	lfree1	08/09/2018 13:50:42 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20713**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: **ALLIANCE MENTAL HEALTH SPECIALISTS, PLLC**Contractor Name: **ALLIANCE MENTAL HEALTH SPECIALISTS, PLLC**Address: **4270 S DECATUR BLVD STE B6**City/State/Zip: **LAS VEGAS, NV 89103-6802**Contact/Phone: **702/485-2100**Vendor No.: **T27041655**NV Business ID: **NV20161218835**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychiatry services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/07/2018 13:24:47 PM
Division Approval	mstewa10	08/07/2018 13:24:49 PM
Department Approval	mstewa10	08/07/2018 13:24:52 PM
Contract Manager Approval	mstewa10	08/07/2018 13:24:54 PM
Budget Analyst Approval	aurruty	08/13/2018 16:56:11 PM
BOE Agenda Approval	lfree1	08/14/2018 09:17:15 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20659**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: **ALOHA ADULT DAY HEALTHCARE, INC.**Contractor Name: **ALOHA ADULT DAY HEALTHCARE, INC.**Address: **CENTER
930 W OWENS AVE**City/State/Zip: **LAS VEGAS, NV 89106-2516**Contact/Phone: **DANIELLE AKIOYAME 702/581-7435**Vendor No.: **T32005385**NV Business ID: **NV20161110197**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide adult day care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/02/2018 11:21:46 AM
Division Approval	mstewa10	08/02/2018 11:21:48 AM
Department Approval	mstewa10	08/02/2018 11:21:50 AM
Contract Manager Approval	mstewa10	08/02/2018 11:21:52 AM
Budget Analyst Approval	aurruty	08/13/2018 12:17:14 PM
BOE Agenda Approval	lfree1	08/14/2018 10:39:51 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20649**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: **AMCE PHYSICIANS GROUP**Contractor Name: **AMCE PHYSICIANS GROUP**Address: **PO BOX 460**City/State/Zip: **HOOPER, UT 84315**Contact/Phone: **WES DAVIS 800/440-3305**Vendor No.: **T29028298A**NV Business ID: **Nv20141294056**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide disability evaluation services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/02/2018 11:16:55 AM
Division Approval	mstewa10	08/02/2018 11:16:57 AM
Department Approval	mstewa10	08/02/2018 11:17:00 AM
Contract Manager Approval	mstewa10	08/02/2018 11:17:02 AM
Budget Analyst Approval	aurruty	08/09/2018 18:12:26 PM
BOE Agenda Approval	lfree1	08/10/2018 09:21:56 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20679**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: **AMERICAN COMPREHENSIVE COUNSELING SERVICES**Contractor Name: **AMERICAN COMPREHENSIVE COUNSELING SERVICES**Address: **860 TYLER WAY**City/State/Zip: **SPARKS, NV 89431-2172**Contact/Phone: **775/356-0371**Vendor No.: **T27030528**NV Business ID: **NV20031286271**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/02/2018 11:13:44 AM
Division Approval	mstewa10	08/02/2018 11:13:46 AM
Department Approval	mstewa10	08/02/2018 11:13:52 AM
Contract Manager Approval	mstewa10	08/02/2018 11:13:57 AM
Budget Analyst Approval	aurruty	08/09/2018 16:11:03 PM
BOE Agenda Approval	lfree1	08/10/2018 09:13:30 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20968**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: **AMERICAN HOME COMPANION, INC.**Contractor Name: **AMERICAN HOME COMPANION, INC.**Address: **3708 LAKESIDE DR STE 200**City/State/Zip: **RENO, NV 89509-5371**Contact/Phone: **775/826-8090**Vendor No.: **T29028020**NV Business ID: **NV19991331652**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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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	mstewa10	08/15/2018 14:43:27 PM
Division Approval	mstewa10	08/15/2018 14:43:30 PM
Department Approval	mstewa10	08/15/2018 14:43:32 PM
Contract Manager Approval	mstewa10	08/15/2018 14:43:36 PM
Budget Analyst Approval	nhovden	08/16/2018 16:16:55 PM
BOE Agenda Approval	nhovden	08/16/2018 16:16:58 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20907**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	AMI HEALTH CARE SERVICES, LLC
Agency Code:	MSA	Contractor Name:	AMI HEALTH CARE SERVICES, LLC
Appropriation Unit:	9999 - All Categories	Address:	2069 S MACKENZIE CIR
Is budget authority available?:	Yes	City/State/Zip	SPARKS, NV 89431-7579
If "No" please explain:	Not Applicable	Contact/Phone:	775/358-2468
		Vendor No.:	T27019728
		NV Business ID:	NV20081013439

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

Agency Reference #: RM167

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide residential and behavioral services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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	08/14/2018 15:39:10 PM
Division Approval	jthom17	08/14/2018 15:39:13 PM
Department Approval	jthom17	08/14/2018 15:39:17 PM
Contract Manager Approval	jthom17	08/14/2018 15:39:22 PM
Budget Analyst Approval	nhovden	08/16/2018 12:50:48 PM
BOE Agenda Approval	nhovden	08/16/2018 12:50:51 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20917**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	ANITA DELEON
Agency Code:	MSA	Contractor Name:	ANITA DELEON
Appropriation Unit:	9999 - All Categories	Address:	2680 STARKS WAY
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89512
If "No" please explain:	Not Applicable	Contact/Phone:	775/338-8292
		Vendor No.:	T81103811A
		NV Business ID:	NV20161507196

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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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? **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: 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 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	jthom17	08/14/2018 15:58:00 PM
Division Approval	jthom17	08/14/2018 15:58:03 PM
Department Approval	jthom17	08/14/2018 15:58:05 PM
Contract Manager Approval	jthom17	08/14/2018 15:58:09 PM
Budget Analyst Approval	aurruty	08/16/2018 15:21:24 PM
BOE Agenda Approval	lfree1	08/17/2018 08:38:34 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20913**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: **APPLIED BEHAVIOR ANALYSIS INSTITUTE**Contractor Name: **APPLIED BEHAVIOR ANALYSIS INSTITUTE**Address: **408 S JONES BLVD**City/State/Zip: **LAS VEGAS, NV 89107-2658**Contact/Phone: **Vanessa Loftis 702/496-1367**Vendor No.: **T27029755**NV Business ID: **NV20111156188**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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **08/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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? **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: 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	08/14/2018 15:56:56 PM
Division Approval	jthom17	08/14/2018 15:57:03 PM
Department Approval	jthom17	08/14/2018 15:57:05 PM
Contract Manager Approval	jthom17	08/14/2018 15:57:07 PM
Budget Analyst Approval	aurruty	08/16/2018 16:40:19 PM
BOE Agenda Approval	lfree1	08/17/2018 08:43:25 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20625**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	AT HOME SOLUTIONS
Agency Code:	MSA	Contractor Name:	AT HOME SOLUTIONS
Appropriation Unit:	9999 - All Categories	Address:	2961 EAST SERENE AVE
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89074-6507
If "No" please explain:	Not Applicable	Contact/Phone:	702/948-4848
		Vendor No.:	T27039042
		NV Business ID:	NV20061379148

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	07/31/2018 10:42:00 AM
Division Approval	mstewa10	07/31/2018 10:42:02 AM
Department Approval	mstewa10	07/31/2018 10:42:05 AM
Contract Manager Approval	mstewa10	07/31/2018 10:42:07 AM
Budget Analyst Approval	aurruty	08/08/2018 08:49:33 AM
BOE Agenda Approval	lfree1	08/09/2018 14:01:39 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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I. DESCRIPTION OF CONTRACT1. Contract Number: **20687**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	HHCSN INC.
Agency Code:	MSA	Contractor Name:	AT YOUR SERVICE HOME CARE
Appropriation Unit:	9999 - All Categories	Address:	HOME HEALTH CARE 17852 E. SAHARA AVE.
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89104
If "No" please explain:	Not Applicable	Contact/Phone:	Edgar Jimenez 702/405-3192
		Vendor No.:	T29031863A
		NV Business ID:	NV20061379148

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

No b. If "No", please explain:

Vendor name is a DBA of the legal entity.

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	08/02/2018 11:02:07 AM
Division Approval	mstewa10	08/02/2018 11:02:10 AM
Department Approval	mstewa10	08/02/2018 11:02:12 AM
Contract Manager Approval	mstewa10	08/02/2018 11:02:14 AM
Budget Analyst Approval	aurruty	08/13/2018 12:06:52 PM
BOE Agenda Approval	lfree1	08/14/2018 10:28:17 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20632**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: **24/7 HOME HEALTH CARE, INC.**Contractor Name: **AVALON PRIVATE DUTY HOME CARE**Address: **525 S. DECATUR BLVD.**City/State/Zip: **LAS VEGAS, NV 89107**Contact/Phone: **Edgar Jimenez 702/405-3192**Vendor No.: **T27037878A**NV Business ID: **NV20101513050**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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?

No b. If "No", please explain:

Contractor name is a DBA of the legal entity.

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	07/31/2018 10:44:55 AM
Division Approval	mstewa10	07/31/2018 10:45:00 AM
Department Approval	mstewa10	07/31/2018 10:45:02 AM
Contract Manager Approval	mstewa10	07/31/2018 10:45:05 AM
Budget Analyst Approval	aurretty	08/08/2018 09:14:57 AM
BOE Agenda Approval	lfree1	08/09/2018 14:00:05 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20789**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: Able Abilities Group

Contractor Name: **Able Abilities Group**Address: **806 Ryland Street**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Beatrice Ogundimu 775-848-6731

Vendor No.: T29000861

NV Business ID: NV20041480876

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/13/2018 09:13:21 AM
Division Approval	mstewa10	08/13/2018 09:13:23 AM
Department Approval	mstewa10	08/13/2018 09:13:25 AM
Contract Manager Approval	mstewa10	08/13/2018 09:13:27 AM
Budget Analyst Approval	afrantz	08/15/2018 15:14:25 PM
BOE Agenda Approval	lfree1	08/17/2018 10:49:23 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20742**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: Able Home Care Solutions, LLC

Contractor Name: **Able Home Care Solutions, LLC**Address: **801 S. Rancho Drive Suite E2B**City/State/Zip: **Las Vegas, NV 89106**

Contact/Phone: John Kenda 702-586-2763

Vendor No.: T27037306

NV Business ID: NV20151001416

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/07/2018 16:08:49 PM
Division Approval	mstewa10	08/07/2018 16:08:51 PM
Department Approval	mstewa10	08/07/2018 16:08:53 PM
Contract Manager Approval	mstewa10	08/07/2018 16:08:56 PM
Budget Analyst Approval	aurretty	08/14/2018 16:07:27 PM
BOE Agenda Approval	lfree1	08/15/2018 09:07:09 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20904**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: Above the Rest Homecare, Inc.

Contractor Name: **Above the Rest Homecare, Inc.**Address: **2001 S. Jones Blvd.
Suite E-3**City/State/Zip: **Las Vegas, NV 89146**

Contact/Phone: Edgar V. Jimenez 702-425-3377

Vendor No.: T29040916

NV Business ID: NV20141343762

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	08/14/2018 15:41:34 PM
Division Approval	jthom17	08/14/2018 15:41:37 PM
Department Approval	jthom17	08/14/2018 15:41:39 PM
Contract Manager Approval	jthom17	08/14/2018 15:41:42 PM
Budget Analyst Approval	mtum1	08/16/2018 14:46:33 PM
BOE Agenda Approval	lfree1	08/17/2018 11:17:29 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20804**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Absolustion, LLC
Agency Code:	MSA	Contractor Name:	Absolustion, LLC
Appropriation Unit:	9999 - All Categories	Address:	7250 S. Durango Dr. Suite 130-217
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89113
If "No" please explain:	Not Applicable	Contact/Phone:	Tas Cofer 702-460-5370
		Vendor No.:	T27042001
		NV Business ID:	NV20161190523

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:40:55 AM
Division Approval	mstewa10	08/13/2018 09:40:58 AM
Department Approval	mstewa10	08/13/2018 09:41:00 AM
Contract Manager Approval	mstewa10	08/13/2018 09:41:03 AM
Budget Analyst Approval	mtum1	08/16/2018 12:28:22 PM
BOE Agenda Approval	lfree1	08/16/2018 15:34:51 PM
BOE Final Approval	Pending	



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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20922**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: Absolute Home Care, Inc.

Contractor Name: **Absolute Home Care, Inc.**Address: **2860 E. Flamingo Suite K**City/State/Zip: **Las Vegas, NV 89121**

Contact/Phone: Edgar Jimenez 702-318-5005

Vendor No.: T27007293

NV Business ID: NV20031450181

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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? **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 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	08/14/2018 16:04:49 PM
Division Approval	jthom17	08/14/2018 16:04:54 PM
Department Approval	jthom17	08/14/2018 16:04:57 PM
Contract Manager Approval	jthom17	08/14/2018 16:04:59 PM
Budget Analyst Approval	tgreenam	08/16/2018 09:29:28 AM
BOE Agenda Approval	lfree1	08/20/2018 09:18:10 AM
BOE Final Approval	Pending	



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Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20699**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: Accessible Space, Inc.

Contractor Name: **Accessible Space, Inc.**Address: **6375 W Charleston Blvd Bldg. L200**City/State/Zip: **Las Vegas, NV 89146**

Contact/Phone: Jerry Kappeler 702-259-1903

Vendor No.: T80953552

NV Business ID: NV19911053742

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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

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

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DHHS - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	mstewa10	08/07/2018 15:26:45 PM
Division Approval	mstewa10	08/07/2018 15:26:47 PM
Department Approval	mstewa10	08/07/2018 15:26:56 PM
Contract Manager Approval	mstewa10	08/07/2018 15:27:02 PM
Budget Analyst Approval	aurruty	08/13/2018 15:45:15 PM
BOE Agenda Approval	lfree1	08/14/2018 08:31:07 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20837**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: Accessible Space, Inc.

Contractor Name: **Accessible Space, Inc.**Address: **2550 University Avenue West Ste. 330N**City/State/Zip: **St. Paul, MN 55114**

Contact/Phone: Camille Groll 651-645-7271

Vendor No.: T80953552

NV Business ID: NV19911053742

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide brain injury rehabilitation services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/13/2018 16:31:52 PM
Division Approval	mstewa10	08/13/2018 16:31:57 PM
Department Approval	mstewa10	08/13/2018 16:32:00 PM
Contract Manager Approval	mstewa10	08/13/2018 16:32:03 PM
Budget Analyst Approval	tgreenam	08/16/2018 09:32:39 AM
BOE Agenda Approval	lfree1	08/17/2018 15:41:40 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20873**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: Addus Healthcare (Nevada), Inc.

Contractor Name: **Addus Healthcare (Nevada), Inc.**Address: **2300 Warrenville Rd.
Suite 100**City/State/Zip: **Downers Grove, IL 60515**

Contact/Phone: Diane Kumarich 630-296-3530

Vendor No.: T27021728

NV Business ID: NV20071379177

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide in-home care and personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 10:43:14 AM
Division Approval	mstewa10	08/14/2018 10:43:17 AM
Department Approval	mstewa10	08/14/2018 10:43:20 AM
Contract Manager Approval	mstewa10	08/14/2018 10:43:22 AM
Budget Analyst Approval	lfree1	08/20/2018 09:50:08 AM
BOE Agenda Approval	lfree1	08/20/2018 09:50:11 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20820**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: Advanced Pediatric Therapies, LLC

Contractor Name: **Advanced Pediatric Therapies, LLC**Address: **1625 E. Prater Way Suite 107**City/State/Zip: **Sparks, NV 89434**

Contact/Phone: Julie Ortiz 775-825-4744

Vendor No.: T27005066

NV Business ID: NV20031094858

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide early intervention services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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:

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	08/13/2018 14:35:53 PM
Division Approval	mstewa10	08/13/2018 14:35:56 PM
Department Approval	mstewa10	08/13/2018 14:35:59 PM
Contract Manager Approval	mstewa10	08/13/2018 14:36:01 PM
Budget Analyst Approval	bwooldri	08/16/2018 13:22:48 PM
BOE Agenda Approval	nhovden	08/16/2018 16:25:50 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20833**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: Alexies Assisted Living, Inc.

Contractor Name: **Alexies Assisted Living, Inc.**Address: **5125 Meadows Lilly Ave**City/State/Zip: **Las Vegas, NV 89108**

Contact/Phone: Belma Dizon 702-324-5099

Vendor No.: T27027280

NV Business ID: NV20031492694

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide assisted living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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	mstewa10	08/13/2018 16:27:53 PM
Division Approval	mstewa10	08/13/2018 16:27:55 PM
Department Approval	mstewa10	08/13/2018 16:27:57 PM
Contract Manager Approval	mstewa10	08/13/2018 16:27:59 PM
Budget Analyst Approval	nhovden	08/16/2018 09:22:42 AM
BOE Agenda Approval	nhovden	08/16/2018 09:22:44 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
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Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20942**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: Alfa Home Care, LLC

Contractor Name: **Alfa Home Care, LLC**Address: **820 Rancho Ln #40**City/State/Zip: **Las Vegas, NV 89106**

Contact/Phone: Claudia Nunez 702-366-0875

Vendor No.: T27042433

NV Business ID: NV20151542372

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	08/14/2018 16:51:57 PM
Division Approval	jthom17	08/14/2018 16:52:02 PM
Department Approval	jthom17	08/14/2018 16:52:08 PM
Contract Manager Approval	jthom17	08/14/2018 16:52:13 PM
Budget Analyst Approval	aurruty	08/17/2018 08:29:41 AM
BOE Agenda Approval	lfree1	08/20/2018 11:45:30 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Date: June 11, 2018
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Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20773**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: **Alvin's Daughters, LLC**Contractor Name: **Alvin's Daughters, LLC**Address: **DBA Agape Behavioral Center
3620 N. Rancho Dr. #107**City/State/Zip: **Las Vegas, NV 89130**Contact/Phone: **Agatha Lambey 702-656-5683**Vendor No.: **T29032026**NV Business ID: **NV20121682292**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide basic skills training and psychosocial rehabilitation services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/09/2018 09:49:46 AM
Division Approval	mstewa10	08/09/2018 09:49:48 AM
Department Approval	mstewa10	08/09/2018 09:49:50 AM
Contract Manager Approval	mstewa10	08/09/2018 09:49:52 AM
Budget Analyst Approval	mtum1	08/15/2018 17:12:21 PM
BOE Agenda Approval	lfree1	08/16/2018 14:26:46 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20850**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: Amalia Ortiz Magno

Contractor Name: **Amalia O. Magno dba St. Francis Adult Group Home Care V**Address: **4245 E. Baltimore Ave.**City/State/Zip: **Las Vegas, NV 89104**

Contact/Phone: Amalia O. Magno 702-431-4792

Vendor No.: T81071195

NV Business ID: NV20141354463

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide adult group home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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 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?

No b. If "No", please explain:

Contractor name is a DBA of the legal entity.

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	08/14/2018 08:34:40 AM
Division Approval	mstewa10	08/14/2018 08:34:43 AM
Department Approval	mstewa10	08/14/2018 08:34:45 AM
Contract Manager Approval	mstewa10	08/14/2018 08:34:48 AM
Budget Analyst Approval	aurruty	08/17/2018 08:15:45 AM
BOE Agenda Approval	lfree1	08/20/2018 10:38:13 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20775**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: Amber Skies Community Support Group

Contractor Name: **Amber Skies Community Support Group**Address: **5466 Spanish Moss Drive**City/State/Zip: **Sparks, NV 89436**

Contact/Phone: Samantha Caballero 775-232-3466

Vendor No.: T27008480

NV Business ID: NV20041414544

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide basic skills training, basic living skills and psychosocial rehabilitation services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/09/2018 09:52:24 AM
Division Approval	mstewa10	08/09/2018 09:52:26 AM
Department Approval	mstewa10	08/09/2018 09:52:28 AM
Contract Manager Approval	mstewa10	08/09/2018 09:52:30 AM
Budget Analyst Approval	mtum1	08/15/2018 17:40:26 PM
BOE Agenda Approval	lfree1	08/16/2018 14:37:04 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20875**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: American Comprehensive Counseling Services

Contractor Name: **American Comprehensive Counseling Services**Address: **860 Tyler Way**City/State/Zip: **Sparks , NV 89431**

Contact/Phone: Walter Dimitroff 775-356-0371

Vendor No.: T27030528

NV Business ID: NV20031286271

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/14/2018 10:45:29 AM
Division Approval	mstewa10	08/14/2018 10:45:31 AM
Department Approval	mstewa10	08/14/2018 10:45:33 AM
Contract Manager Approval	mstewa10	08/14/2018 10:45:36 AM
Budget Analyst Approval	aurruty	08/16/2018 15:17:59 PM
BOE Agenda Approval	lfree1	08/17/2018 08:39:48 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20770**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: At Home Caregivers, LLC

Contractor Name: **At Home Caregivers, LLC**Address: **3017 W. Charleston Blvd Ste 12**City/State/Zip: **Las Vegas, NV 89102**

Contact/Phone: Chad Simon 702-240-3800

Vendor No.: T29038483

NV Business ID: NV20041176117

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Providers**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/09/2018 09:45:55 AM
Division Approval	mstewa10	08/09/2018 09:45:57 AM
Department Approval	mstewa10	08/09/2018 09:46:00 AM
Contract Manager Approval	mstewa10	08/09/2018 09:46:02 AM
Budget Analyst Approval	aurruty	08/16/2018 09:26:28 AM
BOE Agenda Approval	lfree1	08/16/2018 09:33:02 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20763**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: **Autism & Behavioral Consulting Services, LLC**Contractor Name: **Autism & Behavioral Consulting Services, LLC**Address: **6600 West Charleston Blvd Suite 132**City/State/Zip: **Las Vegas, NV 89146**Contact/Phone: **Veronica Smith 702-283-6215**Vendor No.: **T29033646**NV Business ID: **NV20131399758**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/09/2018 09:32:09 AM
Division Approval	mstewa10	08/09/2018 09:32:11 AM
Department Approval	mstewa10	08/09/2018 09:32:14 AM
Contract Manager Approval	mstewa10	08/09/2018 09:32:16 AM
Budget Analyst Approval	aurretty	08/15/2018 17:35:57 PM
BOE Agenda Approval	lfree1	08/16/2018 11:13:25 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20807**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: **Autism Care West, LLC**Contractor Name: **Autism Care West, LLC**Address: **2075 E. Windmill Suite 150**City/State/Zip: **Las Vegas, NV 89123**Contact/Phone: **Yelena Marriott 702-326-5996**Vendor No.: **T29025668**NV Business ID: **NV20091128345**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:45:16 AM
Division Approval	mstewa10	08/13/2018 09:45:19 AM
Department Approval	mstewa10	08/13/2018 09:45:21 AM
Contract Manager Approval	mstewa10	08/13/2018 09:45:23 AM
Budget Analyst Approval	mtum1	08/16/2018 10:12:37 AM
BOE Agenda Approval	lfree1	08/16/2018 15:36:34 PM
BOE Final Approval	Pending	



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Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20948**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: **BAMBOO SUNRISE, LLC**Contractor Name: **BAMBOO SUNRISE, LLC**Address: **98 East Lake Mead Parkway Suite 302**City/State/Zip: **Henderson, NV 89015**Contact/Phone: **Reggie Anderson 702-433-3038**Vendor No.: **T32005036**NV Business ID: **NV20111717709**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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide therapeutic foster care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 17:01:40 PM
Division Approval	jthom17	08/14/2018 17:01:42 PM
Department Approval	jthom17	08/14/2018 17:01:45 PM
Contract Manager Approval	jthom17	08/14/2018 17:01:48 PM
Budget Analyst Approval	laaron	08/16/2018 11:14:46 AM
BOE Agenda Approval	lfree1	08/17/2018 15:50:12 PM
BOE Final Approval	Pending	



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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

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CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20909**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	BEHAVIORAL LEARNING SOLUTIONS, LLC
Agency Code:	MSA	Contractor Name:	BEHAVIORAL LEARNING SOLUTIONS, LLC
Appropriation Unit:	9999 - All Categories	Address:	1048 Plentywood Place
Is budget authority available?:	Yes	City/State/Zip	Henderson , NV 89002
If "No" please explain:	Not Applicable	Contact/Phone:	702/610-2076
		Vendor No.:	T32001642A
		NV Business ID:	NV20081188515

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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis and autism treatment services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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	08/14/2018 15:49:51 PM
Division Approval	mstewa10	08/14/2018 15:49:53 PM
Department Approval	mstewa10	08/14/2018 15:49:55 PM
Contract Manager Approval	mstewa10	08/14/2018 15:49:57 PM
Budget Analyst Approval	nhovden	08/16/2018 15:54:48 PM
BOE Agenda Approval	nhovden	08/16/2018 15:54:51 PM
BOE Final Approval	Pending	



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Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20635**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: **BEUG BEHAVIORAL INTERVENTION & CONSULTING SERVICES**Contractor Name: **BEUG BEHAVIORAL INTERVENTION & CONSULTING SERVICES**Address: **& CONSULTING SERVICES
9535 OAKLEY LANE**City/State/Zip: **RENO, NV 89521**Contact/Phone: **JACKIE BEUG 775/843-7574**Vendor No.: **T29026432A**NV Business ID: **NV20101620467**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

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	mstewa10	07/31/2018 10:54:49 AM
Division Approval	mstewa10	07/31/2018 10:54:51 AM
Department Approval	mstewa10	07/31/2018 10:54:54 AM
Contract Manager Approval	mstewa10	07/31/2018 10:54:56 AM
Budget Analyst Approval	aurruty	08/07/2018 15:43:15 PM
BOE Agenda Approval	lfree1	08/08/2018 09:37:31 AM
BOE Final Approval	Pending	



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CONTRACT SUMMARY

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I. DESCRIPTION OF CONTRACT1. Contract Number: **20959**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	BHC HEALTH SERVICES OF NEVADA DBA WEST HILLS BEHAVIORAL HOSPITAL
Agency Code:	MSA	Contractor Name:	BHC HEALTH SERVICES OF NEVADA DBA WEST HILLS BEHAVIORAL HOSPITAL
Appropriation Unit:	9999 - All Categories	Address:	1240 E 9th Street
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89512
If "No" please explain:	Not Applicable	Contact/Phone:	Char Buehrle 775/323-0478
		Vendor No.:	T80972445A
		NV Business ID:	NV19931039404

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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

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3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide acute inpatient care for mental health and substance abuse services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	08/14/2018 17:33:12 PM
Division Approval	jthom17	08/14/2018 17:33:14 PM
Department Approval	jthom17	08/14/2018 17:33:16 PM
Contract Manager Approval	jthom17	08/14/2018 17:33:19 PM
Budget Analyst Approval	cpalme2	08/15/2018 15:56:22 PM
BOE Agenda Approval	lfree1	08/16/2018 14:19:38 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20951**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	BOARD OF REGENTS DBA BEHAVIOR EDUCATION AND CONSULTING SERVICES
Agency Code:	MSA	Contractor Name:	BOARD OF REGENTS DBA BEHAVIOR EDUCATION AND CONSULTING SERVICES
Appropriation Unit:	9999 - All Categories	Address:	BASIC CLINIC
Is budget authority available?:	Yes		401 W. Second St
If "No" please explain:	Not Applicable	City/State/Zip	RENO, NV 89557-0294
		Contact/Phone:	Claudia Cervantes 775/682-8686
		Vendor No.:	
		NV Business ID:	Exempt

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

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 **08/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **3 years and 334 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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: 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 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	jthom17	08/14/2018 17:08:21 PM
Division Approval	jthom17	08/14/2018 17:08:24 PM
Department Approval	jthom17	08/14/2018 17:08:26 PM
Contract Manager Approval	jthom17	08/14/2018 17:08:29 PM
Budget Analyst Approval	tgreenam	08/16/2018 09:55:48 AM
BOE Agenda Approval	lfree1	08/17/2018 16:38:42 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20953**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	BOARD OF REGENTS DBA BEHAVIOR EDUCATION AND CONSULTING SERVICES
Agency Code:	MSA	Contractor Name:	BOARD OF REGENTS DBA BEHAVIOR EDUCATION AND CONSULTING SERVICES
Appropriation Unit:	9999 - All Categories	Address:	PATH CLINIC
Is budget authority available?:	Yes		401 West Second St
If "No" please explain:	Not Applicable	City/State/Zip	RENO, NV 89557
		Contact/Phone:	Claudia Cervantes 775-682-8686
		Vendor No.:	
		NV Business ID:	Exempt

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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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: 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 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	jthom17	08/14/2018 17:13:00 PM
Division Approval	jthom17	08/14/2018 17:13:03 PM
Department Approval	jthom17	08/14/2018 17:13:06 PM
Contract Manager Approval	jthom17	08/14/2018 17:13:08 PM
Budget Analyst Approval	tgreenam	08/16/2018 09:54:55 AM
BOE Agenda Approval	lfree1	08/17/2018 16:38:47 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20667**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: **BOYACK & ASSOCIATES, INC. DBA BAI SERVICES**

Contractor Name: **BOYACK & ASSOCIATES, INC. DBA BAI SERVICES**

Address: **3130 S. DURANGO DR. SUITE 400**

City/State/Zip: **LAS VEGAS, NV 89117**

Contact/Phone: **702/325-5928**

Vendor No.: **T29002945A**

NV Business ID: **NV20031426719**

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Providers**

5. Purpose of contract:

This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/02/2018 11:26:40 AM
Division Approval	mstewa10	08/02/2018 11:26:43 AM
Department Approval	mstewa10	08/02/2018 11:26:45 AM
Contract Manager Approval	mstewa10	08/02/2018 11:26:48 AM
Budget Analyst Approval	aurruty	08/08/2018 11:31:56 AM
BOE Agenda Approval	lfree1	08/09/2018 14:20:26 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20622**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: **BRADFORD GRANATH, MD**Contractor Name: **BRADFORD GRANATH, MD**Address: **118 E HASKELL ST**City/State/Zip: **WINNEMUCCA, NV 89445-3247**Contact/Phone: **775/625-1600**Vendor No.: **T27037628**NV Business ID: **NV20051593061**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide family medicine services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	07/31/2018 10:46:21 AM
Division Approval	mstewa10	07/31/2018 10:46:23 AM
Department Approval	mstewa10	07/31/2018 10:46:26 AM
Contract Manager Approval	mstewa10	07/31/2018 10:46:28 AM
Budget Analyst Approval	aurruty	08/09/2018 15:56:42 PM
BOE Agenda Approval	lfree1	08/10/2018 09:42:44 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20614**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: Brain Recovery Assistants Institute of Nevada, LLC

Contractor Name: **BRAIN Nevada**Address: **9475 Double R Blvd. #6**City/State/Zip **Reno, NV 89521**

Contact/Phone: Teresa M. Morros 775-440-1234

Vendor No.: T27037763

NV Business ID: NV20141345662

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

Agency Reference #: RFQ 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$474,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

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

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DETR - Provider Agreement
DHHS - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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?

No b. If "No", please explain:

Vendor name is a DBA of the legal entity.

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	08/02/2018 10:22:10 AM
Division Approval	mstewa10	08/02/2018 10:22:12 AM
Department Approval	mstewa10	08/02/2018 10:22:15 AM
Contract Manager Approval	mstewa10	08/02/2018 10:22:17 AM
Budget Analyst Approval	aurruty	08/13/2018 15:21:46 PM
BOE Agenda Approval	lfree1	08/13/2018 17:40:27 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20772**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: **BT Services, Inc. DBA Comfort Keepers**Contractor Name: **BT Services, Inc. DBA Comfort Keepers**Address: **1420 Holcomb Ave Ste 102**City/State/Zip: **Reno, NV 89502**Contact/Phone: **Brooke Barone 775-770-2000**Vendor No.: **T29000133**NV Business ID: **NV20021453783**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/09/2018 09:48:11 AM
Division Approval	mstewa10	08/09/2018 09:48:14 AM
Department Approval	mstewa10	08/09/2018 09:48:16 AM
Contract Manager Approval	mstewa10	08/09/2018 09:48:18 AM
Budget Analyst Approval	aurruty	08/16/2018 14:53:52 PM
BOE Agenda Approval	lfree1	08/17/2018 09:10:18 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20805**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: Behavior Essentials, LLC

Contractor Name: **Behavior Essentials, LLC**Address: **353 East Bonneville #445**City/State/Zip: **Las Vegas, NV 89101**

Contact/Phone: Casey Hayden 702-325-0382

Vendor No.: T27041923

NV Business ID: NV20171419419

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavior analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:42:01 AM
Division Approval	mstewa10	08/13/2018 09:42:04 AM
Department Approval	mstewa10	08/13/2018 09:42:09 AM
Contract Manager Approval	mstewa10	08/13/2018 09:42:15 AM
Budget Analyst Approval	mtum1	08/16/2018 09:50:47 AM
BOE Agenda Approval	lfree1	08/16/2018 15:30:41 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20967**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: Behavioral Health Works, Inc.

Contractor Name: **Behavioral Health Works, Inc.**Address: **170 S. Green Valley Pkwy Suite 300**City/State/Zip: **Henderson, NV 89012**

Contact/Phone: Angela Jimenez 800-249-1266

Vendor No.: T27042399

NV Business ID: NV20151651150

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	mstewa10	08/15/2018 14:46:36 PM
Division Approval	mstewa10	08/15/2018 14:46:38 PM
Department Approval	mstewa10	08/15/2018 14:46:41 PM
Contract Manager Approval	mstewa10	08/15/2018 14:46:43 PM
Budget Analyst Approval	bwooldri	08/16/2018 12:52:04 PM
BOE Agenda Approval	nhovden	08/16/2018 16:20:57 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20836**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: Belma P. Dizon

Contractor Name: **Belma Dizon DBA Theresiane Adult Group Home**Address: **Theresiane Adult Group Home
6620 Ellerhurst Drive**City/State/Zip: **Las Vegas, NV 89103**

Contact/Phone: Belma Dizon 702-324-5099

Vendor No.: T29025196

NV Business ID: NV20101195229

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide adult group home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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?

No b. If "No", please explain:

Contractor name is a DBA of the legal entity.

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	08/13/2018 16:30:54 PM
Division Approval	mstewa10	08/13/2018 16:30:56 PM
Department Approval	mstewa10	08/13/2018 16:30:58 PM
Contract Manager Approval	mstewa10	08/13/2018 16:31:01 PM
Budget Analyst Approval	aurruty	08/17/2018 08:17:15 AM
BOE Agenda Approval	lfree1	08/20/2018 09:56:37 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20877**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: Bernadette Cooper & Larry Lee Cooper

Contractor Name: **Bernadette Cooper & Larry Lee Cooper**Address: **4944 Diana Court**City/State/Zip: **Sparks, NV 89436**

Contact/Phone: Bernadette Cooper 775-354-0707

Vendor No.: T29022398

NV Business ID: NV20111404144

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/14/2018 10:47:38 AM
Division Approval	mstewa10	08/14/2018 10:47:41 AM
Department Approval	mstewa10	08/14/2018 10:47:43 AM
Contract Manager Approval	mstewa10	08/14/2018 10:47:45 AM
Budget Analyst Approval	tgreenam	08/15/2018 15:58:29 PM
BOE Agenda Approval	lfree1	08/20/2018 09:51:53 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20579**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Bernard Preston
Agency Code:	MSA	Contractor Name:	Bernard Preston
Appropriation Unit:	9999 - All Categories	Address:	1108 Via Della Costrella
Is budget authority available?:	Yes	City/State/Zip	Henderson , NV 89011
If "No" please explain:	Not Applicable	Contact/Phone:	Bernard Preston 702-545-7440
		Vendor No.:	T29017168
		NV Business ID:	NV20121503147
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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

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

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DETR - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	07/20/2018 12:42:24 PM
Division Approval	mstewa10	07/20/2018 12:42:26 PM
Department Approval	mstewa10	07/20/2018 12:42:28 PM
Contract Manager Approval	mstewa10	07/20/2018 12:42:31 PM
Budget Analyst Approval	aurruty	08/07/2018 16:06:46 PM
BOE Agenda Approval	lfree1	08/08/2018 09:24:57 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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To: Jim Wells, Director, Governor's Finance Office
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Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20735**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: Best Buddies International, Inc.
 Contractor Name: **Best Buddies International, Inc.**
 Address: **6655 W. Sahara Suite A110**
 City/State/Zip: **Las Vegas, NV 89146**
 Contact/Phone: Dominique Ianni 702-822-2268
 Vendor No.: T27032647
 NV Business ID: NV20081102062

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide pre-employment, job development and job placement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	mstewa10	08/07/2018 15:52:40 PM
Division Approval	mstewa10	08/07/2018 15:52:42 PM
Department Approval	mstewa10	08/07/2018 15:52:45 PM
Contract Manager Approval	mstewa10	08/07/2018 15:52:47 PM
Budget Analyst Approval	aurruty	08/13/2018 16:58:22 PM
BOE Agenda Approval	lfree1	08/14/2018 09:16:07 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
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Date: June 11, 2018
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Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20777**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: **Bethany Schlinger DBA NORTHWEST THERAPY and Psychological Service**Contractor Name: **Bethany Schlinger DBA NORTHWEST THERAPY and Psychological Service**Address: **3295 N. Fort Apache Rd. Suite 110**City/State/Zip: **Las Vegas, NV 89129**Contact/Phone: **Bethany Schlinger 702-503-5099**Vendor No.: **T27041855**NV Business ID: **NV20151244197**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychological testing services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 Employment Training and Rehabilitation. 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 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	08/13/2018 09:00:52 AM
Division Approval	mstewa10	08/13/2018 09:00:54 AM
Department Approval	mstewa10	08/13/2018 09:00:57 AM
Contract Manager Approval	mstewa10	08/13/2018 09:00:59 AM
Budget Analyst Approval	afrantz	08/15/2018 14:55:07 PM
BOE Agenda Approval	lfree1	08/17/2018 09:44:22 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20704**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: **Blindconnect, Inc.**Contractor Name: **Blindconnect, Inc.**Address: **5165 West Sunset Road**City/State/Zip: **Las Vegas, NV 89118**Contact/Phone: **Jean Peyton 702-809-1971**Vendor No.: **T27033361**NV Business ID: **NV19971361986**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

Agency Reference #: **99SWC-S165 tb**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

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

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DETR - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	mstewa10	08/07/2018 15:27:24 PM
Division Approval	mstewa10	08/07/2018 15:27:26 PM
Department Approval	mstewa10	08/07/2018 15:27:29 PM
Contract Manager Approval	mstewa10	08/07/2018 15:27:31 PM
Budget Analyst Approval	aurruty	08/13/2018 15:57:18 PM
BOE Agenda Approval	lfree1	08/13/2018 17:54:13 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20247**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: CCS Las Vegas Janitorial, Inc.

Contractor Name: **CCS Las Vegas Janitorial, Inc.**Address: **2875 E Patrick Lane Suite A**City/State/Zip: **Las Vegas, NV 89120**

Contact/Phone: Judy Purcell 702 825 3909

Vendor No.:

NV Business ID: NV20181360911

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 % Various

Agency Reference #: 99SWC-S56 GB

2. Contract start date:

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

Anticipated BOE meeting date 08/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2022**Contract term: **4 years and 31 days**4. Type of contract: **MSA**Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide janitorial services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the vendor and accepted by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings need to be cleaned and maintained.

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

This is a specialized service.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

Wow Cleaning Corporation
D&D Elite Property Maintenance Inc
Accurate Building Maintenance

b. Solicitation Waiver: **Not Applicable**

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

This vendor received the required amount of points for award of a contract

d. Last bid date: 03/01/2018 Anticipated re-bid date: 01/03/2022

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:

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:

Cheryl Warren, Custodial Supervisor Ph: 775 684 1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	06/21/2018 12:11:34 PM
Division Approval	mstewa10	06/21/2018 12:11:37 PM
Department Approval	mstewa10	06/21/2018 12:11:39 PM
Contract Manager Approval	gburchet	06/29/2018 16:01:24 PM
Budget Analyst Approval	aurruty	08/06/2018 16:41:12 PM
BOE Agenda Approval	lfree1	08/08/2018 09:12:18 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: **20645**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CHANGING MINDS, LLC
Agency Code:	MSA	Contractor Name:	CHANGING MINDS, LLC
Appropriation Unit:	9999 - All Categories	Address:	222 S RAINBOW BLVD STE 114
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89145-5343
If "No" please explain:	Not Applicable	Contact/Phone:	702/405-8088
		Vendor No.:	T32005419
		NV Business ID:	NV20171010447
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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide mental health and psychiatry services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/02/2018 11:15:46 AM
Division Approval	mstewa10	08/02/2018 11:15:48 AM
Department Approval	mstewa10	08/02/2018 11:15:50 AM
Contract Manager Approval	mstewa10	08/02/2018 11:15:52 AM
Budget Analyst Approval	lfree1	08/10/2018 09:17:06 AM
BOE Agenda Approval	lfree1	08/10/2018 09:17:08 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20739**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: **CHILD FAMILY MENTAL HEALTH, LLC**Contractor Name: **CHILD FAMILY MENTAL HEALTH, LLC**Address: **2884 SAN JUAN CIR**City/State/Zip: **MINDEN, NV 89423-7849**Contact/Phone: **JANET CAHILL 609/923-1592**Vendor No.: **T27034526**NV Business ID: **NV20141186714**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$700,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/07/2018 15:53:54 PM
Division Approval	mstewa10	08/07/2018 15:53:56 PM
Department Approval	mstewa10	08/07/2018 15:53:58 PM
Contract Manager Approval	mstewa10	08/07/2018 15:54:01 PM
Budget Analyst Approval	aurretty	08/15/2018 09:11:48 AM
BOE Agenda Approval	lfree1	08/15/2018 13:57:29 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20631**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CINDY JOHNSON
Agency Code:	MSA	Contractor Name:	CINDY JOHNSON
Appropriation Unit:	9999 - All Categories	Address:	2392 WILLIAM MORBY DR
Is budget authority available?:	Yes	City/State/Zip	SPARKS, NV 89434-2545
If "No" please explain:	Not Applicable	Contact/Phone:	775/250-4765
		Vendor No.:	T81082187
		NV Business ID:	NV20161551869

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide non family host services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	07/31/2018 11:06:37 AM
Division Approval	mstewa10	07/31/2018 11:06:40 AM
Department Approval	mstewa10	07/31/2018 11:06:42 AM
Contract Manager Approval	mstewa10	07/31/2018 11:06:44 AM
Budget Analyst Approval	aurruty	08/09/2018 15:07:40 PM
BOE Agenda Approval	lfree1	08/10/2018 09:33:39 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
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MEMORANDUM

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20918**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CONSUMER DIRECT SERVICES FOR NEVADA, LLC
Agency Code:	MSA	Contractor Name:	CONSUMER DIRECT SERVICES FOR NEVADA, LLC
Appropriation Unit:	9999 - All Categories	Address:	1005 TERMINAL WAY STE 294
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502-2179
If "No" please explain:	Not Applicable	Contact/Phone:	775/786-4999
		Vendor No.:	T27008157A
		NV Business ID:	NV20021134616

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide intermediary services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Department of 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:

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)?

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	mstewa10	08/14/2018 16:04:38 PM
Division Approval	mstewa10	08/14/2018 16:04:43 PM
Department Approval	mstewa10	08/14/2018 16:04:48 PM
Contract Manager Approval	mstewa10	08/14/2018 16:04:52 PM
Budget Analyst Approval	bwooldri	08/16/2018 14:34:41 PM
BOE Agenda Approval	nhovden	08/16/2018 16:28:10 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20969**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: **CURT LEE REED**Contractor Name: **CURT LEE REED**Address: **25 N SPRING MOUNTAIN CIR**City/State/Zip: **SPARKS, NV 89436-6631**Contact/Phone: **775/772-8597**Vendor No.: **T81039142**NV Business ID: **NV20161451320**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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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? **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: 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 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	Ideloach	08/16/2018 08:51:35 AM
Division Approval	Ideloach	08/16/2018 08:51:38 AM
Department Approval	Ideloach	08/16/2018 08:51:47 AM
Contract Manager Approval	rmille8	08/16/2018 08:52:09 AM
Budget Analyst Approval	aurruty	08/16/2018 15:25:11 PM
BOE Agenda Approval	lfree1	08/20/2018 09:15:35 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20681**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CUSTOM EYES, LLC
Agency Code:	MSA	Contractor Name:	CUSTOM EYES, LLC
Appropriation Unit:	9999 - All Categories	Address:	175 NORTH STEPHANIE STREET SUITE 130
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89074
If "No" please explain:	Not Applicable	Contact/Phone:	702/564-3678
		Vendor No.:	T29018141A
		NV Business ID:	NV20071445681

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide licensed optician services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/02/2018 11:12:15 AM
Division Approval	mstewa10	08/02/2018 11:12:18 AM
Department Approval	mstewa10	08/02/2018 11:12:20 AM
Contract Manager Approval	mstewa10	08/02/2018 11:12:24 AM
Budget Analyst Approval	aurruty	08/09/2018 16:08:08 PM
BOE Agenda Approval	lfree1	08/10/2018 09:27:03 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20864**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: Care Counseling, LLC

Contractor Name: **Care Counseling, LLC**Address: **501 S. Rancho Dr.
Ste E27**City/State/Zip: **Las VEGas, NV 89106**

Contact/Phone: Christy Cunningham 702-527-9997

Vendor No.: T27041860

NV Business ID: NV20121143835

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide counseling and therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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:

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	08/13/2018 16:38:50 PM
Division Approval	mstewa10	08/13/2018 16:38:52 PM
Department Approval	mstewa10	08/13/2018 16:38:55 PM
Contract Manager Approval	mstewa10	08/13/2018 16:38:57 PM
Budget Analyst Approval	nhovden	08/16/2018 11:52:31 AM
BOE Agenda Approval	nhovden	08/16/2018 11:52:33 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20869**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: **Caring Hearts Care Home, LLC**Contractor Name: **Caring Hearts Care Home, LLC**Address: **64 North Pearl St.**City/State/Zip: **Las Vegas, NV 89110**Contact/Phone: **Lucky Archie Guy 702-437-8448**Vendor No.: **T32006495**NV Business ID: **NV20031151250**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 10:36:00 AM
Division Approval	mstewa10	08/14/2018 10:36:03 AM
Department Approval	mstewa10	08/14/2018 10:36:05 AM
Contract Manager Approval	mstewa10	08/14/2018 10:36:07 AM
Budget Analyst Approval	aurretty	08/17/2018 08:18:53 AM
BOE Agenda Approval	lfree1	08/20/2018 12:05:46 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20832**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: Carmela Homes

Contractor Name: **Carmela Homes**Address: **5500 Cleary Court**City/State/Zip **Las Vegas, NV 89108**

Contact/Phone: Belma Dizon 702-324-5099

Vendor No.: T29027745

NV Business ID: NV20041611820

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide assisted living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	mstewa10	08/13/2018 16:26:56 PM
Division Approval	mstewa10	08/13/2018 16:26:59 PM
Department Approval	mstewa10	08/13/2018 16:27:01 PM
Contract Manager Approval	mstewa10	08/13/2018 16:27:04 PM
Budget Analyst Approval	cpalme2	08/15/2018 16:01:46 PM
BOE Agenda Approval	lfree1	08/16/2018 09:44:56 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20803**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: Changing Minds, LLC

Contractor Name: **Changing Minds, LLC**Address: **222 S. Rainbow Blvd. Suite 114**City/State/Zip: **Las Vegas, NV 89145**

Contact/Phone: Nicole R. Vaughn 702-405-8088

Vendor No.: T32005419

NV Business ID: NV20171010447

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide psychiatric nurse practitioner services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:39:53 AM
Division Approval	mstewa10	08/13/2018 09:39:55 AM
Department Approval	mstewa10	08/13/2018 09:39:58 AM
Contract Manager Approval	mstewa10	08/13/2018 09:40:00 AM
Budget Analyst Approval	mtum1	08/16/2018 09:37:36 AM
BOE Agenda Approval	lfree1	08/16/2018 15:26:56 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20745**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: Choices For All, LLC

Contractor Name: **Choices For All, LLC**Address: **3189 Mill Street**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Brad McFarland 775-400-9276

Vendor No.: T27027935

NV Business ID: NV20101872933

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/07/2018 16:24:27 PM
Division Approval	mstewa10	08/07/2018 16:24:29 PM
Department Approval	mstewa10	08/07/2018 16:24:31 PM
Contract Manager Approval	mstewa10	08/07/2018 16:24:33 PM
Budget Analyst Approval	aurretty	08/13/2018 17:14:02 PM
BOE Agenda Approval	lfree1	08/14/2018 08:36:40 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20640**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: Christina Hughes Vocational Services, LLC
 Contractor Name: **Christina Hughes Vocational Services, LLC**
 Address: **3685 Renee Way**
 City/State/Zip: **Reno, NV 89503**
 Contact/Phone: Christina Hughes 775-997-5813
 Vendor No.: T32005788
 NV Business ID: NV20171214409

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

Agency Reference #: RFQ 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

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

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/02/2018 10:21:06 AM
Division Approval	mstewa10	08/02/2018 10:21:08 AM
Department Approval	mstewa10	08/02/2018 10:21:11 AM
Contract Manager Approval	mstewa10	08/02/2018 10:21:13 AM
Budget Analyst Approval	aurruty	08/13/2018 15:11:50 PM
BOE Agenda Approval	lfree1	08/13/2018 17:41:46 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20946**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: Claudette Marie Andrews

Contractor Name: **Claudette Marie Andrews**Address: **3465 Nowlin Lane**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Claudette Andrews 775-685-6734

Vendor No.: T80938558

NV Business ID: NV20161367498

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	jthom17	08/14/2018 16:57:56 PM
Division Approval	jthom17	08/14/2018 16:57:58 PM
Department Approval	jthom17	08/14/2018 16:58:01 PM
Contract Manager Approval	jthom17	08/14/2018 16:58:04 PM
Budget Analyst Approval	cbrekken	08/16/2018 14:11:02 PM
BOE Agenda Approval	lfree1	08/20/2018 11:14:12 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20705**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: Colorado Center for the Blind

Contractor Name: **Colorado Center for the Blind**Address: **2233 W. Shepperd Ave.**City/State/Zip: **Littleton, CO 80120**

Contact/Phone: Julie Deden 303-778-1130

Vendor No.: T32006166

NV Business ID: NV20181548282

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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

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

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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 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	mstewa10	08/09/2018 13:10:59 PM
Division Approval	mstewa10	08/09/2018 13:11:02 PM
Department Approval	mstewa10	08/09/2018 13:11:04 PM
Contract Manager Approval	mstewa10	08/09/2018 13:11:06 PM
Budget Analyst Approval	nhovden	08/16/2018 16:41:09 PM
BOE Agenda Approval	nhovden	08/16/2018 16:41:21 PM
BOE Final Approval	Pending	



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Date: June 11, 2018
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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20863**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: Companion Care Support Services, LLC

Contractor Name: **Companion Care Support Services, LLC**Address: **2620 Regatta Dr.
126**City/State/Zip **Las Vegas, NV 89128**

Contact/Phone: Elizabeth Cazares 702-553-2371

Vendor No.: T32004013

NV Business ID: NV20131289500

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide in home personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$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?

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:

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	08/13/2018 16:37:57 PM
Division Approval	mstewa10	08/13/2018 16:37:59 PM
Department Approval	mstewa10	08/13/2018 16:38:02 PM
Contract Manager Approval	mstewa10	08/13/2018 16:38:04 PM
Budget Analyst Approval	nhovden	08/16/2018 11:42:40 AM
BOE Agenda Approval	nhovden	08/16/2018 11:42:43 AM
BOE Final Approval	Pending	



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Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20940**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: Confidence Health Resources, LLC

Contractor Name: **Confidence Health Resources, LLC**Address: **885 Tyler Way**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Camella Stephens 775-848-1447

Vendor No.: T29019572

NV Business ID: NV20071653239

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 16:43:16 PM
Division Approval	jthom17	08/14/2018 16:43:19 PM
Department Approval	jthom17	08/14/2018 16:43:22 PM
Contract Manager Approval	jthom17	08/14/2018 16:43:25 PM
Budget Analyst Approval	laaron	08/16/2018 11:35:33 AM
BOE Agenda Approval	lfree1	08/17/2018 16:44:16 PM
BOE Final Approval	Pending	



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Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20824**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: Creative Behavioral Connections, LLC

Contractor Name: **Creative Behavioral Connections, LLC**Address: **5803 W. Craig Road Suite 105**City/State/Zip: **Las Vegas, NV 89130**

Contact/Phone: Michelle McGuire 702-901-5200

Vendor No.: T32004364

NV Business ID: NV20141631437

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide neuropsychological evaluation and applied behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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? **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: 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:

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	08/13/2018 16:03:29 PM
Division Approval	mstewa10	08/13/2018 16:03:31 PM
Department Approval	mstewa10	08/13/2018 16:03:33 PM
Contract Manager Approval	mstewa10	08/13/2018 16:03:35 PM
Budget Analyst Approval	mtum1	08/16/2018 13:24:21 PM
BOE Agenda Approval	lfree1	08/17/2018 11:15:16 AM
BOE Final Approval	Pending	



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CONTRACT SUMMARY

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I. DESCRIPTION OF CONTRACT1. Contract Number: **20868**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: Creative Possibilities of Northern Nevada

Contractor Name: **Creative Possibilities of Northern Nevada**Address: **1280 Terminal Way Ste. #5**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Patience Aiyuk-Tanyi 775-322-0669

Vendor No.: T81091266

NV Business ID: NV20001364610

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

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3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care and supported living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/14/2018 10:34:23 AM
Division Approval	mstewa10	08/14/2018 10:34:26 AM
Department Approval	mstewa10	08/14/2018 10:34:29 AM
Contract Manager Approval	mstewa10	08/14/2018 10:34:31 AM
Budget Analyst Approval	aurretty	08/17/2018 08:16:46 AM
BOE Agenda Approval	lfree1	08/20/2018 10:07:37 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20791**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: Crossroads Living, LLC

Contractor Name: **Crossroads Living, LLC**Address: **1050 Wigwam Pkwy Ste 110**City/State/Zip: **Henderson, NV 89074**

Contact/Phone: Delsa Fortich 818-298-9076

Vendor No.: T29041032

NV Business ID: NV20171055672

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide temporary housing and independent living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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: 05/15/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/13/2018 09:18:56 AM
Division Approval	mstewa10	08/13/2018 09:18:59 AM
Department Approval	mstewa10	08/13/2018 09:19:01 AM
Contract Manager Approval	mstewa10	08/13/2018 09:19:04 AM
Budget Analyst Approval	afrantz	08/15/2018 14:32:23 PM
BOE Agenda Approval	lfree1	08/17/2018 11:08:44 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20241**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: **D & D Elite Property Maintenance, Inc.**Contractor Name: **D & D Elite Property Maintenance, Inc.**Address: **1524 Linda Way**City/State/Zip: **Sparks, NV 89431**Contact/Phone: **Richard Day 775-284-8611**

Vendor No.:

NV Business ID: **NV20121646629**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 % Various

Agency Reference #: **99SWC-S56 GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **08/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2022**Contract term: **4 years and 31 days**4. Type of contract: **MSA**Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide janitorial services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the vendor and accepted by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings need to be cleaned and maintained.

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

This is a specialized service.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

Accurate Building Maintenance LLC
McNeil's Cleaning Services Inc
Wow Cleaning Corporation
b. Solicitation Waiver: **Not Applicable**

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

This vendor achieved the required amount of points to be given a contract.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 01/03/2022

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:

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:

Cheryl Warren, Custodian Supervisor Ph: 775-684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	06/21/2018 12:10:35 PM
Division Approval	mstewa10	06/21/2018 12:10:37 PM
Department Approval	mstewa10	06/21/2018 12:10:39 PM
Contract Manager Approval	gburchet	06/29/2018 16:00:40 PM
Budget Analyst Approval	aurruty	08/06/2018 16:20:49 PM
BOE Agenda Approval	lfree1	08/08/2018 09:11:03 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: **20657**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DR. SERGIO A GUZMAN OPTOMETRY, LTD
Agency Code:	MSA	Contractor Name:	DR. SERGIO A GUZMAN OPTOMETRY, LTD
Appropriation Unit:	9999 - All Categories	Address:	1184 COLLEGE AVE
Is budget authority available?:	Yes	City/State/Zip	ELKO, NV 89801-3424
If "No" please explain:	Not Applicable	Contact/Phone:	775/777-3937
		Vendor No.:	T81036997
		NV Business ID:	NV19981269528

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide optometry services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$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?

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	mstewa10	08/02/2018 11:20:43 AM
Division Approval	mstewa10	08/02/2018 11:20:45 AM
Department Approval	mstewa10	08/02/2018 11:20:47 AM
Contract Manager Approval	mstewa10	08/02/2018 11:20:49 AM
Budget Analyst Approval	aurretty	08/09/2018 14:22:16 PM
BOE Agenda Approval	lfree1	08/10/2018 09:54:31 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20878**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: **Danny Cervas & Teresita Cervas DBA PRINCESS II GROUP HOME**

Contractor Name: **Danny Cervas & Teresita Cervas DBA PRINCESS II GROUP HOME**

Address: **10019 Princess Cut St.**

City/State/Zip: **Las Vegas, NV 89183**

Contact/Phone: **Danny Ceruas 702-385-5588**

Vendor No.: **T81089701**

NV Business ID: **NV20141223734**

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/14/2018 10:48:29 AM
Division Approval	mstewa10	08/14/2018 10:48:31 AM
Department Approval	mstewa10	08/14/2018 10:48:33 AM
Contract Manager Approval	mstewa10	08/14/2018 10:48:35 AM
Budget Analyst Approval	tgreenam	08/15/2018 16:16:31 PM
BOE Agenda Approval	lfree1	08/20/2018 09:37:44 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20872**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: Danville Services of NV, LLC

Contractor Name: **Danville Services of NV, LLC**Address: **7448 W. Sahara #105**City/State/Zip: **Las Vegas, NV 89117**

Contact/Phone: Laura Sandle 702-354-5102

Vendor No.: T80959541

NV Business ID: NV20011078355

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide residential, behavioral, day program and other community based services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 10:42:11 AM
Division Approval	mstewa10	08/14/2018 10:42:13 AM
Department Approval	mstewa10	08/14/2018 10:42:15 AM
Contract Manager Approval	mstewa10	08/14/2018 10:42:17 AM
Budget Analyst Approval	cpalme2	08/15/2018 16:24:08 PM
BOE Agenda Approval	lfree1	08/16/2018 12:13:07 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20848**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: Deborah E. Keil DBA Keil, LLC

Contractor Name: **Deborah E. Keil DBA Keil, LLC**Address: **Deborah Keil
1905 Chambers Drive**City/State/Zip: **Bozeman, MT 59715**

Contact/Phone: Deborah E. Keil 406-224-2682

Vendor No.: T29011890

NV Business ID: NV20081219991

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide medical laboratory director services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/14/2018 10:10:36 AM
Division Approval	mstewa10	08/14/2018 10:10:38 AM
Department Approval	mstewa10	08/14/2018 10:10:41 AM
Contract Manager Approval	mstewa10	08/14/2018 10:10:43 AM
Budget Analyst Approval	lfree1	08/17/2018 11:34:43 AM
BOE Agenda Approval	lfree1	08/17/2018 11:34:46 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20756**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: Diana Jane Klymman

Contractor Name: **Diana Jane Klymman**Address: **3825 Macaw Lane**City/State/Zip: **Reno , NV 89508**

Contact/Phone: Diana Jane Klymman 775-972-8866

Vendor No.: T80949442

NV Business ID: NV20161365708

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide non-family host home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/08/2018 15:01:58 PM
Division Approval	mstewa10	08/08/2018 15:02:01 PM
Department Approval	mstewa10	08/08/2018 15:02:03 PM
Contract Manager Approval	mstewa10	08/08/2018 15:02:06 PM
Budget Analyst Approval	aurruty	08/15/2018 16:41:59 PM
BOE Agenda Approval	lfree1	08/16/2018 12:05:22 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20843**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: **Driving to Independence, LLC**Contractor Name: **Driving to Independence, LLC**Address: **1414 W. Broadway Road
Ste 111**City/State/Zip: **Tempe, AZ 85282**Contact/Phone: **Jenny Nordine 480-449-3331**Vendor No.: **T32006384**NV Business ID: **NV20181117880**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide occupational therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 10:06:19 AM
Division Approval	mstewa10	08/14/2018 10:06:21 AM
Department Approval	mstewa10	08/14/2018 10:06:24 AM
Contract Manager Approval	mstewa10	08/14/2018 10:06:26 AM
Budget Analyst Approval	laaron	08/16/2018 14:28:10 PM
BOE Agenda Approval	lfree1	08/20/2018 08:52:52 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20906**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: **Dunamis Process, LLC**Contractor Name: **Dunamis Process, LLC**Address: **6568 Bush Clover Lane**City/State/Zip: **Las Vegas, NV 89156**Contact/Phone: **Montone White 702-724-4374**Vendor No.: **T29033508**NV Business ID: **NV20131413364**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide psychosocial rehabilitation services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 15:45:52 PM
Division Approval	mstewa10	08/14/2018 15:45:54 PM
Department Approval	mstewa10	08/14/2018 15:45:56 PM
Contract Manager Approval	mstewa10	08/14/2018 15:45:59 PM
Budget Analyst Approval	mtum1	08/16/2018 15:50:55 PM
BOE Agenda Approval	lfree1	08/17/2018 11:43:21 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20712**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	EAGLE QUEST
Agency Code:	MSA	Contractor Name:	EAGLE QUEST
Appropriation Unit:	9999 - All Categories	Address:	3680 NORTH RANCHO DR
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89130
If "No" please explain:	Not Applicable	Contact/Phone:	702/646-5437
		Vendor No.:	T29028509A
		NV Business ID:	NV20101748977

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide therapeutic counseling, medication management, family support and mental health assessment services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/07/2018 13:26:18 PM
Division Approval	mstewa10	08/07/2018 13:26:20 PM
Department Approval	mstewa10	08/07/2018 13:26:23 PM
Contract Manager Approval	mstewa10	08/07/2018 13:26:25 PM
Budget Analyst Approval	aurruty	08/13/2018 16:00:10 PM
BOE Agenda Approval	lfree1	08/13/2018 17:52:28 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20925**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	EAGLE QUEST
Agency Code:	MSA	Contractor Name:	EAGLE QUEST
Appropriation Unit:	9999 - All Categories	Address:	3680 North Rancho Drive
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89130
If "No" please explain:	Not Applicable	Contact/Phone:	702/646-5437
		Vendor No.:	T29028509A
		NV Business ID:	NV20101748977

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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **08/2019**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide foster care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **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: 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	08/14/2018 16:07:39 PM
Division Approval	jthom17	08/14/2018 16:07:41 PM
Department Approval	jthom17	08/14/2018 16:07:43 PM
Contract Manager Approval	jthom17	08/14/2018 16:07:45 PM
Budget Analyst Approval	nhovden	08/16/2018 12:15:31 PM
BOE Agenda Approval	nhovden	08/16/2018 12:15:34 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20755**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: **EBS Healthcare, Inc.**Contractor Name: **EBS Healthcare, Inc.**Address: **200 Skiles Boulevard**City/State/Zip: **West Chester , PA 19382**Contact/Phone: **John Anderson 800-578-7906**Vendor No.: **T27011694**NV Business ID: **NV20151428419**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide special education, early intervention and behavior therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	08/08/2018 15:00:07 PM
Division Approval	mstewa10	08/08/2018 15:00:10 PM
Department Approval	mstewa10	08/08/2018 15:00:12 PM
Contract Manager Approval	mstewa10	08/08/2018 15:00:15 PM
Budget Analyst Approval	aurruty	08/15/2018 15:00:29 PM
BOE Agenda Approval	lfree1	08/15/2018 15:40:28 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20941**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	EDUCARE COMMUNITY LIVING CORPORATION-NEVADA DBA EDUCARE NEVADA
Agency Code:	MSA	Contractor Name:	EDUCARE COMMUNITY LIVING CORPORATION-NEVADA DBA EDUCARE NEVADA
Appropriation Unit:	9999 - All Categories	Address:	2030 E FLAMINGO RD STE 110
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89119-5163
If "No" please explain:	Not Applicable	Contact/Phone:	Dwaine Sheets 702/880-0961
		Vendor No.:	T80981780B
		NV Business ID:	NV19941060794

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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **08/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Providers**

5. Purpose of contract:

This is a new contract to provide residential and adult day care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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: 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?

Yes If "Yes", please explain

The Department of Health and Human Services. Agency is satisfied.

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	08/14/2018 16:47:27 PM
Division Approval	jthom17	08/14/2018 16:47:30 PM
Department Approval	jthom17	08/14/2018 16:47:32 PM
Contract Manager Approval	jthom17	08/14/2018 16:47:35 PM
Budget Analyst Approval	aurruty	08/16/2018 16:38:59 PM
BOE Agenda Approval	lfree1	08/17/2018 08:41:42 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20633**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: **ELSUBE, LLC DBA SAN ANTONIO PERSONAL CARE**Contractor Name: **ELSUBE, LLC DBA SAN ANTONIO PERSONAL CARE**Address: **SAN ANTONIO PERSONAL CARE
417 FOXVALE AVE**City/State/Zip: **NORTH LAS VEGAS, NV 89032-6150**Contact/Phone: **702/463-0082**Vendor No.: **T27038357**NV Business ID: **NV20121700531**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide home health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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:

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	07/31/2018 11:05:18 AM
Division Approval	mstewa10	07/31/2018 11:05:20 AM
Department Approval	mstewa10	07/31/2018 11:05:23 AM
Contract Manager Approval	mstewa10	07/31/2018 11:05:25 AM
Budget Analyst Approval	aurruty	08/08/2018 09:53:29 AM
BOE Agenda Approval	lfree1	08/09/2018 13:54:12 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **20861**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Easter Seals Nevada
Agency Code:	MSA	Contractor Name:	Easter Seals Nevada
Appropriation Unit:	9999 - All Categories	Address:	7281 W. Charleston Blvd
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89117
If "No" please explain:	Not Applicable	Contact/Phone:	Amanda Shipp 702-870-7050
		Vendor No.:	PUR0005112
		NV Business ID:	NV19761001232

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide disability services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

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

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2015 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:

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	mstewa10	08/13/2018 16:35:47 PM
Division Approval	mstewa10	08/13/2018 16:35:49 PM
Department Approval	mstewa10	08/13/2018 16:35:52 PM
Contract Manager Approval	mstewa10	08/13/2018 16:35:54 PM
Budget Analyst Approval	nhovden	08/16/2018 11:27:58 AM
BOE Agenda Approval	nhovden	08/16/2018 11:28:01 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20411**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: Enterprise Janitorial, Inc.

Contractor Name: **Enterprise Janitorial, Inc.**Address: **ENTERPRISE JANITORIAL SERVICE
PO BOX 19913**City/State/Zip: **Reno, NV 89511**

Contact/Phone: 775/691-2939

Vendor No.: T32003728

NV Business ID: NV20141642364

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 % Various

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 08/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2022**Contract term: **4 years and 31 days**4. Type of contract: **MSA**Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide janitorial services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the vendor and accepted by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings need to be cleaned and maintained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Allied Universal Services
Accurate Building Maintenance
D&D Elite Property Managementb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor received the required amount of points to be awarded a contract.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 01/03/2022

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:

This contractor currently has a janitorial services contract with the State. The services are 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:

Cheryl Warren, Custodial Supervisor Ph: 775-684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	07/09/2018 09:40:42 AM
Division Approval	mstewa10	07/09/2018 09:40:45 AM
Department Approval	mstewa10	07/09/2018 09:40:47 AM
Contract Manager Approval	gburchet	07/24/2018 08:56:51 AM
Budget Analyst Approval	aurruty	08/06/2018 16:35:19 PM
BOE Agenda Approval	lfree1	08/08/2018 09:30:22 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: **20764**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: **Esmeralda Arias**Contractor Name: **Esmeralda Arias**Address: **525 E. Greenbrae Dr.**City/State/Zip: **Sparks, NV 89431**Contact/Phone: **Esmeralda Arias 775-313-7925**Vendor No.: **T29007494**NV Business ID: **NV20151246414**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide in home care and respite care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/09/2018 09:34:29 AM
Division Approval	mstewa10	08/09/2018 09:34:31 AM
Department Approval	mstewa10	08/09/2018 09:34:33 AM
Contract Manager Approval	mstewa10	08/09/2018 09:34:36 AM
Budget Analyst Approval	aurruty	08/16/2018 14:42:32 PM
BOE Agenda Approval	lfree1	08/20/2018 09:02:06 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20908**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: EvalOne Pro, LLC

Contractor Name: **EvalOne Pro, LLC**Address: **11171 Kauffman St.**City/State/Zip: **El Monte, CA 91731**

Contact/Phone: Sergio Villasenor 626-471-1290

Vendor No.: T27042435

NV Business ID: NV20181438662

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide internal medicine and psychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Non-Title 7 Entity

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/14/2018 15:47:28 PM
Division Approval	mstewa10	08/14/2018 15:47:31 PM
Department Approval	mstewa10	08/14/2018 15:47:33 PM
Contract Manager Approval	mstewa10	08/14/2018 15:47:39 PM
Budget Analyst Approval	aurruty	08/17/2018 08:26:14 AM
BOE Agenda Approval	lfree1	08/20/2018 11:59:50 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20780**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: Evergreen Counseling

Contractor Name: **Evergreen Counseling**Address: **5300 W. Sahara Ave. #104**City/State/Zip: **Las Vegas, NV 89146**

Contact/Phone: Thomas Wagner 702-248-6290

Vendor No.: T27001890

NV Business ID: NV20021252244

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide counseling services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/13/2018 09:02:13 AM
Division Approval	mstewa10	08/13/2018 09:02:15 AM
Department Approval	mstewa10	08/13/2018 09:02:17 AM
Contract Manager Approval	mstewa10	08/13/2018 09:02:20 AM
Budget Analyst Approval	afrantz	08/15/2018 15:48:51 PM
BOE Agenda Approval	lfree1	08/17/2018 10:44:00 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20793**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: **Everyday Miracles, LLC**Contractor Name: **Everyday Miracles, LLC**Address: **911 N. Buffalo Dr. #210**City/State/Zip: **Las Vegas, NV 89128**Contact/Phone: **Jeff Schofield 702-932-3500**Vendor No.: **T29029391**NV Business ID: **NV20051491279**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide home health care and personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:26:42 AM
Division Approval	mstewa10	08/13/2018 09:26:44 AM
Department Approval	mstewa10	08/13/2018 09:26:47 AM
Contract Manager Approval	mstewa10	08/13/2018 09:26:49 AM
Budget Analyst Approval	afrantz	08/16/2018 09:25:13 AM
BOE Agenda Approval	lfree1	08/17/2018 09:24:09 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Date: June 11, 2018
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20578**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Expanding Life, LLC
Agency Code:	MSA	Contractor Name:	Expanding Life, LLC
Appropriation Unit:	9999 - All Categories	Address:	PO Box 5643
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89513
If "No" please explain:	Not Applicable	Contact/Phone:	Beverly Marshall 775-337-0685
		Vendor No.:	T29016503A
		NV Business ID:	NV20081018873

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

Agency Reference #: 99SWC-S165

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,100,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DETR - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	07/20/2018 12:43:02 PM
Division Approval	mstewa10	07/20/2018 12:43:04 PM
Department Approval	mstewa10	07/20/2018 12:43:08 PM
Contract Manager Approval	mstewa10	07/20/2018 12:43:10 PM
Budget Analyst Approval	aurruty	08/07/2018 16:10:49 PM
BOE Agenda Approval	lfree1	08/08/2018 09:17:47 AM
BOE Final Approval	Pending	



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To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20644**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: **FAMILY FIRST MEDICAL, LLC**Contractor Name: **FAMILY FIRST MEDICAL, LLC**Address: **2311 PROMETHEUS CT**City/State/Zip: **HENDERSON, NV 89074**Contact/Phone: **702/260-0577**Vendor No.: **T27014630**NV Business ID: **NV20051238818**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide primary care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/02/2018 11:14:36 AM
Division Approval	mstewa10	08/02/2018 11:14:46 AM
Department Approval	mstewa10	08/02/2018 11:14:49 AM
Contract Manager Approval	mstewa10	08/02/2018 11:14:52 AM
Budget Analyst Approval	aurruty	08/09/2018 16:14:07 PM
BOE Agenda Approval	lfree1	08/10/2018 09:12:11 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
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Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20965**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: **FDB Enterprises, Inc.**Contractor Name: **FDB Enterprises, Inc.**Address: **6292 Downpour Court**City/State/Zip: **Las Vegas , NV 89110**Contact/Phone: **John Badiola 702-839-8783**Vendor No.: **T29034000**NV Business ID: **NV20131340030**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	mstewa10	08/15/2018 14:45:48 PM
Division Approval	mstewa10	08/15/2018 14:45:51 PM
Department Approval	mstewa10	08/15/2018 14:45:54 PM
Contract Manager Approval	mstewa10	08/15/2018 14:45:56 PM
Budget Analyst Approval	bwooldri	08/16/2018 12:12:11 PM
BOE Agenda Approval	nhovden	08/16/2018 16:18:52 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20648**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: **FIREBIRD, LLC**Contractor Name: **FIREBIRD, LLC**Address: **610 S. 10TH STREET**City/State/Zip: **LAS VEGAS, NV 89101**Contact/Phone: **PHUNG JEFFERSON 702/382-4061**Vendor No.: **T27035342A**NV Business ID: **NV20111626816**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide mental and behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/02/2018 11:16:24 AM
Division Approval	mstewa10	08/02/2018 11:16:26 AM
Department Approval	mstewa10	08/02/2018 11:16:29 AM
Contract Manager Approval	mstewa10	08/02/2018 11:16:31 AM
Budget Analyst Approval	aurruty	08/09/2018 18:03:18 PM
BOE Agenda Approval	lfree1	08/10/2018 09:20:30 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20724**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: Felipe Badiola

Contractor Name: **Felipe Badiola DBA Touch of Love II**Address: **3000 Emmons Ave**City/State/Zip: **Las Vegas, NV 89030**

Contact/Phone: John Badiola 702/649-7415

Vendor No.: T27013547

NV Business ID: NV20151079685

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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?

No b. If "No", please explain:

Vendor name is a DBA of the legal entity.

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	08/07/2018 15:31:16 PM
Division Approval	mstewa10	08/07/2018 15:31:18 PM
Department Approval	mstewa10	08/07/2018 15:31:20 PM
Contract Manager Approval	mstewa10	08/07/2018 15:31:22 PM
Budget Analyst Approval	aurruty	08/15/2018 09:31:00 AM
BOE Agenda Approval	lfree1	08/15/2018 13:43:12 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20759**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: **FemFol Group, Inc.**Contractor Name: **FemFol Group, Inc.**Address: **806 Ryland St.**City/State/Zip: **Reno, NV 89502**Contact/Phone: **Oluwafemi Gbenjo 775-772-5283**Vendor No.: **T29000761**NV Business ID: **NV20041580192**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/08/2018 15:06:08 PM
Division Approval	mstewa10	08/08/2018 15:06:10 PM
Department Approval	mstewa10	08/08/2018 15:06:12 PM
Contract Manager Approval	mstewa10	08/08/2018 15:06:15 PM
Budget Analyst Approval	aurretty	08/15/2018 16:58:30 PM
BOE Agenda Approval	lfree1	08/16/2018 11:29:55 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20822**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: Foundation for Positively Kids, a Nonprofit Corporation

Contractor Name: **Foundation for Positively Kids**Address: **2180 E. Tompkins Ave. Suite 222**City/State/Zip: **Las Vegas, NV 89121**

Contact/Phone: Yvonne Moore 702-262-0037

Vendor No.: T29005746

NV Business ID: NV19991199570

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide early intervention, medical clinics, home health and pediatric healthcare services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Per SOS website

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	08/13/2018 15:57:21 PM
Division Approval	mstewa10	08/13/2018 15:57:23 PM
Department Approval	mstewa10	08/13/2018 15:57:26 PM
Contract Manager Approval	mstewa10	08/13/2018 15:57:28 PM
Budget Analyst Approval	bwooldri	08/16/2018 15:27:38 PM
BOE Agenda Approval	nhovden	08/16/2018 16:23:12 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
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Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20795**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: Freedom Home Health, LLC

Contractor Name: **Freedom Home Health, LLC**Address: **3680 Grant Dr.
Suite L**City/State/Zip: **Reno, NV 89509**

Contact/Phone: Michele Lybrook 775-348-0827

Vendor No.: T29035077

NV Business ID: NV20111147512

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:29:51 AM
Division Approval	mstewa10	08/13/2018 09:29:53 AM
Department Approval	mstewa10	08/13/2018 09:29:56 AM
Contract Manager Approval	mstewa10	08/13/2018 09:29:58 AM
Budget Analyst Approval	afrantz	08/16/2018 09:35:40 AM
BOE Agenda Approval	lfree1	08/17/2018 09:22:00 AM
BOE Final Approval	Pending	



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Administrator State Purchasing

CONTRACT SUMMARY

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I. DESCRIPTION OF CONTRACT1. Contract Number: **20935**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: Future Builders of America

Contractor Name: **Future Builders of America**Address: **3075 E. Flamingo Rd.
Suite 118**City/State/Zip: **Las Vegas, NV 89121**

Contact/Phone: Carlos Pollard 702-582-4015

Vendor No.: T27042429

NV Business ID: NV20131088399

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide counseling, behavioral treatment, training and social services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	mstewa10	08/17/2018 09:50:41 AM
Division Approval	mstewa10	08/17/2018 09:50:44 AM
Department Approval	mstewa10	08/17/2018 09:50:47 AM
Contract Manager Approval	mstewa10	08/17/2018 09:50:50 AM
Budget Analyst Approval	aurruty	08/17/2018 09:57:45 AM
BOE Agenda Approval	lfree1	08/17/2018 11:05:15 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20674**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: **GIL FOLK**Contractor Name: **GIL FOLK**Address: **70 OCELET WAY**City/State/Zip: **RENO, NV 89511-4751**Contact/Phone: **775/851-4292**Vendor No.: **T10995200**NV Business ID: **NV20161339350**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide in-home care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/02/2018 11:30:03 AM
Division Approval	mstewa10	08/02/2018 11:30:05 AM
Department Approval	mstewa10	08/02/2018 11:30:07 AM
Contract Manager Approval	mstewa10	08/02/2018 11:30:09 AM
Budget Analyst Approval	aurruty	08/09/2018 14:34:50 PM
BOE Agenda Approval	lfree1	08/10/2018 09:57:17 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20619**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: **GOLDEN CROSS HOME CARE LLC**Contractor Name: **GOLDEN CROSS HOME CARE LLC**Address: **7762 W SAHARA AVE**City/State/Zip: **LAS VEGAS, NV 89117-2700**Contact/Phone: **702/240-7711**Vendor No.: **T29036217**NV Business ID: **NV20121287262**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	07/31/2018 10:36:55 AM
Division Approval	mstewa10	07/31/2018 10:36:57 AM
Department Approval	mstewa10	07/31/2018 10:36:59 AM
Contract Manager Approval	mstewa10	07/31/2018 10:37:01 AM
Budget Analyst Approval	aurruty	08/09/2018 15:20:56 PM
BOE Agenda Approval	lfree1	08/10/2018 09:39:35 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20720**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: **GOLDING RADIOLOGY, LTD DBA ADVANCED RADIOLOGY**Contractor Name: **GOLDING RADIOLOGY, LTD DBA ADVANCED RADIOLOGY**Address: **DBA ADVANCED RADIOLOGY LTD
590 EUREKA AVE**City/State/Zip: **RENO, NV 89512**Contact/Phone: **TERRI MAHANNAH 775/323-5135**Vendor No.: **T27032549A**NV Business ID: **NV20021356432**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide radiology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/07/2018 13:28:55 PM
Division Approval	mstewa10	08/07/2018 13:28:57 PM
Department Approval	mstewa10	08/07/2018 13:28:59 PM
Contract Manager Approval	mstewa10	08/07/2018 13:29:02 PM
Budget Analyst Approval	aurruty	08/14/2018 17:28:16 PM
BOE Agenda Approval	lfree1	08/15/2018 09:29:05 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20944**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: Glass House Counseling Agency, LLC

Contractor Name: **Glass House Counseling Agency, LLC**Address: **1800 East Sahara Ave.
Suite 104**City/State/Zip: **Las Vegas, NV 89104**

Contact/Phone: Kaye Fain 702-586-8693

Vendor No.: T27028566

NV Business ID: NV20111010215

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health, supportive living and psychosocial rehabilitation services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 16:52:37 PM
Division Approval	jthom17	08/14/2018 16:52:39 PM
Department Approval	jthom17	08/14/2018 16:52:42 PM
Contract Manager Approval	jthom17	08/14/2018 16:53:02 PM
Budget Analyst Approval	mtum1	08/16/2018 14:54:59 PM
BOE Agenda Approval	lfree1	08/17/2018 11:21:27 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20660**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: **HEAR BETTER CENTERS, LLC**Contractor Name: **HEAR BETTER CENTERS, LLC**Address: **HEAR BETTER CENTERS LLC
2501 COTTONTAIL LANE**City/State/Zip: **SOMERSET, NJ 08873**Contact/Phone: **Jessica Sanderson 609/495-6710**Vendor No.: **T32005756A**NV Business ID: **NV20171209943**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide audiology and hearing aid services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$700,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/02/2018 11:22:18 AM
Division Approval	mstewa10	08/02/2018 11:22:20 AM
Department Approval	mstewa10	08/02/2018 11:22:22 AM
Contract Manager Approval	mstewa10	08/02/2018 11:22:25 AM
Budget Analyst Approval	aurruty	08/13/2018 13:33:32 PM
BOE Agenda Approval	lfree1	08/14/2018 10:07:13 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Date: June 11, 2018
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20655**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: **HEARING PLUS, INC. DBA RENO HEARING CENTER**Contractor Name: **HEARING PLUS, INC. DBA RENO HEARING CENTER**Address: **1855 PLUMAS ST STE 5**City/State/Zip: **RENO, NV 89509-3385**Contact/Phone: **775/825-6006**Vendor No.: **T10748800**NV Business ID: **NV19891019976**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide audiology and hearing aid services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/02/2018 11:19:09 AM
Division Approval	mstewa10	08/02/2018 11:19:12 AM
Department Approval	mstewa10	08/02/2018 11:19:14 AM
Contract Manager Approval	mstewa10	08/02/2018 11:19:16 AM
Budget Analyst Approval	aurruty	08/08/2018 13:49:19 PM
BOE Agenda Approval	lfree1	08/09/2018 14:04:52 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20781**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	HEARING SPEECH PATHOLOGY & READING Center DBA ALPINE CENTER
Agency Code:	MSA	Contractor Name:	HEARING SPEECH PATHOLOGY & READING Center DBA ALPINE CENTER
Appropriation Unit:	9999 - All Categories	Address:	1698 Meadow Wood Lane #150
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	Pat Cunningham-Wong 775-825-3331
		Vendor No.:	T29015804
		NV Business ID:	NV20051266834

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide audiology and hearing aid services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/13/2018 09:04:33 AM
Division Approval	mstewa10	08/13/2018 09:04:35 AM
Department Approval	mstewa10	08/13/2018 09:04:37 AM
Contract Manager Approval	mstewa10	08/13/2018 09:04:40 AM
Budget Analyst Approval	afrantz	08/15/2018 15:56:28 PM
BOE Agenda Approval	lfree1	08/17/2018 10:25:19 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20685**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: **HEART FELT PERSONAL CARE, LLC**Contractor Name: **HEART FELT PERSONAL CARE, LLC**Address: **2001 S JONES BLVD STE H**City/State/Zip: **LAS VEGAS, NV 89146**Contact/Phone: **EDGAR JIMENEZ 702/367-0111**Vendor No.: **T27041647A**NV Business ID: **NV20151358862**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/02/2018 11:06:39 AM
Division Approval	mstewa10	08/02/2018 11:06:43 AM
Department Approval	mstewa10	08/02/2018 11:06:47 AM
Contract Manager Approval	mstewa10	08/02/2018 11:06:50 AM
Budget Analyst Approval	aurruty	08/13/2018 12:12:00 PM
BOE Agenda Approval	lfree1	08/14/2018 09:28:41 AM
BOE Final Approval	Pending	



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Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20936**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: **HELPING HAND SLA SERVICES, LLC**Contractor Name: **HELPING HAND SLA SERVICES, LLC**Address: **3650 SIENNA POINT CT**City/State/Zip: **RENO, NV 89512**Contact/Phone: **Carolina A. Beardsley 775-343-8618**Vendor No.: **T32002247**NV Business ID: **NV20131139850**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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of 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:

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	08/14/2018 16:45:14 PM
Division Approval	jthom17	08/14/2018 16:45:17 PM
Department Approval	jthom17	08/14/2018 16:45:19 PM
Contract Manager Approval	jthom17	08/14/2018 16:45:22 PM
Budget Analyst Approval	laaron	08/16/2018 11:45:51 AM
BOE Agenda Approval	lfree1	08/20/2018 08:40:21 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20620**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	HIGH CLASS PERSONAL CARE, LLC
Agency Code:	MSA	Contractor Name:	HIGH CLASS PERSONAL CARE, LLC
Appropriation Unit:	9999 - All Categories	Address:	5000 W. OAKLEY BLVD., SUITE E-1
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89146-3165
If "No" please explain:	Not Applicable	Contact/Phone:	702/405-3192
		Vendor No.:	T27032190A
		NV Business ID:	NV20081290175

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

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:

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	07/31/2018 10:50:46 AM
Division Approval	mstewa10	07/31/2018 10:50:49 AM
Department Approval	mstewa10	07/31/2018 10:50:52 AM
Contract Manager Approval	mstewa10	07/31/2018 10:50:54 AM
Budget Analyst Approval	aurruty	08/07/2018 15:38:46 PM
BOE Agenda Approval	lfree1	08/08/2018 09:38:53 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20684**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: **HIGH SIERRA INDUSTRIES**Contractor Name: **HIGH SIERRA INDUSTRIES**Address: **555 REACTOR WAY**City/State/Zip: **RENO, NV 89502-4108**Contact/Phone: **LAVONNE BROOKS 775/829-7400**Vendor No.: **T80830900**NV Business ID: **NV19761007354**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	jthom17	08/03/2018 13:13:36 PM
Division Approval	jthom17	08/03/2018 13:13:40 PM
Department Approval	jthom17	08/03/2018 13:13:45 PM
Contract Manager Approval	mstar2	08/03/2018 13:14:28 PM
Budget Analyst Approval	aurruty	08/09/2018 15:58:30 PM
BOE Agenda Approval	lfree1	08/10/2018 09:32:24 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20809**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: Health and Human Services Foundation

Contractor Name: **Health and Human Services Foundation**Address: **1200 Rock Blvd. #3**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Vicki McVeigh 775-499-5525

Vendor No.: T29038976

NV Business ID: NV20101136719

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supportive housing services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/13/2018 09:49:29 AM
Division Approval	mstewa10	08/13/2018 09:49:31 AM
Department Approval	mstewa10	08/13/2018 09:49:34 AM
Contract Manager Approval	mstewa10	08/13/2018 09:49:36 AM
Budget Analyst Approval	cbrekken	08/16/2018 14:12:46 PM
BOE Agenda Approval	lfree1	08/20/2018 10:54:18 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
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Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20876**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: Health to Nevada, LLC DBA HEALTH TO YOU

Contractor Name: **Health to Nevada, LLC DBA HEALTH TO YOU**Address: **7251 W. Lake Mead Blvd Suite 300**City/State/Zip: **Las Vegas, NV 89128**

Contact/Phone: Sarah E Tell 702-405-8392

Vendor No.: T27039215

NV Business ID: NV20141740613

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 10:46:33 AM
Division Approval	mstewa10	08/14/2018 10:46:35 AM
Department Approval	mstewa10	08/14/2018 10:46:37 AM
Contract Manager Approval	mstewa10	08/14/2018 10:46:39 AM
Budget Analyst Approval	lfree1	08/20/2018 09:46:03 AM
BOE Agenda Approval	lfree1	08/20/2018 09:46:06 AM
BOE Final Approval	Pending	



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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20792**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: Helping Others Help Themselves, Inc.

Contractor Name: **Helping Others Help Themselves, Inc.**Address: **1000 Bible Way Ste #63**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Jocelyn Hall 775-322-4673

Vendor No.: T32003829

NV Business ID: NV20141330133

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00****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: 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	mstewa10	08/13/2018 09:24:34 AM
Division Approval	mstewa10	08/13/2018 09:24:36 AM
Department Approval	mstewa10	08/13/2018 09:24:40 AM
Contract Manager Approval	mstewa10	08/13/2018 09:24:43 AM
Budget Analyst Approval	nhovden	08/16/2018 15:47:27 PM
BOE Agenda Approval	nhovden	08/16/2018 15:47:29 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20801**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: **Hernando Angat dba St. Joseph Group Care III - Good Shepherd**Contractor Name: **Hernando Angat dba St. Joseph Group Care III - Good Shepherd**Address: **4028 E. Boston Ave**City/State/Zip: **Las Vegas, NV 89104**Contact/Phone: **Cleotilde Angat 702-431-3980**Vendor No.: **T81008240A**NV Business ID: **NV20101264676**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group care home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/13/2018 09:37:34 AM
Division Approval	mstewa10	08/13/2018 09:37:37 AM
Department Approval	mstewa10	08/13/2018 09:37:39 AM
Contract Manager Approval	mstewa10	08/13/2018 09:37:42 AM
Budget Analyst Approval	mtum1	08/16/2018 09:25:43 AM
BOE Agenda Approval	lfree1	08/16/2018 15:15:27 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20757**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: Hope Healthcare Services

Contractor Name: **Hope Healthcare Services**Address: **1155 West 4th Street Suite 224**City/State/Zip: **Reno, NV 89503**

Contact/Phone: Felix Igbekoyi 775-333-5222

Vendor No.: T27000183

NV Business ID: NV20021444421

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living arrangements, foster care and alcohol and drug counseling services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/08/2018 15:03:25 PM
Division Approval	mstewa10	08/08/2018 15:03:28 PM
Department Approval	mstewa10	08/08/2018 15:03:30 PM
Contract Manager Approval	mstewa10	08/08/2018 15:03:32 PM
Budget Analyst Approval	aurruty	08/15/2018 16:48:14 PM
BOE Agenda Approval	lfree1	08/16/2018 12:02:45 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20934**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: Hope PCA, LLC

Contractor Name: **Hope PCA, LLC**Address: **2670 Crimson Canyon Dr. Suite 150**City/State/Zip: **Las VEGas, NV 89128**

Contact/Phone: Jennifer Caballero 702-405-8044

Vendor No.: T27034545

NV Business ID: NV20121440896

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 16:30:47 PM
Division Approval	jthom17	08/14/2018 16:30:53 PM
Department Approval	jthom17	08/14/2018 16:30:59 PM
Contract Manager Approval	jthom17	08/14/2018 16:31:11 PM
Budget Analyst Approval	laaron	08/15/2018 14:40:13 PM
BOE Agenda Approval	lfree1	08/17/2018 15:41:10 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20819**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: Humboldt Human Development Services, Inc.

Contractor Name: **Humboldt Human Development Services, Inc.**Address: **307 E. 4th Street**City/State/Zip: **Winnemucca, NV 89445**

Contact/Phone: Denyse Lizer 775-625-3939

Vendor No.: T81009976A

NV Business ID: NV19981270734

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supportive living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00****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: 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	mstewa10	08/13/2018 14:33:09 PM
Division Approval	mstewa10	08/13/2018 14:33:12 PM
Department Approval	mstewa10	08/13/2018 14:33:15 PM
Contract Manager Approval	mstewa10	08/13/2018 14:33:17 PM
Budget Analyst Approval	nhovden	08/16/2018 12:04:38 PM
BOE Agenda Approval	nhovden	08/16/2018 12:04:40 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20933**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: **IN KARING ARMS, INC.**Contractor Name: **IN KARING ARMS, INC.**Address: **3052 BALCONES FAULT AVE**City/State/Zip: **NORTH LAS VEGAS, NV 89081-6409**Contact/Phone: **Karen Carroll 702-236-6158**Vendor No.: **T27041141**NV Business ID: **NV20161157612**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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide home health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	08/14/2018 16:26:30 PM
Division Approval	jthom17	08/14/2018 16:26:35 PM
Department Approval	jthom17	08/14/2018 16:26:42 PM
Contract Manager Approval	jthom17	08/14/2018 16:26:46 PM
Budget Analyst Approval	laaron	08/15/2018 14:19:45 PM
BOE Agenda Approval	lfree1	08/17/2018 14:57:58 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20947**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: **Teresita Enriquez**Contractor Name: **IN TOUCH RESIDENTIAL CARE I & II**Address: **4131 SATINWOOD DR**City/State/Zip: **LAS VEGAS, NV 89147-4904**Contact/Phone: **Teresita Enriquez 702/461-7707**Vendor No.: **T81089699**NV Business ID: **NV20131301798**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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of 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 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?

No b. If "No", please explain:

Contractor name is a DBA of the legal entity.

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	jthom17	08/14/2018 16:59:07 PM
Division Approval	jthom17	08/14/2018 16:59:10 PM
Department Approval	jthom17	08/14/2018 16:59:13 PM
Contract Manager Approval	jthom17	08/14/2018 16:59:16 PM
Budget Analyst Approval	cbrekken	08/16/2018 14:13:36 PM
BOE Agenda Approval	lfree1	08/20/2018 11:19:22 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20653**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	INNOVATIVE MEDICAL, LLC
Agency Code:	MSA	Contractor Name:	INNOVATIVE MEDICAL, LLC
Appropriation Unit:	9999 - All Categories	Address:	4130 E. SUNSET ROAD
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89012
If "No" please explain:	Not Applicable	Contact/Phone:	KEVIN RAMSEY 702/884-6292
		Vendor No.:	T32004054
		NV Business ID:	NV20121755179

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide family medicine services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/02/2018 11:18:04 AM
Division Approval	mstewa10	08/02/2018 11:18:06 AM
Department Approval	mstewa10	08/02/2018 11:18:08 AM
Contract Manager Approval	mstewa10	08/02/2018 11:18:11 AM
Budget Analyst Approval	aurruty	08/13/2018 13:46:08 PM
BOE Agenda Approval	lfree1	08/14/2018 09:23:48 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20796**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: Ideal Staffing, Inc.

Contractor Name: **Ideal Staffing, Inc.**Address: **500 N. Rainbow Blvd Ste 300**City/State/Zip: **Las Vegas , NV 89107**

Contact/Phone: Dell Bailey 702-305-5377

Vendor No.: T27040056

NV Business ID: NV20141084923

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide home health care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:31:03 AM
Division Approval	mstewa10	08/13/2018 09:31:06 AM
Department Approval	mstewa10	08/13/2018 09:31:08 AM
Contract Manager Approval	mstewa10	08/13/2018 09:31:10 AM
Budget Analyst Approval	mtum1	08/15/2018 17:53:56 PM
BOE Agenda Approval	lfree1	08/16/2018 14:42:57 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20954**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: J. Adams Corporation

Contractor Name: **J. Adams Corporation**Address: **232 Kane Ave**City/State/Zip: **Las Vegas , NV 89110**

Contact/Phone: Josie Adams 702-203-2381

Vendor No.: T29034135

NV Business ID: NV20081079112

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	08/14/2018 17:20:17 PM
Division Approval	jthom17	08/14/2018 17:20:21 PM
Department Approval	jthom17	08/14/2018 17:20:23 PM
Contract Manager Approval	jthom17	08/14/2018 17:20:27 PM
Budget Analyst Approval	cbrekken	08/16/2018 14:13:20 PM
BOE Agenda Approval	lfree1	08/20/2018 10:44:04 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20734**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: **JOHANNA WAGNER DEKAY MD, LLC**Contractor Name: **JOHANNA WAGNER DEKAY MD, LLC**Address: **PO BOX 12353**City/State/Zip: **RENO, NV 89510-2353**Contact/Phone: **775/233-1790**Vendor No.: **T29029939**NV Business ID: **NV20121742837**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide general adult psychiatry services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/07/2018 15:49:05 PM
Division Approval	mstewa10	08/07/2018 15:49:07 PM
Department Approval	mstewa10	08/07/2018 15:49:10 PM
Contract Manager Approval	mstewa10	08/07/2018 15:49:12 PM
Budget Analyst Approval	aurretty	08/15/2018 09:04:49 AM
BOE Agenda Approval	lfree1	08/15/2018 13:59:16 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20682**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	THELMA D. BALINGIT
Agency Code:	MSA	Contractor Name:	JOY'S REST HOME
Appropriation Unit:	9999 - All Categories	Address:	JOYS REST HOME 4235 PATTERSON AVENUE
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89104
If "No" please explain:	Not Applicable	Contact/Phone:	702/431-4143
		Vendor No.:	T81100362A
		NV Business ID:	NV20121116234

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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?

No b. If "No", please explain:

Vendor name is a DBA of legal entity.

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	08/02/2018 11:08:30 AM
Division Approval	mstewa10	08/02/2018 11:08:32 AM
Department Approval	mstewa10	08/02/2018 11:08:34 AM
Contract Manager Approval	mstewa10	08/02/2018 11:08:37 AM
Budget Analyst Approval	aurruty	08/09/2018 15:26:03 PM
BOE Agenda Approval	lfree1	08/10/2018 09:40:43 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20481**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: Jack Araza, Ph. D.

Contractor Name: **Jack Araza, Ph. D.**Address: **309 East John Street Suite #1**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: Jack Araza 775/720-9541

Vendor No.: T80997375

NV Business ID: NV20101149914

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

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 08/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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 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	07/05/2018 09:20:43 AM
Division Approval	mstewa10	07/05/2018 09:20:45 AM
Department Approval	mstewa10	07/05/2018 09:20:47 AM
Contract Manager Approval	mstewa10	07/05/2018 09:20:50 AM
Budget Analyst Approval	lfree1	07/25/2018 15:54:26 PM
BOE Agenda Approval	lfree1	07/25/2018 15:54:29 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20821**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: **Jadelle, LLC**Contractor Name: **Jadelle, LLC**Address: **6282 Windy Waters Ct.**City/State/Zip **Las Vegas, NV 89110**Contact/Phone: **Maria Bernadette Basilio 702-793-1104**Vendor No.: **T29041035**NV Business ID: **NV20181132289**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide residential, behavioral and community based services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/13/2018 14:46:00 PM
Division Approval	mstewa10	08/13/2018 14:46:02 PM
Department Approval	mstewa10	08/13/2018 14:46:08 PM
Contract Manager Approval	mstewa10	08/13/2018 14:46:11 PM
Budget Analyst Approval	bwooldri	08/16/2018 13:08:42 PM
BOE Agenda Approval	nhovden	08/16/2018 16:24:26 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20799**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: James P. LaRocca

Contractor Name: **James P. LaRocca**Address: **172 Mount Earl Ave**City/State/Zip: **Henderson , NV 89012**

Contact/Phone: James LaRocca 702-327-9628

Vendor No.: T81081568

NV Business ID: NV20171488807

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living arrangement and functional training services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/13/2018 09:33:23 AM
Division Approval	mstewa10	08/13/2018 09:33:25 AM
Department Approval	mstewa10	08/13/2018 09:33:27 AM
Contract Manager Approval	mstewa10	08/13/2018 09:35:12 AM
Budget Analyst Approval	mtum1	08/16/2018 09:18:28 AM
BOE Agenda Approval	lfree1	08/16/2018 15:04:00 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20900**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: Johnson Group Care, Inc. DBA JOHNSONS GROUP CARE #1

Contractor Name: **Johnson Group Care, Inc. DBA JOHNSONS GROUP CARE #1**Address: **1895 Carville Dr.
1240 E. 10th St.**City/State/Zip **Reno, NV 89512**

Contact/Phone: Peggy Montgomery 775-240-0130

Vendor No.: T80942316

NV Business ID: NV20101882160

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	08/14/2018 15:34:28 PM
Division Approval	jthom17	08/14/2018 15:34:30 PM
Department Approval	jthom17	08/14/2018 15:34:32 PM
Contract Manager Approval	jthom17	08/14/2018 15:34:35 PM
Budget Analyst Approval	cpalme2	08/15/2018 15:36:56 PM
BOE Agenda Approval	lfree1	08/16/2018 09:34:52 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20860**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: **Joni Srumpf DBA Rainbow Helpers, LLC**Contractor Name: **Joni Srumpf DBA Rainbow Helpers, LLC**Address: **220 E. Horizon Drive Suite H**City/State/Zip: **Henderson, NV 89015**Contact/Phone: **Joni Stumpf 702-577-5977**Vendor No.: **T32004107**NV Business ID: **NV20181101699**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

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

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	08/13/2018 16:35:06 PM
Division Approval	mstewa10	08/13/2018 16:35:08 PM
Department Approval	mstewa10	08/13/2018 16:35:11 PM
Contract Manager Approval	mstewa10	08/13/2018 16:35:13 PM
Budget Analyst Approval	nhovden	08/16/2018 11:22:16 AM
BOE Agenda Approval	nhovden	08/16/2018 11:22:19 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20814**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: Josephine Ferrer Aguilar

Contractor Name: **Josephine Ferrer Aguilar**Address: **12260 Ocean View Drive**City/State/Zip: **Sparks, NV 89441**

Contact/Phone: Josephine Aguilar 775-636-5864

Vendor No.: T29017189B

NV Business ID: NV20111188389

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/13/2018 09:54:43 AM
Division Approval	mstewa10	08/13/2018 09:54:45 AM
Department Approval	mstewa10	08/13/2018 09:54:58 AM
Contract Manager Approval	mstewa10	08/13/2018 09:55:01 AM
Budget Analyst Approval	cbrekken	08/16/2018 14:12:35 PM
BOE Agenda Approval	lfree1	08/20/2018 11:03:08 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20711**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	KIDEOLOGY, LTD
Agency Code:	MSA	Contractor Name:	KIDEOLOGY, LTD
Appropriation Unit:	9999 - All Categories	Address:	2520 SAINT ROSE PKWY STE 114
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89074-7785
If "No" please explain:	Not Applicable	Contact/Phone:	702/508-0908
		Vendor No.:	T27029316
		NV Business ID:	NV20111674178

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide comprehensive early intervention services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/07/2018 13:26:56 PM
Division Approval	mstewa10	08/07/2018 13:26:59 PM
Department Approval	mstewa10	08/07/2018 13:27:07 PM
Contract Manager Approval	mstewa10	08/07/2018 13:27:09 PM
Budget Analyst Approval	aurruty	08/13/2018 15:25:17 PM
BOE Agenda Approval	lfree1	08/13/2018 17:39:17 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20650**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: **KIMBERLY MOLNAR, MFT, LTD**Contractor Name: **KIMBERLY MOLNAR, MFT, LTD**Address: **7495 W AZURE DR STE 256**City/State/Zip: **LAS VEGAS, NV 89130-4417**Contact/Phone: **702/515-4015**Vendor No.: **T29009061**NV Business ID: **NV20051125327**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide marriage and family therapy and substance abuse counseling services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/02/2018 11:17:28 AM
Division Approval	mstewa10	08/02/2018 11:17:31 AM
Department Approval	mstewa10	08/02/2018 11:17:33 AM
Contract Manager Approval	mstewa10	08/02/2018 11:17:35 AM
Budget Analyst Approval	aurruty	08/13/2018 13:38:10 PM
BOE Agenda Approval	lfree1	08/14/2018 10:41:32 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20958**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	KIMBERLY MOLNAR, MFT. LTD
Agency Code:	MSA	Contractor Name:	KIMBERLY MOLNAR, MFT. LTD
Appropriation Unit:	9999 - All Categories	Address:	7495 W AZURE DR STE 256
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89130-4417
If "No" please explain:	Not Applicable	Contact/Phone:	702/515-4015
		Vendor No.:	T29009061
		NV Business ID:	NV20051125327

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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide equestrian therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$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: 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	mstewa10	08/22/2018 12:35:29 PM
Division Approval	mstewa10	08/22/2018 12:35:35 PM
Department Approval	mstewa10	08/22/2018 12:35:39 PM
Contract Manager Approval	mstewa10	08/22/2018 12:35:42 PM
Budget Analyst Approval	nhovden	08/23/2018 08:50:54 AM
BOE Agenda Approval	nhovden	08/23/2018 08:50:56 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20669**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	KNR ASSISTED LIVING SERVICES, LLC
Agency Code:	MSA	Contractor Name:	KNR ASSISTED LIVING SERVICES, LLC
Appropriation Unit:	9999 - All Categories	Address:	LLC
Is budget authority available?:	Yes		4075 W DESERT INN RD STE A
If "No" please explain:	Not Applicable	City/State/Zip	LAS VEGAS, NV 89102-0755
		Contact/Phone:	702/220-3499
		Vendor No.:	T27016368
		NV Business ID:	NV20061784346

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supportive living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/02/2018 11:27:52 AM
Division Approval	mstewa10	08/02/2018 11:27:55 AM
Department Approval	mstewa10	08/02/2018 11:27:58 AM
Contract Manager Approval	mstewa10	08/02/2018 11:28:00 AM
Budget Analyst Approval	aurruty	08/08/2018 11:47:09 AM
BOE Agenda Approval	lfree1	08/09/2018 14:17:08 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
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To: Jim Wells, Director, Governor's Finance Office
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Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20920**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: **KRATU, LLC**Contractor Name: **KRATU, LLC**Address: **500 N Rainbow, Suite 300**City/State/Zip: **Las Vegas , NV 89107**Contact/Phone: **702/706-5379**Vendor No.: **T29039646**NV Business ID: **NV20171542288**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide assistive technology assessment services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 16:03:56 PM
Division Approval	jthom17	08/14/2018 16:04:05 PM
Department Approval	jthom17	08/14/2018 16:04:11 PM
Contract Manager Approval	jthom17	08/14/2018 16:04:14 PM
Budget Analyst Approval	aurruty	08/17/2018 10:03:00 AM
BOE Agenda Approval	lfree1	08/17/2018 10:56:48 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20966**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: Karen Reynolds

Contractor Name: **Karen Reynolds**Address: **995 Turnberry Drive**City/State/Zip: **Sparks, NV 89436**

Contact/Phone: Karen Reynolds 775-626-1867

Vendor No.: T81103810

NV Business ID: NV20161305543

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide nursing and teaching services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00****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: 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 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	08/15/2018 14:47:29 PM
Division Approval	mstewa10	08/15/2018 14:47:31 PM
Department Approval	mstewa10	08/15/2018 14:47:34 PM
Contract Manager Approval	mstewa10	08/15/2018 14:47:36 PM
Budget Analyst Approval	bwooldri	08/16/2018 12:56:40 PM
BOE Agenda Approval	nhovden	08/16/2018 16:21:53 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20845**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: Kathleen S. Mayers, Inc.

Contractor Name: **Kathleen S. Mayers, Inc.**Address: **8223 Crow Valley Lane**City/State/Zip **Las Vegas, NV 89113**

Contact/Phone: Kathleen S. Mayers 702-809-3885

Vendor No.: T81041123

NV Business ID: NV20011487202

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide clinical psychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/14/2018 10:08:25 AM
Division Approval	mstewa10	08/14/2018 10:08:28 AM
Department Approval	mstewa10	08/14/2018 10:08:32 AM
Contract Manager Approval	mstewa10	08/14/2018 10:08:34 AM
Budget Analyst Approval	laaron	08/16/2018 13:46:20 PM
BOE Agenda Approval	lfree1	08/20/2018 08:49:24 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20855**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: **Elko Eye Center**Contractor Name: **Kenneth W. Houchin, MD DBA ELKO EYE CENTER**Address: **875 14th Street**City/State/Zip: **Elko, NV 89801**Contact/Phone: **Kenneth W. Houchin 775-738-5193**Vendor No.: **T81071238**NV Business ID: **NV20101287809**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide ophthalmology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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 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?

No b. If "No", please explain:

is a dba of Vendor

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	08/14/2018 10:17:55 AM
Division Approval	mstewa10	08/14/2018 10:17:57 AM
Department Approval	mstewa10	08/14/2018 10:18:00 AM
Contract Manager Approval	mstewa10	08/14/2018 10:18:02 AM
Budget Analyst Approval	cpalme2	08/15/2018 16:17:36 PM
BOE Agenda Approval	lfree1	08/16/2018 09:36:37 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20839**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: Key Learning Concepts, LLC

Contractor Name: **Key Learning Concepts, LLC**Address: **3195 Mill Street**City/State/Zip: **Reno, NV 89502**

Contact/Phone: David Stroffe 775-323-7000

Vendor No.: T27018538

NV Business ID: NV20041117309

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide 24-hour care for individuals with intellectual disabilities services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

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	08/13/2018 16:33:35 PM
Division Approval	mstewa10	08/13/2018 16:33:37 PM
Department Approval	mstewa10	08/13/2018 16:33:39 PM
Contract Manager Approval	mstewa10	08/13/2018 16:33:41 PM
Budget Analyst Approval	nhovden	08/16/2018 11:01:07 AM
BOE Agenda Approval	nhovden	08/16/2018 11:01:10 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20621**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	LANAN E. PASION
Agency Code:	MSA	Contractor Name:	LANAN E. PASION
Appropriation Unit:	9999 - All Categories	Address:	1843 CANDLE BRIGHT DR
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89074-5241
If "No" please explain:	Not Applicable	Contact/Phone:	702/423-4587
		Vendor No.:	T32003621
		NV Business ID:	NV20151357426

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide job development and day training services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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 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	07/31/2018 11:03:53 AM
Division Approval	mstewa10	07/31/2018 11:03:56 AM
Department Approval	mstewa10	07/31/2018 11:03:59 AM
Contract Manager Approval	mstewa10	07/31/2018 11:04:01 AM
Budget Analyst Approval	aurruty	08/08/2018 11:27:21 AM
BOE Agenda Approval	lfree1	08/09/2018 13:44:47 PM
BOE Final Approval	Pending	



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Administrator State Purchasing

CONTRACT SUMMARY

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I. DESCRIPTION OF CONTRACT1. Contract Number: **20618**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: **RESTINA ANGAT & AMADO ANGAT**Contractor Name: **LIBERTY RESIDENTIAL CARE**Address: **3060 SOUTH LIBERTY CIRCLE**City/State/Zip: **LAS VEGAS, NV 89121**Contact/Phone: **702/581-3487**Vendor No.: **T32002899**NV Business ID: **NV20101173066**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide residential and supported living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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?

No b. If "No", please explain:

Vendor name is a DBA of the legal entity.

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	07/31/2018 10:36:23 AM
Division Approval	mstewa10	07/31/2018 10:36:25 AM
Department Approval	mstewa10	07/31/2018 10:36:27 AM
Contract Manager Approval	mstewa10	07/31/2018 10:36:29 AM
Budget Analyst Approval	aurruty	08/09/2018 15:18:24 PM
BOE Agenda Approval	lfree1	08/10/2018 09:38:21 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20676**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	LISA CAMPANARO
Agency Code:	MSA	Contractor Name:	LISA CAMPANARO
Appropriation Unit:	9999 - All Categories	Address:	480 CASEY CT
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89506-9480
If "No" please explain:	Not Applicable	Contact/Phone:	775/677-2316
		Vendor No.:	T81106480
		NV Business ID:	NV20161375094

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide host home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/02/2018 11:31:12 AM
Division Approval	mstewa10	08/02/2018 11:31:15 AM
Department Approval	mstewa10	08/02/2018 11:31:18 AM
Contract Manager Approval	mstewa10	08/02/2018 11:31:20 AM
Budget Analyst Approval	aurretty	08/09/2018 18:22:30 PM
BOE Agenda Approval	lfree1	08/10/2018 09:24:44 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20673**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: **LOVE'S HOME HEALTH CARE, LLC**Contractor Name: **LOVE'S HOME HEALTH CARE, LLC**Address: **500 N RAINBOW BLVD STE 300**City/State/Zip: **LAS VEGAS, NV 89107-1061**Contact/Phone: **702/448-8145**Vendor No.: **T27041384**NV Business ID: **NV20161030903**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/02/2018 11:29:29 AM
Division Approval	mstewa10	08/02/2018 11:29:31 AM
Department Approval	mstewa10	08/02/2018 11:29:33 AM
Contract Manager Approval	mstewa10	08/02/2018 11:29:35 AM
Budget Analyst Approval	aurruty	08/08/2018 12:01:36 PM
BOE Agenda Approval	lfree1	08/09/2018 14:10:21 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20664**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: **LUBRITZ & NASRI, PLLC**Contractor Name: **LUBRITZ & NASRI, PLLC**Address: **3201 S MARYLAND PKWY STE 300**City/State/Zip: **LAS VEGAS, NV 89109-2325**Contact/Phone: **702/732-4491**Vendor No.: **T11707400**NV Business ID: **NV19971000141**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide otolaryngology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/02/2018 11:24:29 AM
Division Approval	mstewa10	08/02/2018 11:24:31 AM
Department Approval	mstewa10	08/02/2018 11:24:33 AM
Contract Manager Approval	mstewa10	08/02/2018 11:24:35 AM
Budget Analyst Approval	aurruty	08/09/2018 16:05:14 PM
BOE Agenda Approval	lfree1	08/10/2018 09:29:25 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20858**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: **Leo Soo Hoo, M.A., Inc.**Contractor Name: **Leo Soo Hoo, M.A., Inc.**Address: **4760 S. Pecos Road Ste. 103**City/State/Zip: **Las Vegas, NV 89121**Contact/Phone: **Lee Soo Hoo 702-369-9706**Vendor No.: **T27038497**NV Business ID: **NV20081591546**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide audiology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00****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?

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	mstewa10	08/14/2018 10:21:16 AM
Division Approval	mstewa10	08/14/2018 10:21:19 AM
Department Approval	mstewa10	08/14/2018 10:21:21 AM
Contract Manager Approval	mstewa10	08/14/2018 10:21:23 AM
Budget Analyst Approval	bwooldri	08/16/2018 14:46:40 PM
BOE Agenda Approval	nhovden	08/16/2018 16:31:26 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20580**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	LifeTran, INC.
Agency Code:	MSA	Contractor Name:	LifeTran, INC.
Appropriation Unit:	9999 - All Categories	Address:	3316 Strawberry Roan Rd.
Is budget authority available?:	Yes	City/State/Zip	North Las Vegas, NV 89032
If "No" please explain:	Not Applicable	Contact/Phone:	Koffi Umoh 502-990-9707
		Vendor No.:	T29031610
		NV Business ID:	NV20181341889

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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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	mstewa10	07/20/2018 12:41:33 PM
Division Approval	mstewa10	07/20/2018 12:41:35 PM
Department Approval	mstewa10	07/20/2018 12:41:38 PM
Contract Manager Approval	mstewa10	07/20/2018 12:41:41 PM
Budget Analyst Approval	aurruty	08/07/2018 16:00:25 PM
BOE Agenda Approval	lfree1	08/08/2018 09:28:40 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20938**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: Lifeline Systems Company

Contractor Name: **Lifeline Systems Company**Address: **111 Lawrence Street**City/State/Zip: **Framingham, MA 01702**

Contact/Phone: Dahci Croci 508-988-1242

Vendor No.: T29018805

NV Business ID: NV20111366535

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal emergency response system services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	08/14/2018 16:46:51 PM
Division Approval	jthom17	08/14/2018 16:46:54 PM
Department Approval	jthom17	08/14/2018 16:46:57 PM
Contract Manager Approval	jthom17	08/14/2018 16:47:00 PM
Budget Analyst Approval	tgreenam	08/15/2018 15:39:26 PM
BOE Agenda Approval	lfree1	08/17/2018 11:41:15 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20786**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: **Lifetime Assistance, LLC**Contractor Name: **Lifetime Assistance, LLC**Address: **1325 Airmotive Way #260**City/State/Zip: **Reno, NV 89502**Contact/Phone: **Nneka Gibney 585-690-1440**Vendor No.: **T32003863**NV Business ID: **NV20151459312**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

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:10:09 AM
Division Approval	mstewa10	08/13/2018 09:10:11 AM
Department Approval	mstewa10	08/13/2018 09:10:14 AM
Contract Manager Approval	mstewa10	08/13/2018 09:10:16 AM
Budget Analyst Approval	afrantz	08/15/2018 15:28:33 PM
BOE Agenda Approval	lfree1	08/17/2018 09:46:02 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20960**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: Lifetran Corporation

Contractor Name: **Lifetran Corporation**Address: **3316 Strawberry Roan Rd.**City/State/Zip: **North Las Vegas, NV 89032**

Contact/Phone: Koffi Umoh 520-990-9707

Vendor No.:

NV Business ID: NV20181341889

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide elderly assistance, mental health, vocational and residential support services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	08/14/2018 17:33:46 PM
Division Approval	jthom17	08/14/2018 17:33:48 PM
Department Approval	jthom17	08/14/2018 17:33:50 PM
Contract Manager Approval	jthom17	08/14/2018 17:33:53 PM
Budget Analyst Approval	cpalme2	08/15/2018 15:49:43 PM
BOE Agenda Approval	lfree1	08/20/2018 08:36:56 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20811**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: **Living Life, Inc.**Contractor Name: **Living Life, Inc.**Address: **5967 Greenery View Lane**City/State/Zip: **Las Vegas, NV 89118**Contact/Phone: **Sheryon Pilgrim 702-281-9300**Vendor No.: **T81032752**NV Business ID: **NV20031533511**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

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3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide training support and supervised community based independent living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	mstewa10	08/13/2018 09:51:43 AM
Division Approval	mstewa10	08/13/2018 09:51:45 AM
Department Approval	mstewa10	08/13/2018 09:51:48 AM
Contract Manager Approval	mstewa10	08/13/2018 09:51:50 AM
Budget Analyst Approval	nhovden	08/16/2018 14:01:24 PM
BOE Agenda Approval	nhovden	08/16/2018 14:01:26 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20802**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: Loida Dela Cruz Magno dba St. Joseph Adult Group Care V

Contractor Name: **Loida Dela Cruz Magno dba St. Joseph Adult Group Care V**Address: **4110 E. Boston Ave.**City/State/Zip: **Las Vegas, NV 89104**

Contact/Phone: Loida Magno 702-526-7733

Vendor No.: T80960204

NV Business ID: NV20141354444

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group care home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/13/2018 09:38:48 AM
Division Approval	mstewa10	08/13/2018 09:38:50 AM
Department Approval	mstewa10	08/13/2018 09:38:53 AM
Contract Manager Approval	mstewa10	08/13/2018 09:38:55 AM
Budget Analyst Approval	mtum1	08/16/2018 09:30:39 AM
BOE Agenda Approval	lfree1	08/16/2018 15:17:50 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20751**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: **Loving Grace, LLC**Contractor Name: **Loving Grace, LLC**Address: **1158 E. Hacienda Ave**City/State/Zip: **Las Vegas, NV 89119**Contact/Phone: **Evangeline Cruz 702-480-4858**Vendor No.: **T29037275**NV Business ID: **NV20151576170**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community-based living and supportive services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/08/2018 14:50:42 PM
Division Approval	mstewa10	08/08/2018 14:50:44 PM
Department Approval	mstewa10	08/08/2018 14:50:47 PM
Contract Manager Approval	mstewa10	08/08/2018 14:50:49 PM
Budget Analyst Approval	aurruty	08/15/2018 15:21:43 PM
BOE Agenda Approval	lfree1	08/15/2018 16:01:55 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Date: June 11, 2018
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20762**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: **Loving Hands of Nevada Home Health Care, LLC**Contractor Name: **Loving Hands of Nevada Home Health Care, LLC**Address: **153 W. Lake Mead Parkway #1220**City/State/Zip: **Henderson, NV 89015**Contact/Phone: **Cora Tracy 702-566-2433**Vendor No.: **T27041310**NV Business ID: **NV20161058473**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

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/09/2018 09:30:17 AM
Division Approval	mstewa10	08/09/2018 09:30:19 AM
Department Approval	mstewa10	08/09/2018 09:30:21 AM
Contract Manager Approval	mstewa10	08/09/2018 09:30:23 AM
Budget Analyst Approval	aurruty	08/15/2018 17:26:23 PM
BOE Agenda Approval	lfree1	08/20/2018 08:36:26 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20939**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: **M & M ANGEL ENTERPRISES, INC.**Contractor Name: **M & M ANGEL ENTERPRISES, INC.**Address: **6895 E. Lake Mead Blvd.
Suite 6-154**City/State/Zip: **LAS VEGAS, NV 89156**Contact/Phone: **LaRhonya Richards 702-281-7062**Vendor No.: **T81086401**NV Business ID: **NV19981317727**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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Providers**

5. Purpose of contract:

This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	08/14/2018 16:45:49 PM
Division Approval	jthom17	08/14/2018 16:45:52 PM
Department Approval	jthom17	08/14/2018 16:45:54 PM
Contract Manager Approval	jthom17	08/14/2018 16:45:57 PM
Budget Analyst Approval	laaron	08/16/2018 13:19:32 PM
BOE Agenda Approval	lfree1	08/20/2018 08:47:27 AM
BOE Final Approval	Pending	



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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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I. DESCRIPTION OF CONTRACT1. Contract Number: **20663**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: **MAPLESTAR NEVADA, INC.**Contractor Name: **MAPLESTAR NEVADA, INC.**Address: **4773 CAUGHLIN PARKWAY SUITE 2**City/State/Zip: **RENO, NV 89519**Contact/Phone: **775/677-2216**Vendor No.: **T80990386**NV Business ID: **NV19941085161**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide mental and behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/02/2018 11:23:56 AM
Division Approval	mstewa10	08/02/2018 11:23:58 AM
Department Approval	mstewa10	08/02/2018 11:24:00 AM
Contract Manager Approval	mstewa10	08/02/2018 11:24:02 AM
Budget Analyst Approval	aurruty	08/08/2018 12:10:22 PM
BOE Agenda Approval	lfree1	08/09/2018 14:08:56 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20931**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: MARIA LUISA A. CAGUICLA, DBA ST. FRANCIS GROUP HOME CARE VI

Contractor Name: **MARIA LUISA A. CAGUICLA, DBA ST. FRANCIS GROUP HOME CARE VI**

Address: **ST FRANCIS GROUP HOME CARE III
4121 E Boston**

City/State/Zip: **LAS VEGAS, NV 89104**

Contact/Phone: Maria Luisa Caguicla 702/457-2378

Vendor No.: T81075132A

NV Business ID: NV20171825702

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

Agency Reference #: RM167

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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? **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: 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 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	jthom17	08/14/2018 16:19:49 PM
Division Approval	jthom17	08/14/2018 16:19:51 PM
Department Approval	jthom17	08/14/2018 16:19:53 PM
Contract Manager Approval	jthom17	08/14/2018 16:19:56 PM
Budget Analyst Approval	aurruty	08/16/2018 17:02:39 PM
BOE Agenda Approval	lfree1	08/20/2018 08:57:57 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20736**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: **MCKENZIE RUPP**Contractor Name: **MCKENZIE RUPP**Address: **SPEECH & LANGUAGE PATHOLOGY
135 W. SECOND STREET**City/State/Zip: **WINNEMUCCA, NV 89445**Contact/Phone: **208/995-3718**Vendor No.: **T27041878**NV Business ID: **NV20171570649**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide speech and language pathology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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 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	08/07/2018 15:48:02 PM
Division Approval	mstewa10	08/07/2018 15:48:04 PM
Department Approval	mstewa10	08/07/2018 15:48:06 PM
Contract Manager Approval	mstewa10	08/07/2018 15:51:29 PM
Budget Analyst Approval	aurruty	08/14/2018 17:44:14 PM
BOE Agenda Approval	lfree1	08/15/2018 09:17:10 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20381**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: **MELANIE CRAWFORD, PH.D.**Contractor Name: **MELANIE CRAWFORD, PH.D.**Address: **6121 LAKESIDE DR STE 230**City/State/Zip: **RENO, NV 89511-8527**Contact/Phone: **775/786-7881**Vendor No.: **T32003718**NV Business ID: **NV20111784975**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

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 07/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide clinical neuropsychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	Ideloach	06/25/2018 14:35:08 PM
Division Approval	Ideloach	06/25/2018 14:35:11 PM
Department Approval	Ideloach	06/25/2018 14:35:14 PM
Contract Manager Approval	rmille8	06/25/2018 14:51:50 PM
Budget Analyst Approval	aurruty	08/16/2018 11:15:08 AM
BOE Agenda Approval	lfree1	08/20/2018 09:04:24 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20744**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: **MOA Family Care, LLC**Contractor Name: **MOA Family Care, LLC**Address: **6561 Jenny Lake Ave**City/State/Zip: **Las Vegas, NV 89110**Contact/Phone: **Anna-Lizette Angat 702-505-1208**Vendor No.: **T27032925**NV Business ID: **NV20121375381**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide assisted living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,600,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/07/2018 16:23:21 PM
Division Approval	mstewa10	08/07/2018 16:23:23 PM
Department Approval	mstewa10	08/07/2018 16:23:25 PM
Contract Manager Approval	mstewa10	08/07/2018 16:23:27 PM
Budget Analyst Approval	aurruty	08/13/2018 17:15:58 PM
BOE Agenda Approval	lfree1	08/14/2018 08:34:10 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20851**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: Manthei Eye Physicians Limited

Contractor Name: **Manthei Eye Physicians Limited**Address: **1505 Wigwam Pkwy #100**City/State/Zip: **Henderson, NV 89074**

Contact/Phone: Michelle Cable 702-896-6043

Vendor No.: T29017092

NV Business ID: NV20071756215

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide ophthalmology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$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?

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?

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	mstewa10	08/14/2018 10:12:46 AM
Division Approval	mstewa10	08/14/2018 10:12:48 AM
Department Approval	mstewa10	08/14/2018 10:12:51 AM
Contract Manager Approval	mstewa10	08/14/2018 10:12:53 AM
Budget Analyst Approval	nhovden	08/16/2018 11:59:33 AM
BOE Agenda Approval	nhovden	08/16/2018 11:59:35 AM
BOE Final Approval	Pending	



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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20743**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: Martha B. Mahaffey, Ph.D.

Contractor Name: **Martha B. Mahaffey, Ph.D.**Address: **834 Willow Street**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Martha B. Mahaffey, Ph. D 775-323-6766

Vendor No.: T81013056

NV Business ID: NV20151034488

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide clinical psychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/07/2018 16:10:46 PM
Division Approval	mstewa10	08/07/2018 16:10:49 PM
Department Approval	mstewa10	08/07/2018 16:10:51 PM
Contract Manager Approval	mstewa10	08/07/2018 16:10:53 PM
Budget Analyst Approval	aurruty	08/13/2018 17:07:51 PM
BOE Agenda Approval	lfree1	08/14/2018 08:41:14 AM
BOE Final Approval	Pending	



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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20651**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: **Melissa J. Montiel DBA TALK OF THE TOWN, LLC**Contractor Name: **Melissa J. Montiel DBA TALK OF THE TOWN, LLC**Address: **259 ANTELOPE VILLAGE CIR**City/State/Zip: **HENDERSON, NV 89012-2273**Contact/Phone: **702/755-7798**Vendor No.: **T32005809**NV Business ID: **NV20091576817**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide speech therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/02/2018 11:19:42 AM
Division Approval	mstewa10	08/02/2018 11:19:44 AM
Department Approval	mstewa10	08/02/2018 11:19:47 AM
Contract Manager Approval	mstewa10	08/02/2018 11:19:49 AM
Budget Analyst Approval	aurruty	08/09/2018 14:12:10 PM
BOE Agenda Approval	lfree1	08/10/2018 09:43:48 AM
BOE Final Approval	Pending	



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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20943**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: **Miguela M. Suarez DBA Trinibelle Guiding Hands, LLC**Contractor Name: **Miguela M. Suarez DBA Trinibelle Guiding Hands, LLC**Address: **1528 LADY BRYAN LN**City/State/Zip: **LAS VEGAS, NV 89110-1719**Contact/Phone: **Miguela M. Suarez 702-419-0683**Vendor No.: **T29004751**NV Business ID: **NV20111598990**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 % Various

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **07/03/2022**Contract term: **4 years and 3 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide day training services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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? **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: 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:

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	08/14/2018 16:53:51 PM
Division Approval	jthom17	08/14/2018 16:53:54 PM
Department Approval	jthom17	08/14/2018 16:53:56 PM
Contract Manager Approval	jthom17	08/14/2018 16:53:59 PM
Budget Analyst Approval	mtum1	08/16/2018 15:42:53 PM
BOE Agenda Approval	lfree1	08/17/2018 11:26:11 AM
BOE Final Approval	Pending	



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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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I. DESCRIPTION OF CONTRACT1. Contract Number: **20899**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: **Minds Matter LV, LLC**Contractor Name: **Minds Matter LV, LLC**Address: **6130 Elton Ave**City/State/Zip: **Las Vegas, NV 89107**Contact/Phone: **Mike Smith 702-475-7442**Vendor No.: **T29037270A**NV Business ID: **NV20151393074**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide basic skills training, psychosocial rehabilitation and case management services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 15:33:28 PM
Division Approval	jthom17	08/14/2018 15:33:31 PM
Department Approval	jthom17	08/14/2018 15:33:34 PM
Contract Manager Approval	jthom17	08/14/2018 15:33:37 PM
Budget Analyst Approval	mtum1	08/16/2018 16:00:51 PM
BOE Agenda Approval	lfree1	08/17/2018 11:54:53 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20815**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: Mingo Health Solutions, LLC DBA MHS BEHAVIORAL SERVICES, INC.

Contractor Name: **Mingo Health Solutions, LLC DBA MHS BEHAVIORAL SERVICES, INC.**Address: **2715 E. Russell Road**City/State/Zip: **Las Vegas, NV 89120**

Contact/Phone: Dinisha Mingo 702-848-1969

Vendor No.: T27041634

NV Business ID: NV20161175240

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide in home therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

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	08/13/2018 09:56:09 AM
Division Approval	mstewa10	08/13/2018 09:56:12 AM
Department Approval	mstewa10	08/13/2018 09:56:14 AM
Contract Manager Approval	mstewa10	08/13/2018 09:56:16 AM
Budget Analyst Approval	nhovden	08/16/2018 14:48:14 PM
BOE Agenda Approval	nhovden	08/16/2018 14:48:17 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20768**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: **Miracle Hands Personal Home Care**Contractor Name: **Miracle Hands Personal Home Care**Address: **7465 W. Lake Mead Blvd.
Suite 100**City/State/Zip: **Las Vegas, NV 89128**Contact/Phone: **Rosmary Garcia 702-562-1245**Vendor No.: **T32003967**NV Business ID: **NV20151277261**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide home care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/09/2018 09:39:41 AM
Division Approval	mstewa10	08/09/2018 09:39:43 AM
Department Approval	mstewa10	08/09/2018 09:39:46 AM
Contract Manager Approval	mstewa10	08/09/2018 09:39:48 AM
Budget Analyst Approval	aurretty	08/16/2018 14:36:31 PM
BOE Agenda Approval	lfree1	08/17/2018 09:15:54 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20133**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: Moonlight Examinations, LLC

Contractor Name: **Moonlight Examinations, LLC**Address: **4300 Anaconda Ct**City/State/Zip: **Granbury, TX 76048**

Contact/Phone: Morgan Adams 409-617-1258

Vendor No.: T32005591

NV Business ID: NV20171590440

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide consultative exam services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/07/2018 15:57:45 PM
Division Approval	mstewa10	08/07/2018 15:57:48 PM
Department Approval	mstewa10	08/07/2018 15:57:50 PM
Contract Manager Approval	mstewa10	08/07/2018 15:57:52 PM
Budget Analyst Approval	aurruty	08/20/2018 08:33:51 AM
BOE Agenda Approval	lfree1	08/20/2018 08:36:42 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20866**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: **Mt. Olive Care, LLC**Contractor Name: **Mt. Olive Care, LLC**Address: **1281 Terminal Way Suite 201**City/State/Zip: **Reno, NV 89502**Contact/Phone: **Sione Aonga 775-348-4989**Vendor No.: **T27022936**NV Business ID: **NV20091270400**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide residential support services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 10:25:31 AM
Division Approval	mstewa10	08/14/2018 10:25:33 AM
Department Approval	mstewa10	08/14/2018 10:25:36 AM
Contract Manager Approval	mstewa10	08/14/2018 10:25:38 AM
Budget Analyst Approval	aurruty	08/17/2018 08:14:44 AM
BOE Agenda Approval	lfree1	08/20/2018 10:40:23 AM
BOE Final Approval	Pending	



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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20710**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: **NADHC AT THE ACSC, INC. DBA NEVADA ADULT DAY HEALTHCARE**Contractor Name: **NADHC AT THE ACSC, INC. DBA NEVADA ADULT DAY HEALTHCARE**Address: **320 N. 13TH STREET**City/State/Zip: **LAS VEGAS, NV 89101**Contact/Phone: **702/319-4600**Vendor No.: **T27041801**NV Business ID: **NV20091326701**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical**

5. Purpose of contract:

This is a new contract to provide adult day care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/07/2018 13:27:41 PM
Division Approval	mstewa10	08/07/2018 13:27:43 PM
Department Approval	mstewa10	08/07/2018 13:27:46 PM
Contract Manager Approval	mstewa10	08/07/2018 13:27:48 PM
Budget Analyst Approval	aurruty	08/13/2018 15:35:28 PM
BOE Agenda Approval	lfree1	08/13/2018 17:34:28 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20733**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: **NADHC at Eastern, Inc.**Contractor Name: **NADHC at Eastern, Inc.**Address: **8695 S. Eastern Ave.**City/State/Zip: **Las Vegas, NV 89123**Contact/Phone: **Cristina V. Vito 702-778-1234**Vendor No.: **T27041808**NV Business ID: **NV20101839265**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide adult day care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	mstewa10	08/07/2018 15:45:39 PM
Division Approval	mstewa10	08/07/2018 15:45:41 PM
Department Approval	mstewa10	08/07/2018 15:45:44 PM
Contract Manager Approval	mstewa10	08/07/2018 15:45:47 PM
Budget Analyst Approval	aurruty	08/14/2018 17:33:27 PM
BOE Agenda Approval	lfree1	08/15/2018 09:22:20 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20137**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: **NANCY RUTHERFORD**Contractor Name: **NANCY RUTHERFORD**Address: **DBA CASE MANAGEMENT SERVICES
815 FIR STREET, PO BOX 694**City/State/Zip: **HAWTHORNE, NV 89415-0694**Contact/Phone: **Nancy Rutherford 775/316-2562**Vendor No.: **T32004868**NV Business ID: **NV20181183505**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide case management services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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 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	08/07/2018 08:49:28 AM
Division Approval	mstewa10	08/07/2018 08:49:30 AM
Department Approval	mstewa10	08/07/2018 08:49:32 AM
Contract Manager Approval	mstewa10	08/07/2018 08:49:35 AM
Budget Analyst Approval	aurruty	08/14/2018 17:47:14 PM
BOE Agenda Approval	lfree1	08/15/2018 09:15:20 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20715**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: **SEAN D PALACIOS MD PLLC**Contractor Name: **NEVADA EAR & SINUS INSTITUTE**Address: **3692 E. SUNSET RD.**City/State/Zip: **LAS VEGAS, NV 89120**Contact/Phone: **Eileen Coban 702/659-7796**Vendor No.: **T27030007A**NV Business ID: **NV20111576641**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide otolaryngology/neurology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Contractor name is a DBA of the legal entity.

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	08/07/2018 13:23:33 PM
Division Approval	mstewa10	08/07/2018 13:23:35 PM
Department Approval	mstewa10	08/07/2018 13:23:37 PM
Contract Manager Approval	mstewa10	08/07/2018 13:23:39 PM
Budget Analyst Approval	aurruty	08/14/2018 17:14:46 PM
BOE Agenda Approval	lfree1	08/15/2018 09:10:30 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
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MEMORANDUM

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20714**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	NEVADA EYE CARE PROFESSIONALS LITTLE & STEIN, LTD
Agency Code:	MSA	Contractor Name:	NEVADA EYE CARE PROFESSIONALS LITTLE & STEIN, LTD
Appropriation Unit:	9999 - All Categories	Address:	2090 FLAMINGO RD. #100
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89119
If "No" please explain:	Not Applicable	Contact/Phone:	702/633-2020
		Vendor No.:	T81008486A
		NV Business ID:	NV19941074298

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide ophthalmology and optometry services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/07/2018 13:24:09 PM
Division Approval	mstewa10	08/07/2018 13:24:12 PM
Department Approval	mstewa10	08/07/2018 13:24:14 PM
Contract Manager Approval	mstewa10	08/07/2018 13:24:16 PM
Budget Analyst Approval	aurruty	08/14/2018 17:19:59 PM
BOE Agenda Approval	lfree1	08/15/2018 09:37:43 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20675**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	NEVADA PERSONAL CARE SERVICES, INC.
Agency Code:	MSA	Contractor Name:	NEVADA PERSONAL CARE SERVICES, INC.
Appropriation Unit:	9999 - All Categories	Address:	6615 SOUTH EASTERN AVENUE SUITE 104
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89119
If "No" please explain:	Not Applicable	Contact/Phone:	702/722-6200
		Vendor No.:	T27032810A
		NV Business ID:	NV20121110266

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/02/2018 11:30:40 AM
Division Approval	mstewa10	08/02/2018 11:30:42 AM
Department Approval	mstewa10	08/02/2018 11:30:44 AM
Contract Manager Approval	mstewa10	08/02/2018 11:30:46 AM
Budget Analyst Approval	aurruty	08/09/2018 14:31:03 PM
BOE Agenda Approval	lfree1	08/10/2018 09:55:47 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20949**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: **NORTHERN NEVADA HUMAN SERVICES ASSOCIATION**Contractor Name: **NORTHERN NEVADA HUMAN SERVICES ASSOCIATION**Address: **PO BOX 106**City/State/Zip: **WINNEMUCCA, NV 89446**Contact/Phone: **Sam Guilbert-Kepler 775-304-5788**Vendor No.: **T80206110A**NV Business ID: **NV19801006249**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

Agency Reference #: **RM167**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide jobs and day training services for individuals with developmental disabilities statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,700,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 17:02:33 PM
Division Approval	jthom17	08/14/2018 17:02:37 PM
Department Approval	jthom17	08/14/2018 17:02:40 PM
Contract Manager Approval	jthom17	08/14/2018 17:02:42 PM
Budget Analyst Approval	laaron	08/16/2018 10:50:54 AM
BOE Agenda Approval	lfree1	08/17/2018 15:46:11 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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MEMORANDUM

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20692**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: Naomi Leahy

Contractor Name: **Naomi Leahy**Address: **300 Mesa Way**City/State/Zip **Winnemucca, NV 89445**

Contact/Phone: Naomi Leahy 775-340-0871

Vendor No.: T27041185

NV Business ID: NV20171137107

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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DETR - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	08/02/2018 10:55:08 AM
Division Approval	mstewa10	08/02/2018 10:55:10 AM
Department Approval	mstewa10	08/02/2018 10:55:12 AM
Contract Manager Approval	mstewa10	08/02/2018 10:55:16 AM
Budget Analyst Approval	aurruty	08/13/2018 16:01:03 PM
BOE Agenda Approval	lfree1	08/13/2018 17:43:31 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20737**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: Nevada Adult Day Healthcare Centers, Inc.

Contractor Name: **Nevada Adult Day Healthcare Centers, Inc.**Address: **2008 S. Jones Blvd.**City/State/Zip **Las Vegas, NV 89146**

Contact/Phone: Cristina V. Vito 702-319-4600

Vendor No.: T27008742

NV Business ID: NV20031388669

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide adult day care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/07/2018 15:55:16 PM
Division Approval	mstewa10	08/07/2018 15:55:19 PM
Department Approval	mstewa10	08/07/2018 15:55:23 PM
Contract Manager Approval	mstewa10	08/07/2018 15:55:25 PM
Budget Analyst Approval	aurretty	08/13/2018 17:04:26 PM
BOE Agenda Approval	lfree1	08/14/2018 08:43:09 AM
BOE Final Approval	Pending	



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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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I. DESCRIPTION OF CONTRACT1. Contract Number: **20767**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: Nevada Homes for Youth

Contractor Name: **Nevada Homes for Youth**Address: **525 S. 13th Street**City/State/Zip: **Las Vegas, NV 89101**

Contact/Phone: Ronald Moore 702-380-2889

Vendor No.: T27037378

NV Business ID: NV19911011033

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide substance abuse treatment programs, support and education for at risk youth statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/09/2018 09:38:23 AM
Division Approval	mstewa10	08/09/2018 09:38:26 AM
Department Approval	mstewa10	08/09/2018 09:38:28 AM
Contract Manager Approval	mstewa10	08/09/2018 09:38:31 AM
Budget Analyst Approval	aurruty	08/16/2018 14:41:56 PM
BOE Agenda Approval	lfree1	08/20/2018 09:00:23 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20790**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: New Hope Placement, LLC

Contractor Name: **New Hope Placement, LLC**Address: **1050 Wigwam Pkwy Suite 100**City/State/Zip: **Henderson, NV 89074**

Contact/Phone: Delsa Fortich 702-297-6176

Vendor No.: T29039588

NV Business ID: NV20151472779

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical**

5. Purpose of contract:

This is a new contract to provide independent living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:14:55 AM
Division Approval	mstewa10	08/13/2018 09:15:01 AM
Department Approval	mstewa10	08/13/2018 09:15:06 AM
Contract Manager Approval	mstewa10	08/13/2018 09:15:14 AM
Budget Analyst Approval	afrantz	08/15/2018 15:03:39 PM
BOE Agenda Approval	lfree1	08/17/2018 10:53:41 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20732**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: New Horizon Home Care, LLC

Contractor Name: **New Horizon Home Care, LLC**Address: **1250 Lamoille Hwy Suite 309**City/State/Zip: **Elko, NV 89801**

Contact/Phone: Paula Price 775-753-7110

Vendor No.: T27037768

NV Business ID: NV20141369502

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide home care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/07/2018 15:40:36 PM
Division Approval	mstewa10	08/07/2018 15:40:39 PM
Department Approval	mstewa10	08/07/2018 15:40:42 PM
Contract Manager Approval	mstewa10	08/07/2018 15:40:44 PM
Budget Analyst Approval	aurretty	08/14/2018 17:36:28 PM
BOE Agenda Approval	lfree1	08/15/2018 09:20:05 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20798**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: New Vista Ranch, Inc.

Contractor Name: **New Vista Ranch, Inc.**Address: **5220 W. Charleston Blvd.**City/State/Zip: **Las Vegas , NV 89146**

Contact/Phone: Archie McArthur 702-457-4677

Vendor No.: T81025989

NV Business ID: NV19861013178

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/13/2018 09:32:12 AM
Division Approval	mstewa10	08/13/2018 09:32:14 AM
Department Approval	mstewa10	08/13/2018 09:32:16 AM
Contract Manager Approval	mstewa10	08/13/2018 09:32:19 AM
Budget Analyst Approval	lfree1	08/17/2018 08:32:06 AM
BOE Agenda Approval	lfree1	08/17/2018 08:32:09 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20788**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Next Level Connections
Agency Code:	MSA	Contractor Name:	Next Level Connections
Appropriation Unit:	9999 - All Categories	Address:	1980 Festival Plaza Dr. Suite 300
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89135
If "No" please explain:	Not Applicable	Contact/Phone:	Julie Richards 702-856-4327
		Vendor No.:	T27041016
		NV Business ID:	NV20161110301

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

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3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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14. Is the contractor currently involved in litigation with the State 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	08/13/2018 09:12:08 AM
Division Approval	mstewa10	08/13/2018 09:12:10 AM
Department Approval	mstewa10	08/13/2018 09:12:13 AM
Contract Manager Approval	mstewa10	08/13/2018 09:12:15 AM
Budget Analyst Approval	afrantz	08/16/2018 09:03:58 AM
BOE Agenda Approval	lfree1	08/17/2018 10:23:29 AM
BOE Final Approval	Pending	



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CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20862**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: Noble Horizon of Nevada

Contractor Name: **Noble Horizon of Nevada**Address: **390 Freeport Blvd. Suite 3**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Patricia Ngata 775-351-9028

Vendor No.: T27007943

NV Business ID: NV20041450243

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	mstewa10	08/13/2018 16:36:45 PM
Division Approval	mstewa10	08/13/2018 16:36:47 PM
Department Approval	mstewa10	08/13/2018 16:36:49 PM
Contract Manager Approval	mstewa10	08/13/2018 16:36:52 PM
Budget Analyst Approval	nhovden	08/16/2018 12:19:32 PM
BOE Agenda Approval	nhovden	08/16/2018 12:19:34 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20740**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: Northern Nevada Center for Behavioral Services

Contractor Name: **Northern Nevada Center for Behavioral Services**Address: **2411 Emblem Street**City/State/Zip: **Sparks, NV 89436**

Contact/Phone: Michael Gadberry 775-335-6952

Vendor No.: T32005506

NV Business ID: NV20171514175

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/07/2018 16:05:02 PM
Division Approval	mstewa10	08/07/2018 16:05:04 PM
Department Approval	mstewa10	08/07/2018 16:05:06 PM
Contract Manager Approval	mstewa10	08/07/2018 16:05:08 PM
Budget Analyst Approval	aurruty	08/13/2018 17:20:09 PM
BOE Agenda Approval	lfree1	08/14/2018 09:12:18 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20576**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: Northern Nevada Electrical Joint Apprentice & Training Trust Fund

Contractor Name: **Northern Nevada Electrical Joint Apprentice & Training Committee**Address: **4635 Longley Ln. #108**City/State/Zip **Reno, NV 89502**

Contact/Phone: Alan Darney 775-358-4301

Vendor No.: T27041345

NV Business ID: NV20181440226

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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$982,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DETR - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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

Legal entity name is "Northern Nevada Electrical Joint Apprentice & Training Trust Fund."

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Vendor name is a DBA of the Legal Entity

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	07/20/2018 12:44:24 PM
Division Approval	mstewa10	07/20/2018 12:44:27 PM
Department Approval	mstewa10	07/20/2018 12:44:29 PM
Contract Manager Approval	mstewa10	07/20/2018 12:44:32 PM
Budget Analyst Approval	aurruty	08/07/2018 16:37:37 PM
BOE Agenda Approval	lfree1	08/08/2018 09:14:27 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20575**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: Northern Nevada Human Services

Contractor Name: **Northern Nevada Human Services**Address: **PO Box 106**City/State/Zip: **Winnemucca, NV 89446**

Contact/Phone: Sam Guilbert-Kepler 775-304-5788

Vendor No.: T80206110

NV Business ID: NV19801006249

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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,700,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DHHS - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	mstewa10	07/20/2018 12:40:18 PM
Division Approval	mstewa10	07/20/2018 12:40:21 PM
Department Approval	mstewa10	07/20/2018 12:40:23 PM
Contract Manager Approval	mstewa10	07/20/2018 12:40:25 PM
Budget Analyst Approval	aurretty	08/09/2018 16:00:28 PM
BOE Agenda Approval	lfree1	08/10/2018 09:30:49 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

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Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20728**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: Opportunity Village ARC

Contractor Name: **Opportunity Village ARC**Address: **6050 South Buffalo Dr.**City/State/Zip: **Las Vegas , NV 89113**

Contact/Phone: Chuck Neuwohner 702-262-1550

Vendor No.: PUR0005506

NV Business ID: NV19541000506

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral and community based services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/07/2018 15:34:37 PM
Division Approval	mstewa10	08/07/2018 15:34:39 PM
Department Approval	mstewa10	08/07/2018 15:34:41 PM
Contract Manager Approval	mstewa10	08/07/2018 15:34:44 PM
Budget Analyst Approval	aurruty	08/14/2018 17:39:03 PM
BOE Agenda Approval	lfree1	08/15/2018 09:18:46 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20901**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: **P6 Family Services, LLC**Contractor Name: **P6 Family Services, LLC**Address: **2200 N D Andrea Pkwy #2411**City/State/Zip: **Sparks, NV 89434**Contact/Phone: **Linea Pouono 559-417-1626**Vendor No.: **T32006188**NV Business ID: **NV20151126835**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supportive living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 15:35:11 PM
Division Approval	jthom17	08/14/2018 15:35:14 PM
Department Approval	jthom17	08/14/2018 15:35:16 PM
Contract Manager Approval	jthom17	08/14/2018 15:35:18 PM
Budget Analyst Approval	mtum1	08/16/2018 15:56:58 PM
BOE Agenda Approval	lfree1	08/17/2018 11:51:06 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20930**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: **PEOPLE'S CARE NEVADA, INC.**Contractor Name: **PEOPLE'S CARE NEVADA, INC.**Address: **7312 West Cheyenne Ave**City/State/Zip: **Las Vegas , NV 89106**Contact/Phone: **Michael Kaiser 702-960-0018**Vendor No.: **T27036642**NV Business ID: **NV20131414282**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supported living and behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 16:20:51 PM
Division Approval	jthom17	08/14/2018 16:20:54 PM
Department Approval	jthom17	08/14/2018 16:20:56 PM
Contract Manager Approval	jthom17	08/14/2018 16:20:59 PM
Budget Analyst Approval	cbrekken	08/16/2018 14:11:55 PM
BOE Agenda Approval	lfree1	08/20/2018 11:18:21 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20955**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: Jonathan C Adams & Julieanne Adams & Josefina R. Adams

Contractor Name: **PRIME CARE FACILITY**Address: **4920 RONAN DR**City/State/Zip: **LAS VEGAS, NV 89110-4736**

Contact/Phone: Josie Adams 702/203-2381

Vendor No.: T80994889

NV Business ID: NV20171247710

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

Agency Reference #: RM167

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Partnership - Non-Title 7 Business

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Contractor name is a DBA of the legal entity.

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	08/14/2018 17:19:31 PM
Division Approval	jthom17	08/14/2018 17:19:34 PM
Department Approval	jthom17	08/14/2018 17:19:37 PM
Contract Manager Approval	jthom17	08/14/2018 17:19:40 PM
Budget Analyst Approval	cbrekken	08/16/2018 14:13:00 PM
BOE Agenda Approval	lfree1	08/20/2018 10:46:11 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
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Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20634**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: **PROGRESSIVE CHOICE, INC.**Contractor Name: **PROGRESSIVE CHOICE, INC.**Address: **3000 RIGEL AVE**City/State/Zip: **LAS VEGAS, NV 89102-0709**Contact/Phone: **RANDI SANDIDGE 702/248-9484**Vendor No.: **T81021439**NV Business ID: **NV19971181709**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

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:

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	mstewa10	07/31/2018 10:56:13 AM
Division Approval	mstewa10	07/31/2018 10:56:16 AM
Department Approval	mstewa10	07/31/2018 10:56:18 AM
Contract Manager Approval	mstewa10	07/31/2018 10:56:20 AM
Budget Analyst Approval	aurretty	08/07/2018 15:50:35 PM
BOE Agenda Approval	lfree1	08/08/2018 09:35:23 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20641**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PROVAIL
Agency Code:	MSA	Contractor Name:	PROVAIL
Appropriation Unit:	9999 - All Categories	Address:	12550 Aurora Ave. N
Is budget authority available?:	Yes	City/State/Zip	Seattle, WA 98133
If "No" please explain:	Not Applicable	Contact/Phone:	Gina Solberg 206-826-1053
		Vendor No.:	T32005585
		NV Business ID:	NV20171656881

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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$310,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DETR - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	mstewa10	08/02/2018 10:21:34 AM
Division Approval	mstewa10	08/02/2018 10:21:37 AM
Department Approval	mstewa10	08/02/2018 10:21:39 AM
Contract Manager Approval	mstewa10	08/02/2018 10:21:41 AM
Budget Analyst Approval	aurruty	08/13/2018 15:28:00 PM
BOE Agenda Approval	lfree1	08/13/2018 17:37:50 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20656**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	PSYCHOLOGICAL SOLUTIONS FOR NEVADA, LTD
Agency Code:	MSA	Contractor Name:	PSYCHOLOGICAL SOLUTIONS FOR NEVADA, LTD
Appropriation Unit:	9999 - All Categories	Address:	1820 E WARM SPRINGS RD STE 115
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89119-4680
If "No" please explain:	Not Applicable	Contact/Phone:	702/270-4357
		Vendor No.:	T27041946
		NV Business ID:	NV20141411788

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/02/2018 11:20:14 AM
Division Approval	mstewa10	08/02/2018 11:20:16 AM
Department Approval	mstewa10	08/02/2018 11:20:18 AM
Contract Manager Approval	mstewa10	08/02/2018 11:20:20 AM
Budget Analyst Approval	aurruty	08/09/2018 14:25:23 PM
BOE Agenda Approval	lfree1	08/10/2018 09:52:19 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20810**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: Paradise Healthcare Services, Inc.

Contractor Name: **Paradise Healthcare Services, Inc.**Address: **3175 S. Eastern Ave**City/State/Zip: **Las Vegas, NV 89169**

Contact/Phone: Bedri Abdullahi 702-320-5222

Vendor No.: T29010230

NV Business ID: NV20041623168

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/13/2018 09:50:40 AM
Division Approval	mstewa10	08/13/2018 09:50:42 AM
Department Approval	mstewa10	08/13/2018 09:50:44 AM
Contract Manager Approval	mstewa10	08/13/2018 09:50:46 AM
Budget Analyst Approval	cbrekken	08/16/2018 14:12:25 PM
BOE Agenda Approval	lfree1	08/20/2018 10:55:16 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20808**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: **Positive Behavior Changes, LLC**Contractor Name: **Positive Behavior Changes, LLC**Address: **59 Damonte Ranch Dr.**City/State/Zip: **Reno, NV 89521**Contact/Phone: **Ronni Okraski 775-360-8389**Vendor No.: **T29035913**NV Business ID: **NV20141628074**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:46:41 AM
Division Approval	mstewa10	08/13/2018 09:46:43 AM
Department Approval	mstewa10	08/13/2018 09:46:46 AM
Contract Manager Approval	mstewa10	08/13/2018 09:46:48 AM
Budget Analyst Approval	mtum1	08/16/2018 10:22:48 AM
BOE Agenda Approval	lfree1	08/16/2018 15:37:53 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Date: June 11, 2018
Subject: Retroactive Memo

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20865**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: **Pride House, LLC**Contractor Name: **Pride House, LLC**Address: **1200 Rock Blvd #3**City/State/Zip: **Sparks , NV 89431**Contact/Phone: **Vicki McVeigh 775-449-5525**Vendor No.: **T29006558**NV Business ID: **NV20041120271**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community based living arrangement services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 10:24:23 AM
Division Approval	mstewa10	08/14/2018 10:24:25 AM
Department Approval	mstewa10	08/14/2018 10:24:28 AM
Contract Manager Approval	mstewa10	08/14/2018 10:24:30 AM
Budget Analyst Approval	lfree1	08/17/2018 11:01:17 AM
BOE Agenda Approval	lfree1	08/17/2018 11:01:19 AM
BOE Final Approval	Pending	



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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20834**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: Progressus Therapy, LLC

Contractor Name: **Progressus Therapy, LLC**Address: **2701 North Rocky Point Drive Suite 650**City/State/Zip: **Tampa, FL 33607**

Contact/Phone: Matt Stringer 713-549-5858

Vendor No.: T29027857

NV Business ID: NV20071147716

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community and school based services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

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	08/13/2018 16:28:53 PM
Division Approval	mstewa10	08/13/2018 16:28:55 PM
Department Approval	mstewa10	08/13/2018 16:28:58 PM
Contract Manager Approval	mstewa10	08/13/2018 16:29:00 PM
Budget Analyst Approval	nhovden	08/16/2018 09:31:12 AM
BOE Agenda Approval	nhovden	08/16/2018 09:31:14 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20829**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: Project Help Nevada, Inc.

Contractor Name: **Project Help Nevada, Inc.**Address: **239 S. Sierra Street**City/State/Zip: **Reno , NV 89501**

Contact/Phone: Sandy Finelli 775-544-1660

Vendor No.: T32004639

NV Business ID: NV20151538433

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/13/2018 16:11:30 PM
Division Approval	mstewa10	08/13/2018 16:11:32 PM
Department Approval	mstewa10	08/13/2018 16:11:34 PM
Contract Manager Approval	mstewa10	08/13/2018 16:11:36 PM
Budget Analyst Approval	cpalme2	08/15/2018 16:32:11 PM
BOE Agenda Approval	lfree1	08/16/2018 10:23:39 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20854**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: Purely Pilates Studio, Inc.

Contractor Name: **Purely Pilates Studio, Inc.**Address: **4690 Longely Lane #36**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Taylor Lamanna 775-826-8278

Vendor No.: T27041913

NV Business ID: NV20081479691

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide spinal cord injury rehabilitation services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/14/2018 10:16:53 AM
Division Approval	mstewa10	08/14/2018 10:16:55 AM
Department Approval	mstewa10	08/14/2018 10:16:57 AM
Contract Manager Approval	mstewa10	08/14/2018 10:16:59 AM
Budget Analyst Approval	cpalme2	08/15/2018 16:04:35 PM
BOE Agenda Approval	lfree1	08/16/2018 09:42:35 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20857**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: R.D. Prabhu - Lata K. Shete, MD's LTD

Contractor Name: **R.D. Prabhu - Lata K. Shete, MD's LTD**Address: **5701 W. Charleston Blvd. #100**City/State/Zip: **Las Vegas, NV 89146**

Contact/Phone: Adiba Nanray 702-877-9514

Vendor No.: T80960811

NV Business ID: NV19801012925

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide pulmonology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$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?

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	mstewa10	08/14/2018 10:20:03 AM
Division Approval	mstewa10	08/14/2018 10:20:05 AM
Department Approval	mstewa10	08/14/2018 10:20:07 AM
Contract Manager Approval	mstewa10	08/14/2018 10:20:09 AM
Budget Analyst Approval	bwooldri	08/16/2018 14:40:14 PM
BOE Agenda Approval	nhovden	08/16/2018 16:30:12 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20842**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: Rachna Gupta, D.O., P.C.

Contractor Name: **RACHNA GUPTA D.O., P.C. DBA DESERT EYE CARE**Address: **Desert Eye Care
765 N. Nellis Blvd. Suite 6
Las Vegas, NV 89110**City/State/Zip: **Las Vegas, NV 89110**

Contact/Phone: Dr. Rachna Gupta 702-791-3931

Vendor No.: T29020648

NV Business ID: NV20071733779

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide ophthalmology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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?

No b. If "No", please explain:

Contractor name is a DBA of the legal entity.

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	08/14/2018 10:05:00 AM
Division Approval	mstewa10	08/14/2018 10:05:02 AM
Department Approval	mstewa10	08/14/2018 10:05:04 AM
Contract Manager Approval	mstewa10	08/14/2018 10:05:06 AM
Budget Analyst Approval	aurrutu	08/17/2018 08:20:31 AM
BOE Agenda Approval	lfree1	08/20/2018 12:02:19 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20719**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	RADIOLOGY CONSULTANTS, LLC
Agency Code:	MSA	Contractor Name:	RADIOLOGY CONSULTANTS, LLC
Appropriation Unit:	9999 - All Categories	Address:	590 EUREKA AVE
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89512
If "No" please explain:	Not Applicable	Contact/Phone:	Terri Mahannah 775-323-5083
		Vendor No.:	T81108300B
		NV Business ID:	NV20011085300

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide diagnostic radiology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/07/2018 13:29:57 PM
Division Approval	mstewa10	08/07/2018 13:29:59 PM
Department Approval	mstewa10	08/07/2018 13:30:01 PM
Contract Manager Approval	mstewa10	08/07/2018 13:30:04 PM
Budget Analyst Approval	aurruty	08/14/2018 17:12:15 PM
BOE Agenda Approval	lfree1	08/15/2018 09:05:19 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20717**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	RAY OF SUNSHINE ADULT DAY CARE, LLC
Agency Code:	MSA	Contractor Name:	RAY OF SUNSHINE ADULT DAY CARE, LLC
Appropriation Unit:	9999 - All Categories	Address:	7720 W SAHARA AVE STE 104
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89117-2754
If "No" please explain:	Not Applicable	Contact/Phone:	702/233-1094
		Vendor No.:	T29038225
		NV Business ID:	NV20111685065

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide adult day care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/07/2018 13:30:45 PM
Division Approval	mstewa10	08/07/2018 13:30:47 PM
Department Approval	mstewa10	08/07/2018 13:30:50 PM
Contract Manager Approval	mstewa10	08/07/2018 13:30:52 PM
Budget Analyst Approval	aurrutu	08/13/2018 15:30:52 PM
BOE Agenda Approval	lfree1	08/13/2018 17:36:21 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20661**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	REBECCA BAILEY TORRES DBA NEVADA EDUCATION & HERAPY SOLUTIONS LLC
Agency Code:	MSA	Contractor Name:	REBECCA BAILEY TORRES DBA NEVADA EDUCATION & HERAPY SOLUTIONS LLC
Appropriation Unit:	9999 - All Categories	Address:	1101 W. MOANA LANE, #7
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89509
If "No" please explain:	Not Applicable	Contact/Phone:	775/453-2148
		Vendor No.:	T27038003
		NV Business ID:	NV20151178341

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide speech language pathology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/02/2018 11:22:54 AM
Division Approval	mstewa10	08/02/2018 11:22:56 AM
Department Approval	mstewa10	08/02/2018 11:22:58 AM
Contract Manager Approval	mstewa10	08/02/2018 11:23:00 AM
Budget Analyst Approval	aurruty	08/13/2018 13:42:27 PM
BOE Agenda Approval	lfree1	08/14/2018 09:58:13 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20754**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: REM Nevada

Contractor Name: **REM Nevada**Address: **5693 South Jones Blvd Ste 118**City/State/Zip: **Las Vegas, NV 89118**

Contact/Phone: Brenda Robinson 702-889-9140

Vendor No.: T80171246

NV Business ID: NV19971237732

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community-based residential and non-residential support services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/08/2018 14:58:42 PM
Division Approval	mstewa10	08/08/2018 14:58:48 PM
Department Approval	mstewa10	08/08/2018 14:58:53 PM
Contract Manager Approval	mstewa10	08/08/2018 14:58:59 PM
Budget Analyst Approval	aurruty	08/15/2018 14:43:31 PM
BOE Agenda Approval	lfree1	08/15/2018 15:43:58 PM
BOE Final Approval	Pending	



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Administrator State Purchasing

CONTRACT SUMMARY

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I. DESCRIPTION OF CONTRACT1. Contract Number: **20723**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: **JAYME BEAL LLC**Contractor Name: **RESCUE MY SPEECH**Address: **1510 W HORIZON RIDGE PKWY SUITE 160**City/State/Zip: **HENDERSON, NV 89012-3503**Contact/Phone: **702/566-8255**Vendor No.: **T29023214**NV Business ID: **NV20071041449**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide speech language pathology and occupational therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Vendor name is a DBA of the legal entity.

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	08/07/2018 16:02:35 PM
Division Approval	mstewa10	08/07/2018 16:02:38 PM
Department Approval	mstewa10	08/07/2018 16:02:40 PM
Contract Manager Approval	mstewa10	08/07/2018 16:02:42 PM
Budget Analyst Approval	aurrutu	08/15/2018 09:54:44 AM
BOE Agenda Approval	lfree1	08/15/2018 13:46:09 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20636**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: **ROBERT JOHNSON BCBA, LLC DBA NEVADA BEHAVIOR AND AUTISM**Contractor Name: **ROBERT JOHNSON BCBA, LLC DBA NEVADA BEHAVIOR AND AUTISM**Address: **1900 DENNIS FLAT RD.**City/State/Zip: **DEETH, NV 89823-0057**Contact/Phone: **Marianne Johnson 775/752-3695**Vendor No.: **T27019966**NV Business ID: **NV20161024259**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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:

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	07/31/2018 10:57:28 AM
Division Approval	mstewa10	07/31/2018 10:57:30 AM
Department Approval	mstewa10	07/31/2018 10:57:32 AM
Contract Manager Approval	mstewa10	07/31/2018 10:57:35 AM
Budget Analyst Approval	aurruty	08/08/2018 10:36:24 AM
BOE Agenda Approval	lfree1	08/09/2018 13:47:50 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20665**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	RUBY MOUNTAIN RESOURCE CENTER
Agency Code:	MSA	Contractor Name:	RUBY MOUNTAIN RESOURCE CENTER
Appropriation Unit:	9999 - All Categories	Address:	806 RIVER STREET
Is budget authority available?:	Yes	City/State/Zip	ELKO, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	775/738-8360
		Vendor No.:	T80832730A
		NV Business ID:	NV19691001793

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide vocational and job training services for adults with intellectual disabilities statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/02/2018 11:25:03 AM
Division Approval	mstewa10	08/02/2018 11:25:05 AM
Department Approval	mstewa10	08/02/2018 11:25:08 AM
Contract Manager Approval	mstewa10	08/02/2018 11:25:10 AM
Budget Analyst Approval	aurruty	08/09/2018 18:18:48 PM
BOE Agenda Approval	lfree1	08/10/2018 09:23:07 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Date: June 11, 2018
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20963**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: **RVALRC, LLC DBA Reno Valley Retirement & Assisted Living Center**Contractor Name: **RVALRC, LLC DBA Reno Valley Retirement & Assisted Living Center**Address: **1155 Beech St.**City/State/Zip **Reno, NV 89512**Contact/Phone: **Toul Hillyard 775-323-1911**Vendor No.: **T27026741**NV Business ID: **NV20101606142**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide assisted living and retirement living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

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:

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	08/15/2018 14:45:03 PM
Division Approval	mstewa10	08/15/2018 14:45:05 PM
Department Approval	mstewa10	08/15/2018 14:45:07 PM
Contract Manager Approval	mstewa10	08/15/2018 14:45:10 PM
Budget Analyst Approval	bwooldri	08/16/2018 14:27:21 PM
BOE Agenda Approval	nhovden	08/16/2018 16:26:45 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20841**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: **Rager Diagnostics & Behavioral Health, LLC**Contractor Name: **Rager Diagnostics & Behavioral Health, LLC**Address: **6655 W. Sahara Ave.
Ste B-200**City/State/Zip: **Las Vegas, NV 89146**Contact/Phone: **Rhiannon Rager 702-900-7795**Vendor No.: **T29038133**NV Business ID: **NV20141384681**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

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00****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?

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 Employment, Training and Rehabilitation. 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:

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	08/14/2018 08:37:08 AM
Division Approval	mstewa10	08/14/2018 08:37:10 AM
Department Approval	mstewa10	08/14/2018 08:37:13 AM
Contract Manager Approval	mstewa10	08/14/2018 08:37:15 AM
Budget Analyst Approval	bwooldri	08/16/2018 15:46:28 PM
BOE Agenda Approval	nhovden	08/16/2018 16:37:36 PM
BOE Final Approval	Pending	



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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20783**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Rehab & Industrial Services, LLC
Agency Code:	MSA	Contractor Name:	Rehab & Industrial Services, LLC
Appropriation Unit:	9999 - All Categories	Address:	2207 N. 5th Street Suite B
Is budget authority available?:	Yes	City/State/Zip	Elko, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	Greg Barker 775-738-2925
		Vendor No.:	T27042730
		NV Business ID:	NV20131080357

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide physical therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:07:21 AM
Division Approval	mstewa10	08/13/2018 09:07:23 AM
Department Approval	mstewa10	08/13/2018 09:07:25 AM
Contract Manager Approval	mstewa10	08/13/2018 09:07:27 AM
Budget Analyst Approval	afrantz	08/16/2018 09:05:18 AM
BOE Agenda Approval	lfree1	08/17/2018 10:47:19 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20582**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: Renay Buchanan DBA Unique Abilites

Contractor Name: **Renay Buchanan DBA Unique Abilites**Address: **1737 Saddleback Ct.**City/State/Zip: **Henderson, NV 89014**

Contact/Phone: Renay Buchanan 702-782-5742

Vendor No.: T29040666

NV Business ID: NV20171717559

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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,800,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DETR - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	07/20/2018 12:39:20 PM
Division Approval	mstewa10	07/20/2018 12:39:24 PM
Department Approval	mstewa10	07/20/2018 12:39:26 PM
Contract Manager Approval	mstewa10	07/20/2018 12:39:28 PM
Budget Analyst Approval	aurruty	08/07/2018 10:43:26 AM
BOE Agenda Approval	lfree1	08/08/2018 09:42:25 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20800**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: Restina A. Angat dba St. Francis Group Care Home #2

Contractor Name: **Restina A. Angat dba St. Francis Group Care Home #2**Address: **4151 E. St. Louis Avenue**City/State/Zip: **Las Vegas , NV 89104**

Contact/Phone: Restina A. Angat 702-581-3487

Vendor No.: T32002900

NV Business ID: NV20101173066

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group care home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/13/2018 09:36:16 AM
Division Approval	mstewa10	08/13/2018 09:36:19 AM
Department Approval	mstewa10	08/13/2018 09:36:21 AM
Contract Manager Approval	mstewa10	08/13/2018 09:36:23 AM
Budget Analyst Approval	mtum1	08/16/2018 09:18:17 AM
BOE Agenda Approval	lfree1	08/16/2018 15:12:19 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

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Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20698**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Reyes Psychiatry, PLLC
Agency Code:	MSA	Contractor Name:	Reyes Psychiatry, PLLC
Appropriation Unit:	9999 - All Categories	Address:	11035 Lavender Hill Drive Suite 160-154
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89135
If "No" please explain:	Not Applicable	Contact/Phone:	Kevin Reyes 702-670-0588
		Vendor No.:	T27042425
		NV Business ID:	NV20181167703

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

Agency Reference #: 107-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide child and adolescent psychiatry services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/07/2018 13:25:46 PM
Division Approval	mstewa10	08/07/2018 13:25:48 PM
Department Approval	mstewa10	08/07/2018 13:25:50 PM
Contract Manager Approval	mstewa10	08/07/2018 13:25:52 PM
Budget Analyst Approval	aurruty	08/13/2018 16:08:32 PM
BOE Agenda Approval	lfree1	08/13/2018 17:46:53 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

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Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20758**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: Ridge House, Inc.

Contractor Name: **Ridge House, Inc.**Address: **900 West 1st Street**City/State/Zip: **Reno , NV 89503**

Contact/Phone: Jared Ovitt 775-322-8941

Vendor No.: T80938781

NV Business ID: NV19821007967

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health services, substance abuse counseling, and other supportive services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/08/2018 15:04:45 PM
Division Approval	mstewa10	08/08/2018 15:04:48 PM
Department Approval	mstewa10	08/08/2018 15:04:50 PM
Contract Manager Approval	mstewa10	08/08/2018 15:04:52 PM
Budget Analyst Approval	aurruty	08/15/2018 16:56:59 PM
BOE Agenda Approval	lfree1	08/16/2018 12:00:41 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20782**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: Ridge House, Inc.

Contractor Name: **Ridge House, Inc.**Address: **900 W. 1st Street Suite 200**City/State/Zip: **Reno, NV 89503**

Contact/Phone: Dani Tillman 775-322-8941

Vendor No.: T80938781

NV Business ID: NV19821007967

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide drug testing and substance abuse therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	mstewa10	08/17/2018 13:38:25 PM
Division Approval	mstewa10	08/17/2018 13:38:27 PM
Department Approval	mstewa10	08/17/2018 13:38:30 PM
Contract Manager Approval	mstewa10	08/17/2018 13:38:32 PM
Budget Analyst Approval	lfree1	08/17/2018 16:29:46 PM
BOE Agenda Approval	lfree1	08/17/2018 16:29:49 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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From: Jeffrey Haag, Administrator State Purchasing
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20838**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: **Rising Star, LLC**Contractor Name: **Rising Star, LLC**Address: **7105 Gazin Court**City/State/Zip: **Reno, NV 89506**Contact/Phone: **Vicki Winfield 775-224-5940**Vendor No.: **T29036802**NV Business ID: **NV20171514326**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 16:32:55 PM
Division Approval	mstewa10	08/13/2018 16:32:57 PM
Department Approval	mstewa10	08/13/2018 16:33:00 PM
Contract Manager Approval	mstewa10	08/13/2018 16:33:02 PM
Budget Analyst Approval	tgreenam	08/16/2018 09:49:34 AM
BOE Agenda Approval	lfree1	08/20/2018 09:25:43 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Date: June 11, 2018
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20221**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: Robbin Hickman

Contractor Name: **Robbin Hickman**Address: **3810 Vancouver Drive**City/State/Zip: **Reno, NV 89511**

Contact/Phone: Robbin Hickman 775-742-4011

Vendor No.: T32005519

NV Business ID: NV20171537808

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Providers**

5. Purpose of contract:

This is a new contract to provide comprehensive early intervention services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: as invoiced by Contractor and paid pursuant to an approved work order with a State agency

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?

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 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	06/08/2018 08:43:53 AM
Division Approval	mstewa10	06/08/2018 08:43:57 AM
Department Approval	mstewa10	06/08/2018 08:43:59 AM
Contract Manager Approval	mstewa10	06/08/2018 08:44:02 AM
Budget Analyst Approval	aurruty	08/13/2018 11:37:14 AM
BOE Agenda Approval	lfree1	08/14/2018 14:09:58 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20718**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: **Rocking H. Ranch, LLC**Contractor Name: **Rocking H. Ranch, LLC**Address: **14050 Kyle Canyon Road**City/State/Zip: **Las Vegas, NV 89166**Contact/Phone: **Heidi Unger 702/395-1519**Vendor No.: **T80969722**NV Business ID: **NV20081521733**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide jobs and day training services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/07/2018 15:28:57 PM
Division Approval	mstewa10	08/07/2018 15:28:59 PM
Department Approval	mstewa10	08/07/2018 15:29:02 PM
Contract Manager Approval	mstewa10	08/07/2018 15:29:04 PM
Budget Analyst Approval	aurruty	08/14/2018 17:30:40 PM
BOE Agenda Approval	lfree1	08/20/2018 11:48:14 AM
BOE Final Approval	Pending	



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Administrator State Purchasing

CONTRACT SUMMARY

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I. DESCRIPTION OF CONTRACT1. Contract Number: **20856**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: **Ronald G. Kong, M.D. A Professional Corporation**Contractor Name: **Ronald G. Kong, M.D. A Professional Corporation**Address: **501 South Rancho Drive Suite A-5**City/State/Zip: **Las VEGas, NV 89106**Contact/Phone: **James Stamper 702-382-3331**Vendor No.: **T29001299**NV Business ID: **NV20021320680**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide family medicine and rehabilitation services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/14/2018 10:18:57 AM
Division Approval	mstewa10	08/14/2018 10:19:00 AM
Department Approval	mstewa10	08/14/2018 10:19:02 AM
Contract Manager Approval	mstewa10	08/14/2018 10:19:04 AM
Budget Analyst Approval	aurrutu	08/16/2018 16:53:12 PM
BOE Agenda Approval	lfree1	08/20/2018 08:54:34 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20929**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: **Royal Heights, LLC**Contractor Name: **Royal Heights, LLC**Address: **P. O. Box 10022**City/State/Zip: **Reno, NV 89510**Contact/Phone: **Alex Lapasaran 775-530-9328**Vendor No.: **T32007114**NV Business ID: **NV20121035951**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide supportive living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	08/14/2018 16:29:19 PM
Division Approval	jthom17	08/14/2018 16:29:22 PM
Department Approval	jthom17	08/14/2018 16:29:24 PM
Contract Manager Approval	jthom17	08/14/2018 16:29:26 PM
Budget Analyst Approval	laaron	08/15/2018 14:31:33 PM
BOE Agenda Approval	lfree1	08/17/2018 15:18:14 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20694**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: Ruby Mountain Resource Center

Contractor Name: **Ruby Mountain Resource Center**Address: **806 River Street**City/State/Zip: **Elko, NV 89801**

Contact/Phone: Rebecca Hepworth 775-738-8360

Vendor No.: T80832730

NV Business ID: NV19691001793

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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,900,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DHHS - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	mstewa10	08/07/2018 13:22:06 PM
Division Approval	mstewa10	08/07/2018 13:22:09 PM
Department Approval	mstewa10	08/07/2018 13:22:11 PM
Contract Manager Approval	mstewa10	08/07/2018 13:22:14 PM
Budget Analyst Approval	aurruty	08/13/2018 15:47:07 PM
BOE Agenda Approval	lfree1	08/13/2018 17:56:37 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20827**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	S.A.F.E. House, Inc.
Agency Code:	MSA	Contractor Name:	S.A.F.E. House, Inc.
Appropriation Unit:	9999 - All Categories	Address:	921 American Pacific Dr. Suite 300
Is budget authority available?:	Yes	City/State/Zip	Henderson, NV 89014
If "No" please explain:	Not Applicable	Contact/Phone:	Julie K. Proctor 702-451-4203
		Vendor No.:	T81000255
		NV Business ID:	NV19941037849

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral and community based services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

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	mstewa10	08/13/2018 16:08:22 PM
Division Approval	mstewa10	08/13/2018 16:08:24 PM
Department Approval	mstewa10	08/13/2018 16:08:26 PM
Contract Manager Approval	mstewa10	08/13/2018 16:08:28 PM
Budget Analyst Approval	nhovden	08/16/2018 10:57:32 AM
BOE Agenda Approval	nhovden	08/16/2018 10:57:35 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20677**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: **SAGE COLLECTIVE, INC. DBA THE LEARNING CONSULTANTS**Contractor Name: **SAGE COLLECTIVE, INC. DBA THE LEARNING CONSULTANTS**Address: **DBA THE LEARNING CONSULTANTS
979 PYRAMID WAY, SUITE 115**City/State/Zip: **SPARKS, NV 89431**Contact/Phone: **KERRY MILYKO 775/393-9249**Vendor No.: **T27041806**NV Business ID: **NV20171158641**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/02/2018 11:31:45 AM
Division Approval	mstewa10	08/02/2018 11:31:47 AM
Department Approval	mstewa10	08/02/2018 11:31:49 AM
Contract Manager Approval	mstewa10	08/02/2018 11:31:52 AM
Budget Analyst Approval	aurruty	08/09/2018 18:26:38 PM
BOE Agenda Approval	lfree1	08/10/2018 09:26:00 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20666**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: **SAGE HEALTH SERVICES, LLC**Contractor Name: **SAGE HEALTH SERVICES, LLC**Address: **3130 S. DURANGO DR.
SUITE 425**City/State/Zip: **LAS VEGAS, NV 89117**Contact/Phone: **Nate Boyack 702/325-5928**Vendor No.: **T29036951A**NV Business ID: **NV20111067952**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide autism treatment services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/02/2018 11:25:36 AM
Division Approval	mstewa10	08/02/2018 11:25:38 AM
Department Approval	mstewa10	08/02/2018 11:25:41 AM
Contract Manager Approval	mstewa10	08/02/2018 11:25:43 AM
Budget Analyst Approval	aurruty	08/08/2018 10:40:27 AM
BOE Agenda Approval	lfree1	08/09/2018 13:46:08 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20915**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: **SEVEN HILLS HOSPITAL, LLC**Contractor Name: **SEVEN HILLS HOSPITAL, LLC**Address: **SEVEN HILLS BEHAVIORAL INSTITU
3021 W. Horizon Ridge Pkwy**City/State/Zip: **Henderson, NV 89052**Contact/Phone: **Louie Tandiono-Cellona 702-614-2026**Vendor No.: **T27020680A**NV Business ID: **NV20051048824**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide inpatient psychiatry, chemical dependency, opioid treatment and outpatient services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/14/2018 15:54:55 PM
Division Approval	jthom17	08/14/2018 15:55:03 PM
Department Approval	jthom17	08/14/2018 15:55:05 PM
Contract Manager Approval	jthom17	08/14/2018 15:55:08 PM
Budget Analyst Approval	aurretty	08/17/2018 08:24:25 AM
BOE Agenda Approval	lfree1	08/20/2018 12:01:07 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20670**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: **SIERRA NEVADA QUALITY CARE**Contractor Name: **SIERRA NEVADA QUALITY CARE**Address: **7820 OPAL BLUFF DR**City/State/Zip: **RENO, NV 89506-4716**Contact/Phone: **775/972-6158**Vendor No.: **T27011146**NV Business ID: **NV20051375777**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

Agency Reference #: **167-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide respite care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/02/2018 11:28:26 AM
Division Approval	mstewa10	08/02/2018 11:28:28 AM
Department Approval	mstewa10	08/02/2018 11:28:30 AM
Contract Manager Approval	mstewa10	08/02/2018 11:28:32 AM
Budget Analyst Approval	aurretty	08/08/2018 11:53:43 AM
BOE Agenda Approval	lfree1	08/09/2018 14:15:58 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20662**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: **SILVER STATE HEARING & BALANCE**Contractor Name: **SILVER STATE HEARING & BALANCE**Address: **INC
501 HAMMILL LN**City/State/Zip: **RENO, NV 89511-1004**Contact/Phone: **775/682-4000**Vendor No.: **T29019074**NV Business ID: **NV20071671629**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide audiology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/02/2018 11:23:23 AM
Division Approval	mstewa10	08/02/2018 11:23:27 AM
Department Approval	mstewa10	08/02/2018 11:23:30 AM
Contract Manager Approval	mstewa10	08/02/2018 11:23:32 AM
Budget Analyst Approval	aurruty	08/08/2018 13:42:03 PM
BOE Agenda Approval	lfree1	08/09/2018 14:07:22 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20658**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: **STEP2, INC.**Contractor Name: **STEP2, INC.**Address: **3700 SAFE HARBOR WAY**City/State/Zip: **RENO, NV 89512**Contact/Phone: **775/787-9411**Vendor No.: **T80920903A**NV Business ID: **NV19861005080**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide substance abuse therapy and drug testing services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	mstewa10	08/02/2018 11:21:14 AM
Division Approval	mstewa10	08/02/2018 11:21:16 AM
Department Approval	mstewa10	08/02/2018 11:21:18 AM
Contract Manager Approval	mstewa10	08/02/2018 11:21:20 AM
Budget Analyst Approval	aurruty	08/09/2018 14:15:59 PM
BOE Agenda Approval	lfree1	08/10/2018 09:45:20 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20910**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: Sacred Heart Residence I, II & III

Contractor Name: **Sacred Heart Residence I, II & III**Address: **1555 Tanglewood Dr.**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Ramon Alano 775-750-4279

Vendor No.: T29037314

NV Business ID: NV20071303608

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide assisted living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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: 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:

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	08/14/2018 16:21:27 PM
Division Approval	jthom17	08/14/2018 16:21:31 PM
Department Approval	jthom17	08/14/2018 16:21:33 PM
Contract Manager Approval	jthom17	08/14/2018 16:21:36 PM
Budget Analyst Approval	aurruty	08/20/2018 09:24:16 AM
BOE Agenda Approval	lfree1	08/20/2018 12:12:08 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20794**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: Saint Benedict's Group Home Care, LLC

Contractor Name: **Saint Benedict's Group Home Care, LLC**Address: **3625 Rosewood Drive**City/State/Zip: **Las Vegas, NV 89121**

Contact/Phone: Roselyn Javier 702-375-8355

Vendor No.: T81007518

NV Business ID: NV20061165236

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide assisted living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 09:28:05 AM
Division Approval	mstewa10	08/13/2018 09:28:07 AM
Department Approval	mstewa10	08/13/2018 09:28:10 AM
Contract Manager Approval	mstewa10	08/13/2018 09:28:12 AM
Budget Analyst Approval	afrantz	08/16/2018 09:29:20 AM
BOE Agenda Approval	lfree1	08/17/2018 09:20:21 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

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Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20870**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: Sankofa Providers of Nevada, Inc.

Contractor Name: **Sankofa Providers of Nevada, Inc.**Address: **12085 Mystic Sands Drive**City/State/Zip: **Sparks, NV 89441**

Contact/Phone: Kenneth Arnold 775-400-6290

Vendor No.: T29033707

NV Business ID: NV20141154421

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide individualized care planning and other supportive services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/14/2018 10:37:55 AM
Division Approval	mstewa10	08/14/2018 10:37:57 AM
Department Approval	mstewa10	08/14/2018 10:37:59 AM
Contract Manager Approval	mstewa10	08/14/2018 10:38:01 AM
Budget Analyst Approval	cpalme2	08/15/2018 15:25:20 PM
BOE Agenda Approval	lfree1	08/16/2018 12:10:45 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20964**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: Senior Life Advocacy Group, LLC

Contractor Name: **Senior Life Advocacy Group, LLC**Address: **1064 E. Sahara Ave.**City/State/Zip: **Las Vegas, NV 89104**

Contact/Phone: Flora G. Siwa 702-998-4865

Vendor No.: T27036000

NV Business ID: NV20101308423

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care attendant and home health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

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	08/15/2018 14:44:15 PM
Division Approval	mstewa10	08/15/2018 14:44:17 PM
Department Approval	mstewa10	08/15/2018 14:44:20 PM
Contract Manager Approval	mstewa10	08/15/2018 14:44:22 PM
Budget Analyst Approval	bwooldri	08/16/2018 12:28:12 PM
BOE Agenda Approval	nhovden	08/16/2018 16:17:45 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20950**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: Senior Services Personal Care, LLC

Contractor Name: **Senior Services Personal Care, LLC**Address: **336 S. Jones Blvd.
Suite B**City/State/Zip: **Las Vegas, NV 89107**

Contact/Phone: Hector Carrillo 702-953-7910

Vendor No.: T27042434

NV Business ID: NV20161082729

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide personal care attendant, respite and homemaker services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	08/14/2018 17:03:14 PM
Division Approval	jthom17	08/14/2018 17:03:16 PM
Department Approval	jthom17	08/14/2018 17:03:19 PM
Contract Manager Approval	jthom17	08/14/2018 17:03:23 PM
Budget Analyst Approval	laaron	08/16/2018 14:12:43 PM
BOE Agenda Approval	lfree1	08/20/2018 08:50:48 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20741**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: **Shelle Alsip**Contractor Name: **Shelle Alsip**Address: **1054 Greenbrook Place**City/State/Zip: **Fernley, NV 89408**Contact/Phone: **Shelle Alsip 775-287-1655**Vendor No.: **T81101955**NV Business ID: **NV20161596962**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide host home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/07/2018 16:06:52 PM
Division Approval	mstewa10	08/07/2018 16:06:54 PM
Department Approval	mstewa10	08/07/2018 16:06:57 PM
Contract Manager Approval	mstewa10	08/07/2018 16:07:00 PM
Budget Analyst Approval	aurruty	08/14/2018 16:04:56 PM
BOE Agenda Approval	lfree1	08/15/2018 09:13:30 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20849**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Shepherd Eye Center, Ltd.
Agency Code:	MSA	Contractor Name:	Shepherd Eye Center, Ltd.
Appropriation Unit:	9999 - All Categories	Address:	3575 Pecos McLeod
Is budget authority available?:	Yes	City/State/Zip	Las Vegas , NV 89121
If "No" please explain:	Not Applicable	Contact/Phone:	Yvonne Rivas 702-731-2088
		Vendor No.:	T81093957
		NV Business ID:	NV19701000272

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide ophthalmology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/14/2018 10:11:47 AM
Division Approval	mstewa10	08/14/2018 10:11:50 AM
Department Approval	mstewa10	08/14/2018 10:11:52 AM
Contract Manager Approval	mstewa10	08/14/2018 10:11:54 AM
Budget Analyst Approval	tgreenam	08/15/2018 15:52:43 PM
BOE Agenda Approval	lfree1	08/20/2018 09:53:07 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20853**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: Silver State Speech Therapy, LLC

Contractor Name: **Silver State Speech Therapy, LLC**Address: **8723 River Front Court**City/State/Zip: **Reno, NV 89523**

Contact/Phone: Chelsa Rostagni 775-453-0255

Vendor No.: T27041945

NV Business ID: NV20141670201

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide speech therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/14/2018 10:15:52 AM
Division Approval	mstewa10	08/14/2018 10:15:55 AM
Department Approval	mstewa10	08/14/2018 10:15:57 AM
Contract Manager Approval	mstewa10	08/14/2018 10:15:59 AM
Budget Analyst Approval	aurretty	08/17/2018 08:17:32 AM
BOE Agenda Approval	lfree1	08/20/2018 12:06:35 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20919**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: Specialized Alternatives for Families and Youth of Nevada, Inc.

Contractor Name: **Specialized Alternatives for Families and Youth of Nevada, Inc.**Address: **4285 N. Rancho Drive Suite 130**City/State/Zip: **Las Vegas, NV 89130**

Contact/Phone: Valerie Hicks 702-385-5331

Vendor No.: T81020773

NV Business ID: NV19931097485

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide therapeutic foster care, family support and behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/14/2018 16:02:16 PM
Division Approval	mstewa10	08/14/2018 16:02:18 PM
Department Approval	mstewa10	08/14/2018 16:02:21 PM
Contract Manager Approval	mstewa10	08/14/2018 16:02:23 PM
Budget Analyst Approval	mtum1	08/16/2018 15:39:30 PM
BOE Agenda Approval	lfree1	08/17/2018 11:30:24 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20813**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: **St. Jude's Ranch for Children - NEVADA REGION, INC.**Contractor Name: **St. Jude's Ranch for Children - NEVADA REGION, INC.**Address: **200 Wilson Circle**City/State/Zip: **Boulder City, NV 89005**Contact/Phone: **Alyssa Palmer 702-294-7111**Vendor No.: **T27014856**NV Business ID: **NV19941032326**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide foster care, child care, independent living, youth and adult residential living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

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	mstewa10	08/13/2018 09:53:33 AM
Division Approval	mstewa10	08/13/2018 09:53:36 AM
Department Approval	mstewa10	08/13/2018 09:53:38 AM
Contract Manager Approval	mstewa10	08/13/2018 09:53:40 AM
Budget Analyst Approval	nhovden	08/16/2018 14:23:55 PM
BOE Agenda Approval	nhovden	08/16/2018 14:23:58 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20840**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: **Staci R. Ross, Ph. D., Inc.**Contractor Name: **Staci R. Ross, Ph. D., Inc.**Address: **716 South 6th St.**City/State/Zip: **Las Vegas, NV 89101**Contact/Phone: **Staci Ross 702-382-3670**Vendor No.: **T27002014**NV Business ID: **NV20021492179**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide neuropsychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$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?

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 Employment, Training and Rehabilitation. 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	mstewa10	08/14/2018 08:36:01 AM
Division Approval	mstewa10	08/14/2018 08:36:04 AM
Department Approval	mstewa10	08/14/2018 08:36:06 AM
Contract Manager Approval	mstewa10	08/14/2018 08:36:09 AM
Budget Analyst Approval	bwooldri	08/16/2018 15:01:09 PM
BOE Agenda Approval	nhovden	08/16/2018 16:35:38 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20761**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Stephanie Schoen
Agency Code:	MSA	Contractor Name:	Stephanie Schoen
Appropriation Unit:	9999 - All Categories	Address:	329 Bret Harte Avenue
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89509
If "No" please explain:	Not Applicable	Contact/Phone:	Stephanie Schoen 775-830-0641
		Vendor No.:	T81038949
		NV Business ID:	NV20161371052

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide occupational therapy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	08/09/2018 09:16:03 AM
Division Approval	mstewa10	08/09/2018 09:16:05 AM
Department Approval	mstewa10	08/09/2018 09:16:08 AM
Contract Manager Approval	mstewa10	08/09/2018 09:16:10 AM
Budget Analyst Approval	lfree1	08/16/2018 11:24:39 AM
BOE Agenda Approval	lfree1	08/16/2018 11:24:43 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20521**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: Suzanne M. Aberasturi, Ph.D

Contractor Name: **Suzanne M. Aberasturi, Ph.D**Address: **2450 Vassar Suite 3A**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Suzanne M. Aberasturi 775/200-1232

Vendor No.: T29034881

NV Business ID: NV20091309907

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide neuropsychology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	07/10/2018 15:13:05 PM
Division Approval	mstewa10	07/10/2018 15:13:07 PM
Department Approval	mstewa10	07/10/2018 15:13:10 PM
Contract Manager Approval	mstewa10	07/10/2018 15:13:13 PM
Budget Analyst Approval	aurruty	08/20/2018 11:14:09 AM
BOE Agenda Approval	lfree1	08/20/2018 12:11:16 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

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Date: June 11, 2018
Subject: Retroactive Memo

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20846**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: T.A.L.K. Specialists, LLC

Contractor Name: **T.A.L.K. Specialists, LLC**Address: **8352 W. Warm Springs Road Suite 230**City/State/Zip: **Las Vegas, NV 89113**

Contact/Phone: Pamela Hanson 702-341-8352

Vendor No.: T29039961

NV Business ID: NV20021029250

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide speech and language pathology services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	08/14/2018 10:09:33 AM
Division Approval	mstewa10	08/14/2018 10:09:38 AM
Department Approval	mstewa10	08/14/2018 10:09:40 AM
Contract Manager Approval	mstewa10	08/14/2018 10:09:42 AM
Budget Analyst Approval	cpalme2	08/15/2018 16:27:00 PM
BOE Agenda Approval	lfree1	08/16/2018 10:19:20 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20831**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	TEMPORARY ASSISTANCE DOMESTIC CRISIS, INC. DBA SAFE NEST
Agency Code:	MSA	Contractor Name:	TEMPORARY ASSISTANCE DOMESTIC CRISIS, INC. DBA SAFE NEST
Appropriation Unit:	9999 - All Categories	Address:	3900 Meadows Lane
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89107
If "No" please explain:	Not Applicable	Contact/Phone:	Christy Shannon 702-821-2724
		Vendor No.:	T80685360
		NV Business ID:	NV19771000952

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide domestic violence shelter, hotline, counseling, advocacy education and outreach services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

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	mstewa10	08/13/2018 16:26:03 PM
Division Approval	mstewa10	08/13/2018 16:26:05 PM
Department Approval	mstewa10	08/13/2018 16:26:07 PM
Contract Manager Approval	mstewa10	08/13/2018 16:26:09 PM
Budget Analyst Approval	nhovden	08/16/2018 09:16:49 AM
BOE Agenda Approval	nhovden	08/16/2018 09:16:52 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20623**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: **THE PILL BOX**Contractor Name: **THE PILL BOX**Address: **568 SPRING VALLEY CT**City/State/Zip: **SPRING CREEK, NV 89815-6821**Contact/Phone: **CONNIE ELSNER 775/778-3784**Vendor No.: **T27042238**NV Business ID: **NV20171748151**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide pharmacy services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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:

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	07/31/2018 10:59:11 AM
Division Approval	mstewa10	07/31/2018 10:59:13 AM
Department Approval	mstewa10	07/31/2018 10:59:16 AM
Contract Manager Approval	mstewa10	07/31/2018 10:59:17 AM
Budget Analyst Approval	aurruty	08/13/2018 12:14:41 PM
BOE Agenda Approval	lfree1	08/14/2018 10:34:23 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20927**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	THERAPY MANAGEMENT GROUP, LLC
Agency Code:	MSA	Contractor Name:	THERAPY MANAGEMENT GROUP, LLC
Appropriation Unit:	9999 - All Categories	Address:	6600 W CHARLESTON BLVD STE 111
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89146-1067
If "No" please explain:	Not Applicable	Contact/Phone:	MARK JAMES 702/595-5437
		Vendor No.:	T27023183
		NV Business ID:	NV20031166309

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

Agency Reference #: 167-RM

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide pediatric early intervention services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/14/2018 16:17:01 PM
Division Approval	jthom17	08/14/2018 16:17:03 PM
Department Approval	jthom17	08/14/2018 16:17:12 PM
Contract Manager Approval	jthom17	08/14/2018 16:17:15 PM
Budget Analyst Approval	aurruty	08/16/2018 16:58:13 PM
BOE Agenda Approval	lfree1	08/20/2018 08:55:50 AM
BOE Final Approval	Pending	



STATE OF NEVADA
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Purchasing Division

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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20722**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: **TRANS VISION, PC**Contractor Name: **TRANS VISION, PC**Address: **175 N STEPHANIE ST STE 130**City/State/Zip: **HENDERSON, NV 89074-8996**Contact/Phone: **Van Trans 702/399-4734**Vendor No.: **T27020955**NV Business ID: **NV20081502203**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide optometry services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Professional 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	08/07/2018 16:03:18 PM
Division Approval	mstewa10	08/07/2018 16:03:21 PM
Department Approval	mstewa10	08/07/2018 16:03:23 PM
Contract Manager Approval	mstewa10	08/07/2018 16:03:25 PM
Budget Analyst Approval	aurruty	08/15/2018 13:48:38 PM
BOE Agenda Approval	lfree1	08/15/2018 16:16:51 PM
BOE Final Approval	Pending	



STATE OF NEVADA
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Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20708**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: **TWENTYEIGHTY STRATEGY EXECUTION, INC.**Contractor Name: **TWENTYEIGHTY STRATEGY EXECUTION, INC.**Address: **EXECUTION INC
4301 North Fairfax Dr Ste 700
Arlington, VA 22203**

City/State/Zip

Contact/Phone: **Jeanne Fuchs 703/558-3008**Vendor No.: **PUR0005548B**NV Business ID: **NV19981289042**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 % Various

Agency Reference #: **3505GD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **302 days**4. Type of contract: **MSA**Contract description: **Training Services**

5. Purpose of contract:

This is a new participating addendum to a NASPO ValuePoint contract for training services. The Purchasing Division, other State agencies and political subdivisions may use this contractor for instruction, course customization, and development.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada State Purchasing Division is redesigning its Certified Contract Manager Certification program, and requires assistance from a contractor to design on-line courses. This contractor will also be asked to, on occasion, provide in-class or virtual classroom training to our Certified Contract Managers. Other agencies may use this contract for training as well.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State has neither the expertise nor the resources to provide these services in-house.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 solicitation was done by the Commonwealth of Virginia for NASPO ValuePoint, who completed a competitive selection process. This vendor, along with several others, were the highest-scored vendors.

d. Last bid date: 05/29/2015 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:

Previous Statewide Contracts, service 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:

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:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/06/2018 15:26:52 PM
Division Approval	mstewa10	08/06/2018 15:26:55 PM
Department Approval	mstewa10	08/06/2018 15:26:57 PM
Contract Manager Approval	gdavi6	08/06/2018 15:29:18 PM
Budget Analyst Approval	aurruty	08/16/2018 09:54:21 AM
BOE Agenda Approval	lfree1	08/16/2018 14:12:17 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: **20577**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Taking A.C.T.I.O.N., LLC
Agency Code:	MSA	Contractor Name:	Taking A.C.T.I.O.N., LLC
Appropriation Unit:	9999 - All Categories	Address:	501 Rossmoyne Ave.
Is budget authority available?:	Yes	City/State/Zip	North Las Vegas, NV 89030
If "No" please explain:	Not Applicable	Contact/Phone:	Breauna C. Trotter 702-591-1231
		Vendor No.:	T27035020
		NV Business ID:	NV20151313487
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

Agency Reference #: 99SWC-S165

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$118,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DETR - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	07/20/2018 12:43:42 PM
Division Approval	mstewa10	07/20/2018 12:43:44 PM
Department Approval	mstewa10	07/20/2018 12:43:47 PM
Contract Manager Approval	mstewa10	07/20/2018 12:43:49 PM
Budget Analyst Approval	aurruty	08/07/2018 16:14:42 PM
BOE Agenda Approval	lfree1	08/08/2018 09:16:02 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20826**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Tandem Therapy Services, LLC
Agency Code:	MSA	Contractor Name:	Tandem Therapy Services, LLC
Appropriation Unit:	9999 - All Categories	Address:	7261 W. Charleston Blvd Suite 101
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89117
If "No" please explain:	Not Applicable	Contact/Phone:	Angel Jenne 702-396-0101
		Vendor No.:	T27026312
		NV Business ID:	NV20021159274

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavior analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 16:07:08 PM
Division Approval	mstewa10	08/13/2018 16:07:16 PM
Department Approval	mstewa10	08/13/2018 16:07:21 PM
Contract Manager Approval	mstewa10	08/13/2018 16:07:26 PM
Budget Analyst Approval	cpalme2	08/15/2018 16:21:03 PM
BOE Agenda Approval	lfree1	08/16/2018 10:17:41 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20691**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: The Achievement Academy, Inc.

Contractor Name: **The Achievement Academy, Inc.**Address: **6525 W. Warm Springs Rd. #100**City/State/Zip: **Las Vegas, NV 89118**

Contact/Phone: Aaron S. Manfredi 702-672-0699

Vendor No.: T29030800

NV Business ID: NV20071706334

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

Agency Reference #: 99SWC-S165

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$820,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DETR - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	mstewa10	08/02/2018 10:55:43 AM
Division Approval	mstewa10	08/02/2018 10:55:46 AM
Department Approval	mstewa10	08/02/2018 10:55:48 AM
Contract Manager Approval	mstewa10	08/02/2018 10:55:51 AM
Budget Analyst Approval	aurruty	08/13/2018 15:51:42 PM
BOE Agenda Approval	lfree1	08/13/2018 17:55:33 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20581**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	The Empowerment Center
Agency Code:	MSA	Contractor Name:	The Empowerment Center
Appropriation Unit:	9999 - All Categories	Address:	7400 S. Virginia St.
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89511
If "No" please explain:	Not Applicable	Contact/Phone:	Roxanne DeCarlo 775-853-5441
		Vendor No.:	T29018602
		NV Business ID:	NV20051278637

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

Agency Reference #: 99SWC-S165 tb

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,300,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to a valid work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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:

DHHS - Provider Agreement

DPS - Provider Agreement

14. Is the contractor currently involved in litigation with the State 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	mstewa10	07/20/2018 12:40:53 PM
Division Approval	mstewa10	07/20/2018 12:40:55 PM
Department Approval	mstewa10	07/20/2018 12:40:57 PM
Contract Manager Approval	mstewa10	07/20/2018 12:40:59 PM
Budget Analyst Approval	aurrutu	08/07/2018 15:53:17 PM
BOE Agenda Approval	lfree1	08/08/2018 09:32:51 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20753**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: The Lovaas Center for Behavioral Intervention, Inc.

Contractor Name: **The Lovaas Center for Behavioral Intervention, Inc.**Address: **5550 W. Flamingo Rd.
#C-5**City/State/Zip: **Las Vegas, NV 89103**

Contact/Phone: Erik Lovaas 702-877-9520

Vendor No.: T29025691

NV Business ID: NV20051434666

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavioral analysis services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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	mstewa10	08/08/2018 14:56:37 PM
Division Approval	mstewa10	08/08/2018 14:56:39 PM
Department Approval	mstewa10	08/08/2018 14:56:41 PM
Contract Manager Approval	mstewa10	08/08/2018 14:56:45 PM
Budget Analyst Approval	aurretty	08/15/2018 14:39:14 PM
BOE Agenda Approval	lfree1	08/15/2018 15:45:53 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20774**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: The Shade Tree, Inc.

Contractor Name: **The Shade Tree, Inc.**Address: **1 West Owens Avenue**City/State/Zip: **Las Vegas, NV 89030**

Contact/Phone: Stacey Lockhart 702-385-0072

Vendor No.: T80987519

NV Business ID: NV19891036669

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide emergency shelter, case management and family services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/09/2018 09:51:08 AM
Division Approval	mstewa10	08/09/2018 09:51:10 AM
Department Approval	mstewa10	08/09/2018 09:51:13 AM
Contract Manager Approval	mstewa10	08/09/2018 09:51:15 AM
Budget Analyst Approval	mtum1	08/15/2018 17:37:06 PM
BOE Agenda Approval	lfree1	08/16/2018 14:35:25 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20830**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: The Tungland Corporation

Contractor Name: **The Tungland Corporation**Address: **4747 N. 7th Street Suite 300**City/State/Zip: **Phoenix, AZ 85014**

Contact/Phone: Lesa Johnson 775-431-3200

Vendor No.: T27026428

NV Business ID: NV20101844576

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community-based residential and non-residential support services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/13/2018 16:12:30 PM
Division Approval	mstewa10	08/13/2018 16:12:36 PM
Department Approval	mstewa10	08/13/2018 16:12:42 PM
Contract Manager Approval	mstewa10	08/13/2018 16:12:47 PM
Budget Analyst Approval	cpalme2	08/15/2018 16:33:37 PM
BOE Agenda Approval	lfree1	08/16/2018 10:28:09 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20766**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: The Victorian Center, LLC

Contractor Name: **The Victorian Center, LLC**Address: **11 Whitewind Lane**City/State/Zip: **Las Vegas, NV 89110**

Contact/Phone: Maria Antonio 702-595-2268

Vendor No.: T27041786

NV Business ID: NV20021030840

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home and short term assisted living services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	08/09/2018 09:37:14 AM
Division Approval	mstewa10	08/09/2018 09:37:16 AM
Department Approval	mstewa10	08/09/2018 09:37:18 AM
Contract Manager Approval	mstewa10	08/09/2018 09:37:21 AM
Budget Analyst Approval	aurruty	08/15/2018 17:49:50 PM
BOE Agenda Approval	lfree1	08/16/2018 11:03:03 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

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Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20419**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: Universal Building Maintenance LLC dba Allied Universal

Contractor Name: **Universal Building Maintenance LLC dba Allied Universal**Address: **4000 South Eastern Ave Ste 210 Janitorial Services**City/State/Zip: **Las Vegas, NV 89119**

Contact/Phone: Michelle Bresnahan 702-736-2140

Vendor No.:

NV Business ID: NV20181468772

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 % Various

Agency Reference #: 99SWC-S56

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 08/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2022**Contract term: **4 years and 31 days**4. Type of contract: **MSA**Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide janitorial services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the vendor and accepted by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings need to be cleaned and maintained

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

D&D Elite Property Management
Enterprise Janitorial Inc
Accurate Building Maintenanceb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor received the necessary points from the evaluation committee to be given a contract

d. Last bid date: 03/01/2018 Anticipated re-bid date: 01/03/2022

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:

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:

Cheryl Warren, Custodial Supervisor Ph: 775-684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	07/09/2018 09:42:55 AM
Division Approval	mstewa10	07/09/2018 09:42:57 AM
Department Approval	mstewa10	07/09/2018 09:43:00 AM
Contract Manager Approval	aurruty	08/06/2018 16:57:50 PM
Budget Analyst Approval	aurruty	08/06/2018 17:07:02 PM
BOE Agenda Approval	lfree1	08/08/2018 10:27:38 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: **20654**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: **VICTORIA M. LUPEI, OD PC DBA SAHARA EYE CENTER**Contractor Name: **VICTORIA M. LUPEI, OD PC DBA SAHARA EYE CENTER**Address: **7782 W SAHARA AVE**City/State/Zip: **LAS VEGAS, NV 89117-2700**Contact/Phone: **702/254-7600**Vendor No.: **T27014650**NV Business ID: **NV19781005525**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

Agency Reference #: **107-RM**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide optometry services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

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?

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	mstewa10	08/02/2018 11:18:38 AM
Division Approval	mstewa10	08/02/2018 11:18:41 AM
Department Approval	mstewa10	08/02/2018 11:18:43 AM
Contract Manager Approval	mstewa10	08/02/2018 11:18:45 AM
Budget Analyst Approval	aurruty	08/08/2018 13:45:01 PM
BOE Agenda Approval	lfree1	08/09/2018 14:06:13 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20771**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: WestCare Nevada, Inc.

Contractor Name: **WestCare Nevada, Inc.**Address: **1711 Whitney Mesa Drive**City/State/Zip: **Henderson, NV 89014**

Contact/Phone: John Lee 702-385-2090

Vendor No.: T80928668

NV Business ID: NV19811004704

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide substance abuse and behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/09/2018 09:46:58 AM
Division Approval	mstewa10	08/09/2018 09:47:00 AM
Department Approval	mstewa10	08/09/2018 09:47:03 AM
Contract Manager Approval	mstewa10	08/09/2018 09:47:05 AM
Budget Analyst Approval	aurruty	08/16/2018 14:48:51 PM
BOE Agenda Approval	lfree1	08/17/2018 09:33:57 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20874**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: White Pine Community Training Center

Contractor Name: **White Pine Community Training Center**Address: **1501 Park Avenue**City/State/Zip: **Ely, NV 89301**

Contact/Phone: Maurine Fisher 775-289-9311

Vendor No.: T11583600

NV Business ID: NV19721000765

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide job training services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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:

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	mstewa10	08/14/2018 10:44:24 AM
Division Approval	mstewa10	08/14/2018 10:44:26 AM
Department Approval	mstewa10	08/14/2018 10:44:28 AM
Contract Manager Approval	mstewa10	08/14/2018 10:44:30 AM
Budget Analyst Approval	tgreenam	08/15/2018 16:04:47 PM
BOE Agenda Approval	lfree1	08/20/2018 09:47:49 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20956**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: **Williams Ako Enoh & Antoinette Lee Enoh**Contractor Name: **Williams Ako Enoh & Antoinette Lee Enoh**Address: **430 Veronica Ct.**City/State/Zip: **Sparks, NV 89436**Contact/Phone: **Williams Ako Enoh 775-338-9474**Vendor No.: **T81200777**NV Business ID: **NV20161501941**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide respite care services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$750,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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 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	jthom17	08/14/2018 17:39:18 PM
Division Approval	jthom17	08/14/2018 17:39:20 PM
Department Approval	jthom17	08/14/2018 17:39:22 PM
Contract Manager Approval	jthom17	08/14/2018 17:39:25 PM
Budget Analyst Approval	aurruty	08/16/2018 08:31:29 AM
BOE Agenda Approval	lfree1	08/16/2018 09:50:34 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20243**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: Wow Cleaning Corporation

Contractor Name: **Wow Cleaning Corporation**Address: **2720 Wronde Way**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Thad Peterson 775-322-4787

Vendor No.: T27041430

NV Business ID: NV20141289535

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 % Various

Agency Reference #: 99SWC-S56 GB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide janitorial services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the vendor and accepted by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings need to be cleaned and maintained

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

D&D Elite Property Maintenance Inc
Accurate Building Maintenance LLC
Mc Neil's Cleaning Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor received the required amount of points to be awarded a contract

d. Last bid date: 03/01/2018 Anticipated re-bid date: 01/03/2022

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:

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:

Cheryl Warren, Custodial Supervisor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	06/21/2018 12:12:00 PM
Division Approval	mstewa10	06/21/2018 12:12:02 PM
Department Approval	mstewa10	06/21/2018 12:12:06 PM
Contract Manager Approval	gburchet	06/29/2018 16:01:46 PM
Budget Analyst Approval	aurruty	08/06/2018 16:32:02 PM
BOE Agenda Approval	lfree1	08/08/2018 09:31:46 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20835**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: Your Choice Behavioral Services, LLC

Contractor Name: **Your Choice Behavioral Services, LLC**Address: **2755 E. Desert Inn Rd.
Ste 250**City/State/Zip: **Las VEGas, NV 89121**

Contact/Phone: Larry Clarke 702-538-9474

Vendor No.: T29034890

NV Business ID: NV20091563946

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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide mental health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$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?

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:

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	08/13/2018 16:29:48 PM
Division Approval	mstewa10	08/13/2018 16:29:54 PM
Department Approval	mstewa10	08/13/2018 16:29:59 PM
Contract Manager Approval	mstewa10	08/13/2018 16:30:04 PM
Budget Analyst Approval	nhovden	08/16/2018 09:48:24 AM
BOE Agenda Approval	nhovden	08/16/2018 09:48:28 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

MEMORANDUM

To: Jim Wells, Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: June 11, 2018
Subject: Retroactive Memo

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Education, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20923**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: **Zuri Behavioral Health, LLC**Contractor Name: **Zuri Behavioral Health, LLC**Address: **3806 Shimmering Creek Ave**City/State/Zip: **North Las Vegas, NV 89031**Contact/Phone: **Je'Anni Coe 702-409-0356**Vendor No.: **T27042393**NV Business ID: **NV20171023780**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

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 09/2018

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral health services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

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?

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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:

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14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

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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	08/14/2018 16:10:20 PM
Division Approval	jthom17	08/14/2018 16:10:23 PM
Department Approval	jthom17	08/14/2018 16:10:25 PM
Contract Manager Approval	jthom17	08/14/2018 16:10:27 PM
Budget Analyst Approval	afrantz	08/15/2018 14:33:58 PM
BOE Agenda Approval	lfree1	08/17/2018 11:09:44 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
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DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many Provider's as possible to submit a Statement of Qualifications for evaluation and execute contracts by the July 10th, Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse.

Because of the short deadline allowed to convert these provider agreements to contracts, develop a procedure where there previously was none, and because of the volume of agreements to be converted, we are requesting that these contracts be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	VERTIV SERVICES, INC.	GENERAL	\$18,635	
	Contract Description:	This is a new contract to provide maintenance for the electronic cooling modules used with the servers in the Las Vegas office. Term of Contract: 07/01/2018 - 06/30/2021 Contract # 20587				
2.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	MET ASSOCIATES	OTHER: TORT FUNDS	\$19,000	Professional Service
	Contract Description:	This is the first amendment to the contract to provide ongoing professional services as an expert witness for the case number CV17-00225. This amendment increases the maximum amount from \$30,000 to \$49,000 due to the increased need for these services. Term of Contract: 01/26/2018 - 01/25/2021 Contract # 19754				
3.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	PERKINS COIE	OTHER: TORT FUNDS	\$49,000	Professional Service
	Contract Description:	This is a new contract to provide trial consultation for case number CV17-00225. Term of Contract: 07/02/2018 - 07/02/2021 Contract # 20564				
4.	050	TREASURER'S OFFICE	THE BANK OF NEW YORK MELLON	OTHER: INVESTMENT EARNINGS	\$41,000	
	Contract Description:	This is the first amendment to the original contract which provides custodial banking services to transact securities trading based on the State's direction, to custody all securities and to provide reporting. This amendment extends the termination date from September 30, 2018 to December 31, 2018 and increases the maximum amount from \$750,000 to \$791,000 due to the continued need for these services. Term of Contract: 11/01/2014 - 12/31/2018 Contract # 15952				
5.	052	TREASURER'S OFFICE - HIGHER EDUCATION TUITION ADMINISTRATION	CARAHSOFT TECHNOLOGY	OTHER: TRANSFER FROM ENDOWMENT ACCOUNT	\$10,667	
	Contract Description:	This is a new work plan under master service agreement #18855 which provides cloud services. This work plan is for electronic signature technology and digital transaction management services for facilitating electronic exchanges of signed documents and forms for the Nevada Prepaid Tuition Program. Term of Contract: 08/09/2018 - 06/30/2020 Contract # 20671				
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	AIR SYSTEMS SERVICE & CONSTRUCTION	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$23,740	
	Contract Description:	This is a new contract to provide heating, ventilation, and air conditioning maintenance and repair services for the Department of Motor Vehicles office located in Carson City. Term of Contract: 08/08/2018 - 06/30/2022 Contract # 20516				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CARRIER CORPORATION	OTHER: BUILDINGS AND GROUNDS BUILDING RENT INCOME REVENUE	\$45,000	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation, and air conditioning maintenance and repair services for the Grant Sawyer Building and other state-owned buildings throughout southern Nevada.				
		Term of Contract:	08/06/2018 - 07/31/2019	Contract # 20570		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	NEVADA LANDCARE USA, LLC	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$10,000	
	Contract Description:	This is the first amendment to the original contract which provides landscape services for the Department of Human and Health Services Belrose facilities in Las Vegas and various state-owned buildings throughout southern Nevada. This amendment increases the maximum amount from \$30,588 to \$40,588 for extra services required.				
		Term of Contract:	01/01/2016 - 12/31/2019	Contract # 17640		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	BROWN AND CALDWELL	BONDS	\$26,400	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Wells Conservation C - Wastewater Treatment Facilities Upgrade CIP project to include a pre-design study to address total nitrogen (TN) issue in the wastewater system at the camp and to bring the system into compliance with Nevada Division of Environmental Protection requirements of maximum TN discharge of 10.0 milligrams per liter: CIP Project No. 17-M18; SPWD Contract No. 112074.				
		Term of Contract:	07/31/2018 - 06/30/2022	Contract # 20591		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	ARRINGTON WATKINS ARCHITECTS, LLC	GENERAL	\$31,000	
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Southern Desert Correctional Center Advance Planning CIP Project No. 17-P06; SPWD Contract No. 111379. This amendment increases the maximum amount from \$1,099,363 to \$1,130,363 due to additional cost estimating services needed for this project.				
		Term of Contract:	11/14/2017 - 06/30/2021	Contract # 19351		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	ADMINISTRATION - STATE PUBLIC WORKS DIVISION	RAYMOND P. CROOK DBA RPC ROOF CONSULTING	OTHER: AGENCY FUNDED CIP	\$27,975	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the U.S. Property and Fiscal Office (USPFO) - Roofing Replacement CIP Project, which will include design, development, and bidding documents for the removal and replacement of the roof and roofing components at the USPFO Building in Carson City: CIP Project No. 18-A007; SPWD Contract No. 112072.				
	Term of Contract:	08/06/2018 - 06/30/2022	Contract # 20607			
12.	083	DEPARTMENT OF ADMINISTRATION - PURCHASING	DLA PIPER LLP (US)	GENERAL	\$42,500	Professional Service
	Contract Description:	This is a new contract to provide an information technology (IT), software as a service, cloud storage contract template for the Purchasing Division to use in cloud services IT procurements. The legal consultant will also be available by phone for questions, advice and direction when using the template.				
	Term of Contract:	08/20/2018 - 08/01/2019	Contract # 20776			
13.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - COMPUTER FACILITY	NEVADA YAMAS CONTROLS, INC.	FEE: USER	\$29,610	
	Contract Description:	This is the second amendment to the original contract which provides ongoing maintenance and repairs to the air conditioners' Direct Digital Control System at the Computer Facility. This amendment extends the termination date from September 30, 2018 to September 30, 2020 and increases the maximum amount from \$52,676 to \$82,286 due to the continued need for these services.				
	Term of Contract:	09/26/2016 - 09/30/2020	Contract # 18135			
14.	240	DEPARTMENT OF VETERANS SERVICES - GENERAL VETERANS SERVICES-FEES - NON-EXEC	FARR WEST ENGINEERING	OTHER: GIFT ACCOUNT	\$18,240	
	Contract Description:	This is a new contract to provide water source analysis to support transition to a new irrigation water service.				
	Term of Contract:	08/06/2018 - 08/05/2019	Contract # 20556			
15.	240	DEPARTMENT OF VETERANS SERVICES - GENERAL VETERANS SERVICES-FEES - NON-EXEC	GKB STRATEGIES DBA THE BLUEPRINT COLLABORATIVE	OTHER: GIFT ACCOUNT	\$17,475	
	Contract Description:	This is a new contract to provide support in developing and implementing a successful capital campaign to raise money for the new Northern Nevada State Veterans Home prior to the facilities opening in early 2019.				
	Term of Contract:	08/17/2018 - 11/16/2018	Contract # 20191			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	TRANSACT COMMUNICATIONS, LLC	FEDERAL	\$24,475	Sole Source
	Contract Description:	This is the seventh amendment to the original contract which provides annual maintenance and support for the Cayen After School 21 statewide System and up to 60 sites in support of the Nevada 21st Century Community Learning Centers Program. This amendment increases the maximum amount from \$190,842 to \$215,317 due to an increase in the number of sites up to 130 and the continued need for these services for statewide data collection of these sites according to federal program requirements.				
	Term of Contract:	03/12/2013 – 11/30/2019 Contract # 13995				
17.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	ELKO COUNTY	OTHER: REVENUE	\$40,000	
	Contract Description:	This is a new revenue interlocal agreement to provide services to children with intellectual and developmental disabilities. This agreement will automatically renew each year unless terminated by either party.				
	Term of Contract:	07/01/2018 - Unlimited Contract # 20598				
18.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	RHP MECHANICAL SYSTEMS	GENERAL	\$40,000	
	Contract Description:	This is a new contract that continues ongoing air conditioning and heating maintenance and repair services.				
	Term of Contract:	10/01/2018 - 09/30/2020 Contract # 20572				
19.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	NOTE ABLE MUSIC THERAPY	GENERAL	\$49,500	
	Contract Description:	This is a new contract that continues ongoing music therapy for clients at the Dini-Townsend Hospital by certified/licensed music therapists. Music therapy is an evidence based practice as part of a holistic treatment approach for individuals with mental health disorders.				
	Term of Contract:	08/02/2018 - 06/30/2020 Contract # 18275				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ENERGY ASSISTANCE PROGRAM	WASHOE COUNTY SCHOOL DISTRICT, FAMILY RESOURCE CENTERS	OTHER: UNIVERSAL ENERGY CHARGE 68% FEDERAL 32%	\$10,000	
	Contract Description:	This is a new interlocal agreement that continues ongoing services for intake sites to provide application assistance for home energy benefits to low income and senior populations.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19893		
21.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	AMERICAN SOUTHWEST ELECTRIC, ARIZONA INC.	GENERAL	\$27,840	
	Contract Description:	This is a new contract to provide ongoing electrical repair services and maintenance on an as needed basis.				
		Term of Contract:	08/14/2018 - 06/30/2022	Contract # 20153		
22.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	VEGAS VISION	GENERAL	\$22,620	
	Contract Description:	This is a new contract to provide optometry services to youth.				
		Term of Contract:	08/15/2018 - 06/30/2022	Contract # 20273		
23.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	THE ELECTRIC COMPANY	GENERAL 37% FEDERAL 63%	\$6,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing electrical repair services for state owned buildings located in Reno. This amendment extends the termination date from December 31, 2018 to December 31, 2020 and increases the maximum amount from \$6,000 to \$12,000 due to a continued need for these services.				
		Term of Contract:	05/09/2017 - 12/31/2020	Contract # 18554		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	440	DEPARTMENT OF CORRECTIONS - WARM SPRINGS CORRECTIONAL CENTER	AMERICAN ALARM CO INC DBA AM ALARM	GENERAL	\$15,615	
	Contract Description:	This is the first amendment to the original contract which provides services to replace and install the Uninterruptible Power Source system in Unit 4. This amendment extends the termination date from July 31, 2018 to June 30, 2019 and increases the maximum amount from \$1,615 to \$17,230 due to the continued need for these services.				
		Term of Contract:	07/23/2018 - 06/30/2019	Contract # 20586		
25.	550	DEPARTMENT OF AGRICULTURE – REGISTRATION AND ENFORCEMENT	BRYLOR CONSTRUCTION, LLC	FEE: PLANT MATERIALS LICENSE AND REGISTRATION	\$10,260	
	Contract Description:	This is a new contract to provide materials, labor and permitting for construction of office walls in the Las Vegas headquarters.				
		Term of Contract:	08/20/2018 - 02/01/2019	Contract # 20588		
26.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	SKYTRAC SYSTEMS, LTD	FEE: SPORTSMEN	\$15,200	
	Contract Description:	This is a new contract for in-flight tracking at five minute intervals of department aircraft in case emergencies or catastrophic events occur during the 1,200 hours flown annually.				
		Term of Contract:	01/31/2018 - 01/31/2022	Contract # 19704		
27.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	MARNELL GAMING, LLC	OTHER: REVENUE	\$15,750	
	Contract Description:	This is a new revenue contract to provide park permit costs and reimbursement for additional park personnel for the river regatta at the Big Bend of the Colorado State Recreation Area.				
		Term of Contract:	08/10/2018 - 08/12/2018	Contract # 20585		
28.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	JENSEN ENGINEERING, INC.	FEE: UTILITY SURCHARGE	\$24,900	
	Contract Description:	This is the first amendment to the original contract which provides specialized electrical engineering. This amendment extends the termination date from April 28, 2019 to June 30, 2019 and increases the maximum amount of the contract from \$24,990 to \$49,890 due to the continued need for these services.				
		Term of Contract:	05/03/2017 - 06/30/2019	Contract # 18639		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	810	DEPARTMENT OF MOTOR VEHICLES - FIELD SERVICES	ERIN BISHOP DBA CUSTOM CLEAN ELY	HIGHWAY	\$28,560	
	Contract Description:	This is a new contract to provide the janitorial services required at the Ely facility.				
		Term of Contract:	08/01/2018 - 07/31/2022	Contract # 20590		
30.	810	DEPARTMENT OF MOTOR VEHICLES - FIELD SERVICES	MARIANNE ODMAN DBA AL-MAR CLEANING SERVICES	HIGHWAY	\$26,800	
	Contract Description:	This is the first amendment to the original contract which provides janitorial services required at the Tonopah facility. This amendment extends the termination date from August 31, 2018 to August 31, 2020 and increases the maximum amount from \$11,820 to \$38,620 due the continued need for these services.				
		Term of Contract:	08/11/2017 - 08/31/2020	Contract # 19104		
31.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	EMPLOYMENT SECURITY DIVISION	GENERAL 21.3% FEDERAL 78.7%	\$10,500	
	Contract Description:	This is a new interlocal agreement to provide 'Data Sharing' to allow access to the Rehabilitation Division to certain information gathered by Employment Security Division in the administration of the Unemployment Insurance Program.				
		Term of Contract:	07/26/2018 - 09/30/2020	Contract # 20290		
32.	B001	LICENSING BOARDS AND COMMISSIONS - ACCOUNTANCY	KOHN & COMPANY, LLP	FEE: LICENSURE	\$25,700	Professional Service
	Contract Description:	This is a new contract to provide audits of the financial statements.				
		Term of Contract:	01/01/2019 - 12/31/2021	Contract # 20611		
33.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	KMJ 2.0 LLC DBA KMJ WEB DESIGN	FEE: LICENSURE	\$19,750	
	Contract Description:	This is a new contract to replace the existing mobile application to better interface with the Board's data management portal.				
		Term of Contract:	08/02/2018 - 03/31/2019	Contract # 20561		
34.	B029	LICENSING BOARDS AND COMMISSIONS - SOCIAL WORKERS	ALBERTSON CONSULTING, INC.	FEE: LICENSURE	\$24,900	
	Contract Description:	This is a new contract to provide system development and conversion of the existing database for licensing renewals to a new customized off the shelf system.				
		Term of Contract:	08/02/2018 - 07/31/2019	Contract # 20514		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	B029	LICENSING BOARDS AND COMMISSIONS - SOCIAL WORKERS	CAPITOL PARTNERS, LLC	FEE: LICENSURE	\$40,500	
	Contract Description:	This is a new contract to provide lobbyist services.				
		Term of Contract:	08/01/2018 - 06/30/2020	Contract # 20571		

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: **20587**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1030-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **VERTIV SERVICES, INC.**Contractor Name: **VERTIV SERVICES, INC.**Address: **610 EXECUTIVE CAMPUS DR**City/State/Zip: **WESTERVILLE, OH 43082-8870**Contact/Phone: **949-457-3645**Vendor No.: **PUR0003154A**NV Business ID: **NV19991322344**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	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 **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

We request this contract to be retroactive effective July 1, 2018 due to the importance of the maintenance for this system. Negotiations regarding the terms caused a delay in obtaining a timely submission prior to the contract start date.

3. Termination Date: **06/30/2021**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **Maintenance**

5. Purpose of contract:

This is a new contract to provide maintenance for the electronic cooling modules used with the servers in the Las Vegas office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,635.40**

Payment for services will be made at the rate of \$6,211.80 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

These are specialized cooling racks that need yearly maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is the Original Equipment Manufacturer and they have in depth knowledge on engineering specs, issues and how to fix them correctly.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per the Purchasing Administrator, a solicitation waiver is not required for ongoing or continued licensing, maintenance and/or support for a system already purchased/installed and in use by the State.

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:

Sherri McGee, IT Chief Ph: 775-684-1104

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	07/20/2018 13:15:47 PM
Division Approval	cschonl1	07/20/2018 13:15:48 PM
Department Approval	cschonl1	07/20/2018 13:15:50 PM
Contract Manager Approval	cschonl1	07/20/2018 13:15:54 PM
Budget Analyst Approval	hfield	07/27/2018 16:08:25 PM

ADAM PAUL LAXALT
Attorney General



NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

Date: July 20, 2018

To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for Veriv Services, Inc, CETS #20587

Vendor negotiations regarding the terms caused a delay in obtaining a timely submission prior to the contract start date. Therefore, we request that this contract be retroactive to July 1, 2018 due to the importance of the maintenance for this system.

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: **19754**Amendment Number: **1**Agency Name: **ATTORNEY GENERAL'S OFFICE**Legal Entity Name: **MET Associates**Agency Code: **030**Contractor Name: **MET Associates**Appropriation Unit: **1348-15**Address: **P.O. Box 130667**Is budget authority available?: **Yes**City/State/Zip: **Houston, TX 77219**

If "No" please explain: Not Applicable

Contact/Phone: **David Mitchell 936-257-1633**Vendor No.: **T29040231**NV Business ID: **NV20181001595**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % TORT FUNDS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/26/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **01/25/2021**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is the first amendment to the contract to provide ongoing professional services as an expert witness for the case number CV17-00225. This amendment increases the maximum amount from \$30,000 to \$49,000 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:	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
2. Amount of current amendment (#1):	\$19,000.00	\$19,000.00	\$49,000.00	Yes - Info
3. New maximum contract amount:	\$49,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The state is involved in ongoing litigation that will require the service of the expert witness

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not experts in this field

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	cschonl1	07/25/2018 13:48:50 PM
Division Approval	cschonl1	07/25/2018 13:48:53 PM
Department Approval	cschonl1	07/25/2018 13:48:54 PM
Contract Manager Approval	cschonl1	07/25/2018 13:48:57 PM
Budget Analyst Approval	hfield	07/27/2018 15:24:59 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: **20564**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PERKINS COIE**Contractor Name: **PERKINS COIE**Address: **2901 NORTH CENTRAL AVENUE,
STE 2000**City/State/Zip: **PHOENIX, AZ 85012**Contact/Phone: **6023518225**Vendor No.: **pending**NV Business ID: **NV20181102251**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 % TORT FUND

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/02/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

It is in the state's best interest to maintain confidentiality in ongoing litigation until the disclosure date.3. Termination Date: **07/02/2021**Contract term: **3 years and 1 day**4. Type of contract: **Contract**Contract description: **Consultant**

5. Purpose of contract:

This is a new contract to provide trial consultation for case number CV17-00225.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The state is involved in ongoing litigation that will require the service of this consultant

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 field9. 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:

LLP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Theresa Haar, Sr. DAG Ph: 702-486-3792

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	07/25/2018 10:03:26 AM
Division Approval	cschonl1	07/25/2018 10:03:29 AM
Department Approval	cschonl1	07/25/2018 10:03:31 AM
Contract Manager Approval	Iramire7	07/25/2018 10:09:05 AM
Budget Analyst Approval	hfield	07/27/2018 11:00:41 AM

ADAM PAUL LAXALT
Attorney General



NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

Date: July 25, 2018
To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office
From: Lesley Volkov, Management Analyst II
Subject: Retroactive Approval for contract #20564 for Perkins Coie

It is in the State's best interest to maintain confidentiality in ongoing litigation until the disclosure date.
We therefore request to make this contract retroactive from July 2, 2018.

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: **15952**Amendment Number: **1**Legal Entity Name: **BNY MELLON, N.A.**Agency Name: **TREASURER - TREASURER'S OFFICE**Contractor Name: **The Bank of New York Mellon**Agency Code: **050**Address: **ONE WALL STREET**Appropriation Unit: **1080-04****12TH FLOOR**Is budget authority available?: **Yes**City/State/Zip: **NEW YORK, NY 10286**If "No" please explain: **Not Applicable**Contact/Phone: **David Blakeley 212-635-8646**Vendor No.: **T27004869**NV Business ID: **NV20101598277**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 % Investment Earnings

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2014**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2018**Contract term: **4 years and 61 days**4. Type of contract: **Contract**Contract description: **Custodial Bank Svcs**

5. Purpose of contract:

This is the first amendment to the original contract which provides custodial banking services to transact securities trading based on the State's direction, to custody all securities and provide reporting. This amendment extends the termination date from September 30, 2018 to December 31, 2018 and increases the maximum amount from \$750,000 to \$791,000.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$750,000.00	\$750,000.00	\$750,000.00	Yes - Action
2. Amount of current amendment (#1):	\$41,000.00	\$41,000.00	\$41,000.00	Yes - Info
3. New maximum contract amount:	\$791,000.00			
and/or the termination date of the original contract has changed to:	12/31/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

The conditions require that entities that trade securities, like the State Treasurer's Office, require a third-party bank to hold (custody) securities and to transact trades on the entity's behalf. The purpose of this amendment is to allow additional time for the Purchasing Division to complete contract negotiations with the new RFP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State requires a third-party bank to transact securities trading with brokerage firms and to hold securities.

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 #3095, 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: 03/27/2014 Anticipated re-bid date: 04/01/2018

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?

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?

No b. If "No", please explain:

dba

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	08/06/2018 16:09:06 PM
Division Approval	alaw1	08/06/2018 16:31:59 PM
Department Approval	alaw1	08/06/2018 16:32:02 PM

Contract Manager Approval
Budget Analyst Approval

alaw1
laaron

08/06/2018 16:32:07 PM
08/09/2018 09:16:02 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: **20671**Agency Name: **TREASURER - HIGHER
EDUCATION TUITION**Agency Code: **052**Appropriation Unit: **1081-26**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: **CARASOFT TECHNOLOGY**Contractor Name: **CARASOFT TECHNOLOGY**Address: **CORPORATION / STE 100
1860 MICHAEL FARADAY DR**City/State/Zip: **RESTON, VA 20190-5328**Contact/Phone: **703/230-7537**Vendor No.: **PUR0004357**NV Business ID: **NV20151127305**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 % Transfer from Endowment Account

Agency Reference #: **MSA CETS#18855**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **08/09/2018**
Examiner's approval?Anticipated BOE meeting date **08/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **1 year and 326 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **CARASOFT TECHNOLOGY**

5. Purpose of contract:

This is a new work plan under Master Service Agreement contract #18855 which provides cloud services. This work plan is for electronic signature technology and digital transaction management services for facilitating electronic exchanges of signed documents and forms for the Nevada Prepaid Tuition Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,667.36**

Other basis for payment: FY19: \$4,980.36; FY20: \$5,687.00

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a Statewide Contract to allow for the purchase of Cloud Services (Software-as-a-Service [SaaS], Platform-as-a-Service [PaaS] and Infrastructure-as-a-Service [IaaS]) from contracted vendors and their fulfillment partners.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hosted system software license and subscription which the State must order through an outside vendor.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?

Quotes and proposals were solicited for the Statewide bid through Purchasing Division.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	alaw1	08/01/2018 13:23:40 PM
Division Approval	alaw1	08/01/2018 13:23:42 PM
Department Approval	alaw1	08/01/2018 13:23:46 PM
Contract Manager Approval	yli00	08/01/2018 13:35:36 PM
EITS Approval	lolso3	08/06/2018 08:30:37 AM
Budget Analyst Approval	laaron	08/09/2018 09:30:37 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: **20516**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AIR SYSTEMS SERVICE & CONSTRUCTION**Contractor Name: **AIR SYSTEMS SERVICE & CONSTRUCTION**Address: **10381 OLD PLACERVILLE RD**City/State/Zip: **SACRAMENTO, CA 95827-2558**Contact/Phone: **916-573-3233**

Vendor No.:

NV Business ID: **NV20051642544**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 % B&G Building Rental Income Revenue

Agency Reference #: **ASD 2829912**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/08/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 327 days**4. Type of contract: **Contract**Contract description: **HVAC REPAIR**

5. Purpose of contract:

This is a new contract to provide HVAC maintenance and repair services for the Carson City DMV Office as needed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,740.00**

Other basis for payment: Maintenance to be paid yearly, in four equal installments, of \$ 983.75 for 2019,2020,2021 & 2022.

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC units need proper preventive maintenance service.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

B&G does not have trained personnel to handle 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 Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

B&G selected the lowest bidder

d. Last bid date: 06/01/2018 Anticipated re-bid date: 06/01/2022

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:

At various times, service is always 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	08/07/2018 09:20:06 AM
Division Approval	ssands	08/07/2018 09:20:09 AM
Department Approval	ssands	08/07/2018 09:20:13 AM
Contract Manager Approval	ssands	08/07/2018 09:20:16 AM
Budget Analyst Approval	jrodrig9	08/07/2018 15:00:47 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: **20570**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: **CARRIER CORPORATION**Contractor Name: **CARRIER CORPORATION**Address: **4444 W RUSSELL RD
STE E**City/State/Zip: **LAS VEGAS, NV 89118**Contact/Phone: **702-970-5394**Vendor No.: **T80884470D**NV Business ID: **NV19791006562**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 % B&G Building Rent Income Revenue

Agency Reference #: **ASD 2829993**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **08/06/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2019**Contract term: **359 days**4. Type of contract: **Contract**Contract description: **HVAC MAINT & REPAIR**

5. Purpose of contract:

This is a new contract to provide ongoing heating, ventilation, and air conditioning maintenance and repair services for the Grant Sawyer Building and other state-owned buildings throughout southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$0.00 per hour

Other basis for payment: \$115 per/hr. for regular rates; \$145 per/hr. for overtime; \$170 per/hr. for weekend rates and \$240 per/hr. for holiday rates.

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC equipment must be serviced, maintained, and repaired on a regular basis to remain in first-class operating condition. Per a major CIP project for the HVAC system, this will be a year to year basis.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of personnel and expertise in HVAC maintenance.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 HVAC system located in Grant Sawyer Bldg. was purchased from Carrier.

d. Last bid date: 07/02/2018 Anticipated re-bid date: 07/02/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	07/25/2018 09:53:08 AM
Division Approval	ssands	07/25/2018 09:53:11 AM
Department Approval	ssands	07/25/2018 09:53:14 AM
Contract Manager Approval	ssands	07/25/2018 09:53:17 AM
Budget Analyst Approval	jrodrig9	08/06/2018 22:23:13 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: **17640**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **NEVADA LANDCARE USA, LLC**Agency Code: **082**Contractor Name: **NEVADA LANDCARE USA, LLC**Appropriation Unit: **1349-12**Address: **3035 S. Westwood Drive**Is budget authority
available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89109**

If "No" please explain: Not Applicable

Contact/Phone: **702-492-7529**Vendor No.: **T32003858**NV Business ID: **NV200001008059**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 % B&G Building Rental Income Revenue

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **01/01/2016**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **12/31/2019**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Landscaping**

5. Purpose of contract:

This is the first amendment to the original contract which provides landscape services for the Department of Human and Health Services Belrose facilities in Las Vegas and various state-owned buildings throughout southern Nevada. This amendment increases the maximum amount from \$30,588 to \$40,588 for extra services required and as needed for various state-owned buildings in southern Nevada.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,588.00	\$30,588.00	\$30,588.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$40,588.00	Yes - Info
3. New maximum contract amount:	\$40,588.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Landscaping/grounds need to be maintained/services on a regular basis for employees and public safety

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds lacks the personnel to handle landscaping on all state building grounds.

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?

Two vendors showed up for the walkthrough and Nevada Landscape is the only vendor who produced a bid.

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:

By Buildings and Grounds 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 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	07/25/2018 11:56:06 AM
Division Approval	ssands	07/25/2018 11:56:10 AM
Department Approval	ssands	07/25/2018 11:56:14 AM
Contract Manager Approval	ssands	07/25/2018 12:02:26 PM
Budget Analyst Approval	jrodrig9	08/06/2018 22:48:27 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: **20591**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: Brown and Caldwell
Agency Code: 082	Contractor Name: Brown and Caldwell
Appropriation Unit: 1550-58	Address: 3264 GONI ROAD SUITE 153
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89706
If "No" please explain: Not Applicable	Contact/Phone: 775-883-4118
	Vendor No.: t32005501
	NV Business ID: NV19831007512

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **112074**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/31/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 335 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 Wells Conservation C - Wastewater Treatment Facilities Upgrade CIP project to include a pre-design study to address total nitrogen (TN) issue in the wastewater system at the camp and to bring the system into compliance with Nevada Division of Environmental Protection requirements of maximum TN discharge of 10.0 milligrams per liter: CIP Project No. 17-M18; SPWD Contract No. 112074.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,400.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 LEG. APPROVED CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

null, null Ph: null

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	07/19/2018 15:21:38 PM
Division Approval	Imars1	07/19/2018 15:21:40 PM
Department Approval	Imars1	07/19/2018 15:21:43 PM
Contract Manager Approval	Imars1	07/19/2018 15:21:45 PM
Budget Analyst Approval	jrodrig9	07/31/2018 21:53:35 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: **19351**Amendment Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **ARRINGTON WATKINS ARCHITECTS, LLC.**Agency Code: **082**Contractor Name: **ARRINGTON WATKINS ARCHITECTS, LLC.**Appropriation Unit: **1558-45**Address: **5240 N. 16TH STREET SUITE 101**Is budget authority available?: **Yes**City/State/Zip: **PHOENIX, AZ 85016-3214**

If "No" please explain: Not Applicable

Contact/Phone: **Peter Sangiorgio 602-279-4373**Vendor No.: **T29005651**NV Business ID: **NV20041116632**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 #: **111379**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2021**Contract term: **3 years and 228 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Southern Desert Correctional Center Advance Planning CIP Project No. 17-P06; SPWD Contract No. 111379. This amendment increases the maximum amount from \$1,099,363.00 to \$1,130,363.00 due to additional cost estimating services needed for this project.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,099,363.00	\$1,099,363.00	\$1,099,363.00	Yes - Action
2. Amount of current amendment (#1):	\$31,000.00	\$31,000.00	\$31,000.00	Yes - Info
3. New maximum contract amount:	\$1,130,363.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Leg Approved 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: **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	Imars1	07/19/2018 14:26:10 PM
Division Approval	Imars1	07/19/2018 14:26:14 PM
Department Approval	Imars1	07/19/2018 14:26:18 PM
Contract Manager Approval	Imars1	07/19/2018 14:26:22 PM
Budget Analyst Approval	jrodrig9	07/31/2018 21:44:25 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: **20607**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority
available?: **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, ARMY FACILITIES

Legal Entity Name: **CROOK, RAYMOND P. DBA**Contractor Name: **CROOK, RAYMOND P. DBA**Address: **RPC ROOF CONSULTING
14370 MOUNT. SNOW DR.**City/State/Zip **RENO, NV 89511-9185**Contact/Phone: **775-853-7202**Vendor No.: **T29013770**NV Business ID: **NV20101198067**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 % Agency Funded CIP

Agency Reference #: **112072**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **08/06/2018**
Examiner's approval?Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 329 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 U.S. Property and Fiscal Office (USPFO)
- Roofing Replacement CIP Project, which will include design, development, and bidding documents for the removal and replacement of the roof and roofing components at the USPFO Building in Carson City: CIP Project No. 18-A007; SPWD Contract No. 112072.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,975.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2018 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Falconer, Mark, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	07/26/2018 10:48:08 AM
Division Approval	Imars1	07/26/2018 10:48:11 AM
Department Approval	Imars1	07/26/2018 10:48:14 AM
Contract Manager Approval	Imars1	07/26/2018 10:48:17 AM
Budget Analyst Approval	jrodrig9	08/06/2018 22:54:07 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **20776**Agency Name: **ADMIN - PURCHASING DIVISION**Agency Code: **083**Appropriation Unit: **1358 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **DLA Piper LLP (US)**Contractor Name: **DLA Piper LLP (US)**Address: **2000 Avenue of the Stars****Suite 400 North Tower**City/State/Zip: **Los Angeles , CA 90067**Contact/Phone: **Vincent Sanchez 3105953045**Vendor No.: **T32007093**NV Business ID: **N/A**To what State Fiscal Year(s) will the contract be charged? **2019-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 **08/20/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/01/2019**Contract term: **346 days**4. Type of contract: **Contract**Contract description: **Legal Consultant**

5. Purpose of contract:

This is a new contract to provide an information technology (IT), software as a service (SaaS), cloud storage contract template for the Purchasing Division to use in cloud services IT procurements. The legal consultant will also be available by phone for questions, advice, and direction when using the template.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,500.00**

Payment for services will be made at the rate of \$890.00 per Hour

Other basis for payment: \$22,500.00 will be for the contract templates, the remaining \$20,000.00 will be for phone consultation

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? **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?

Experience with cloud service procurement and contracting.

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 as a:

LLP

This is an out of State vendor that will be providing a commodity, and possibly performing services over the phone from out of the State.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

This is an out of State vendor that will be providing a commodity, and possibly performing services over the phone from out of the State.

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

This is an out of State vendor that will be providing a commodity, and possibly performing services over the phone from out of the State.

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/09/2018 08:45:07 AM
Division Approval	mstewa10	08/09/2018 08:45:10 AM
Department Approval	mstewa10	08/09/2018 08:45:12 AM
Contract Manager Approval	mstewa10	08/09/2018 08:45:15 AM
Budget Analyst Approval	auruty	08/20/2018 11:45:38 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: **18135**Amendment Number: **2**Agency Name: **ADMIN - ENTERPRISE IT SERVICES**Legal Entity Name: **NEVADA YAMAS CONTROLS INC**Agency Code: **180**Contractor Name: **NEVADA YAMAS CONTROLS INC**Appropriation Unit: **1385-07**Address: **1380 GREG STREET SUITE 224**Is budget authority available?: **Yes**City/State/Zip: **SPARKS, NV 89431-6071**

If "No" please explain: Not Applicable

Contact/Phone: Kirby Keller 775-359-9628

Vendor No.: T29032379

NV Business ID: NV20121569583

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Facility
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: ASD #2301343

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/26/2016**

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2018**Contract term: **4 years and 5 days**4. Type of contract: **Contract**Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing maintenance and repairs to the air conditioners' Direct Digital Control (DDC) System at the Computer Facility. This amendment extends the termination date from September 30, 2018 to September 30, 2020 and increases the maximum amount from \$52,676.00 to \$82,286.00 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:	\$27,823.00	\$27,823.00	\$27,823.00	Yes - Info
a. Amendment 1:	\$24,853.00	\$24,853.00	\$52,676.00	Yes - Action
2. Amount of current amendment (#2):	\$29,610.00	\$29,610.00	\$29,610.00	Yes - Info
3. New maximum contract amount:	\$82,286.00			
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 Facility's mainframe computer system will not function without the proper temperature and humidity. The Direct Digital Control System controls the air conditioning and needs regular maintenance as well as emergency repairs, as necessary.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Nevada Yamas Controls has taken over service from Schneider Electric Buildings (previous contractor for this service) and is providing continued maintenance and service for the already purchased/installed system that is currently in use by the State. Per the Purchasing Administrator, a solicitation waiver is not required for ongoing maintenance of this equipment.

- 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 to current, State Public Works Division, satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	08/06/2018 13:42:28 PM
Division Approval	ddav12	08/06/2018 13:42:34 PM
Department Approval	ddav12	08/06/2018 13:42:39 PM
Contract Manager Approval	ddav12	08/06/2018 13:42:43 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: **20556**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Agency Code: **240**Appropriation Unit: **2564-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Farr West Engineering**Contractor Name: **Farr West Engineering**Address: **5510 Longley Lane**City/State/Zip: **Reno, NV 89511**Contact/Phone: **Brent Farr 775-851-4788**Vendor No.: **T81102795**NV Business ID: **NV20011242988**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 % Veterans Gift Account

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/06/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/05/2019**Contract term: **364 days**4. Type of contract: **Contract**Contract description: **WATER ANALYSIS**

5. Purpose of contract:

This is a new contract to provide water source analysis to support transition to a new irrigation water service.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,240.00**

Other basis for payment: A time and materials basis and upon submission of approved invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

The City of Fernley is implementing a significant increase in the fees to provide water to the Northern Nevada Veterans Memorial Cemetery. This contract will allow NDVS to weigh all the available options to determine if there is a more cost effective means of obtaining water.

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 knowledge and abilities.

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):

Farr West Engineering
Nevada Water Solutions, LLC.
Resource Concepts

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor presented a clear proposal with demonstrated in-depth knowledge of the subject at a fair price.

d. Last bid date: 07/02/2018 Anticipated re-bid date: 06/03/2019

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:

Currently contracted with NDVS related to water system in the Southern Nevada Veterans Home. The quality of 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	agarland	07/19/2018 17:06:00 PM
Division Approval	agarland	07/19/2018 17:06:03 PM
Department Approval	agarland	07/19/2018 17:06:06 PM
Contract Manager Approval	agarland	07/19/2018 17:06:09 PM
Budget Analyst Approval	bmacke1	07/31/2018 07:22:43 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: **20191**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Agency Code: **240**Appropriation Unit: **2564-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GKB Strategies D.B.A. The Blueprint Collaborative**Contractor Name: **GKB Strategies D.B.A. The Blueprint Collaborative**Address: **692 Citadel Way**City/State/Zip: **Reno, NV 89503**Contact/Phone: **Gretchen Kelley Bietz 775-772-1512**Vendor No.: **T27042273**NV Business ID: **NV20161008393**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 % Veteran Gift Account

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/17/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/16/2018**Contract term: **91 days**4. Type of contract: **Contract**Contract description: **Capital Campaign**

5. Purpose of contract:

This is a new contract to provide support in developing and implementing a successful capital campaign to raise money for the new Northern Nevada State Veterans Home prior to the facilities opening in early 2019.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,475.00**

Payment for services will be made at the rate of \$5,825.00 per month

Other basis for payment: Upon satisfactory completion of work and submission of approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Ribbon cutting is scheduled for December 17, 2018, and the opening date is projected for February 2019. Throughout the planning process, the necessary and complimentary facility components have been eliminated from the Northern Nevada State Veterans Home (NNSVH) budget, necessitating capital campaign support. There is little time in which to accomplish this goal and meeting the above noted dates. If denied, the NNSVH faces the probability of not having some of the key amenities that it needs and the veterans deserve.

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 capital campaign experience.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):

GKB Strategies DBA The Blueprint Collaborative
Avalon Healthcare
Strategic Progress

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor is uniquely familiar and has developed strong ties within the Northern Nevada community and provides a track record of successful capital campaigns including the northern Nevada's shining star, and The Terry Lee Wells Nevada Discovery Museum. The team provides decades of experience with non-profit building and developing partnerships; analytics, strategic planning, etc.

d. Last bid date: 04/16/2018 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:

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	agarland	07/30/2018 15:10:07 PM
Division Approval	agarland	07/30/2018 15:10:11 PM
Department Approval	agarland	07/30/2018 15:10:19 PM
Contract Manager Approval	agarland	07/30/2018 15:10:29 PM
Budget Analyst Approval	bmacke1	08/14/2018 08:57:51 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: **13995**Amendment Number: **7**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Legal Entity Name: **TRANSACT COMMUNICATIONS LLC**Agency Code: **300**Contractor Name: **TRANSACT COMMUNICATIONS LLC**Appropriation Unit: **2712-64**Address: **DBA CAYEN SYSTEMS
5105 200TH ST SW STE 200**Is budget authority available?: **Yes**City/State/Zip: **LYNNWOOD, WA 98036-6397**

If "No" please explain: Not Applicable

Contact/Phone: **Alex Jarzebowicz 425/977-2100**Vendor No.: **T27041983**NV Business ID: **NV20171337464**To what State Fiscal Year(s) will the contract be charged? **2013-2020**

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 **03/12/2013**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **11/30/2019**Contract term: **6 years and 264 days**4. Type of contract: **Contract**Contract description: **Federal Reports/Eval**

5. Purpose of contract:

This is the seventh amendment to the original contract which provides annual maintenance and support for the Cayen After School 21 statewide System and up to 60 sites in support of the Nevada 21st Century Community Learning Centers Program. This amendment increases the number of sites up to 130 and increases the maximum amount of the contract from \$190,842 to \$215,317 due to the increased volume of sites and to continue these services for statewide data collection of these sites according to federal program requirements.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,680.00	\$48,680.00	\$48,680.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$48,680.00	No
b. Amendment 2:	\$0.00	\$0.00	\$48,680.00	No
c. Amendment 3:	\$27,140.00	\$27,140.00	\$75,820.00	Yes - Action
d. Amendment 4:	\$26,259.00	\$26,259.00	\$26,259.00	Yes - Info
e. Amendment 5:	\$31,119.00	\$31,119.00	\$57,378.00	Yes - Action
f. Amendment 6:	\$57,644.00	\$57,644.00	\$57,644.00	Yes - Action
2. Amount of current amendment (#7):	\$24,475.00	\$24,475.00	\$24,475.00	Yes - Info
3. New maximum contract amount:	\$215,317.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The United States Department of Education (USDOE) Requires certain data be provided as part of the 21st Annual Performance Report (PPICs) in a specific format, Cayen AS21 masses the information from the 51 programs in order to meet the various requirements and then uploads this information into Federal data contractor, AIR.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Due to the small staff size assigned to work with Elementary and secondary Education, the consultants who handle the programs included in this contract, also handle a minimum of three other programs as well. Due to the workload assigned to NDE staff, there is not enough time to complete these assignments, and no other state agency has the required background knowledge and/or expertise.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 121207

Approval Date: 12/20/2012

c. Why was this contractor chosen in preference to other?

No one else can make changes to the CayenAS system, required changes to make the Nevada 21st CCLC program operate in compliance with the federal guidelines in terms of tracking and reporting would be jeopardized. While other systems could be purchased, the cost would be prohibitive in terms of the dollars and time. Having no system in place would cause significant problems with end of year reporting

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, for the Department of Education since March 2013; services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rrussum	08/02/2018 13:52:50 PM
Division Approval	rrussum	08/02/2018 13:52:56 PM
Department Approval	amccalla	08/03/2018 05:28:44 AM
Contract Manager Approval	amccalla	08/07/2018 11:39:47 AM
Budget Analyst Approval	cbrekken	08/09/2018 17:03:44 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 #:	207

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 Education	
	Contact Name(s) and Titles:		TeQuia Barrett	
	Telephone Number(s):		702-486-7953	
	Email Address(s):		tbarrett@doe.nv.gov	

2	Contractor Information:			
	Contractor:		Cayen Systems, LLC	
	Contact Name:		Joe Cayen	
	Address:		7100 W. Center Street	
	Phone Number:		414-257-9400	
	Email Address:		joe@cayen.net	

3	Ongoing relationship disclosure -- List all previous contract information:					
	Procurement method:		Waiver			
	CETS #:		13995			
	Contract "not to exceed amount":		\$			
	Contract term:		Start date:	03/12/2013	End date:	11/30/2017
			mm/dd/yy		mm/dd/yy	
	CETS #:					
Contract "not to exceed amount":						
		Start date:		End date:		
		mm/dd/yy		mm/dd/yy		

4	Procurement method used to award the current contract:		
	RFP, solicitation # if applicable:		
	Quote, solicitation # if applicable:		
	Waiver, provide number:		121207
	Other:		

5	Current contract information:				
	CETS #:13995				
	Initial contract "not to exceed amount":		\$48,680.00		
	Contract term:		Start date:	3/12/2013	End date:
		mm/dd/yy		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	No Cost Extension	\$0	10/30/2014
	2	No Cost Extension	\$0	10/30/2014
	3	Increases the amount of the contract and total number of sites to provide 21 st Century data collection services for DOE reporting of the entire school year.	Adds \$ for a total amount of \$75,820.00	11/30/2015
	4	Extend contract for one year and increase dollar amount to provide continued services, including the addition of online electronic teacher survey and updates to align with new federal system , for data collection and reporting of the federal APR requirements.	Adds \$26,259.00 for a total amount of \$102,079.00	11/30/2015
	5	Extend contract for one year and increase dollar amount to provide continued services, including the addition of online electronic teacher survey and updates to align with new federal system , for data collection and reporting of the federal APR requirements.	Adds \$31,119.00 for a total amount of \$133,198.00	11/30/2017

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	6		
	<i>Continue services for up to 2 years due to the delay in reviewing and transitioning to a statewide data collection system with Infinite Campus. Additional time is necessary for adequate time to review/customize the required data points, testing and conducting of a pilot phase prior to rollout of a full implementation. The amendment also allows the state to increase number of school sites served due to the receipt of additional federal grant funds to allocate for the fiscal year.</i>	<i>\$190,839.00</i>	<i>11/30/2019</i>

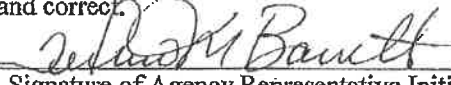
8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):
---	---

The United States Department of Education requires submission of certain data as part of the annual report for 21st Century Community Learning Center programs. Cayen has collected and housed this data each year, in the required format for Nevada's programs, in order to meet this requirement and submit the data for the federal report. NDE is requesting to extend the services for one year to continue collecting the data in the current format for federal reporting. During this time, NDE will explore the use of other statewide data collection systems, such as Infinite Campus, to verify the alignment with/to the new federal APR system and for consolidated use in the future, if applicable.

9 What are the potential consequences to the State if the contract extension request is denied?

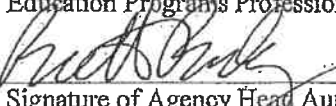
The Nevada Department of Education will fail to collect the required data in a manner consistent to the federal program guidelines for the 21st Century programs. All school staff working in programs will require additional technical assistance and training to manually collect the program data in accordance to meeting state and federal requirements of receive the grant funds. This will immediately increase the need for additional internal staff.

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

TeQuia Barrett
Education Programs Professional

8-25-17
Date


Signature of Agency Head Authorizing Request


Brett Barley
Deputy Superintendent of Student Achievement

8-28-17
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:


Administrator, Purchasing Division or Designee

10-6-2017
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: **20598**Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION**Agency Code: **402**Appropriation Unit: **3167-00**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ELKO COUNTY**Contractor Name: **ELKO COUNTY**Address: **540 COURT STREET**City/State/Zip: **ELKO, NV 89801**Contact/Phone: **775-738-5398**Vendor No.: **T81072742U**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 %
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 **07/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

This contract requires the retroactive start date for the State's obligation to continue to provide critical support services (per NRS 435.020) for children with intellectual and development disabilities and ensure continuity of care for reimbursement to ADSD for non-federal share of funding as payment for children's services (per NRS 435.010). ADSD has been collaborating with its State agencies and the Counties to finalize contract language to meet the contractual obligations for all parties.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Elko County**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide services to children with intellectual and developmental disabilities. This agreement will automatically renew each year unless terminated by either party.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 435.010 and NRS 435.020, the Aging and Disability Services Division (ADSD) is obligated to provide services to children with intellectual and developmental disabilities and the County to reimburse ADSD the non-federal share of funding as payment for services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees in your agency or other State agencies are not able 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?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

ADSD 07/01/2013 to Current - Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	07/23/2018 15:01:30 PM
Division Approval	dbowma1	07/23/2018 15:01:33 PM
Department Approval	vmilazz1	07/30/2018 07:42:56 AM
Contract Manager Approval	khardca1	07/30/2018 11:22:37 AM
Budget Analyst Approval	bwooldri	08/14/2018 14:00:31 PM

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator


DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132
Carson City, NV, 89706
Telephone (775) 687-4210 • Fax (775) 687-0574
<http://adsd.nv.gov>

June 13, 2018

MEMORANDUM

TO: James Wells, Director
Governor's Finance Office

THROUGH: Richard Whitley, MS, Director
Department of Health and Human Services

FROM: Dena Schmidt, Administrator 
Aging and Disability Services Division

SUBJECT: Request for Approval for Retroactive July 1, 2018, Start Date for Elko County Revenue Contract

This memorandum requests the above referenced Aging and Disability Services Division (ADSD) revenue contract with Elko County be approved for a retroactive start date effective July 1, 2018. This contract requires this retroactive start date for the State's obligation to continue to provide services and ensure continuity of care to children.

This revenue contract is for reimbursement to ADSD for the non-federal share of funding as payment for children's services per NRS 435.010. The critical nature of these services and NRS 435.020 obligate the State to continue to provide needed support services and service coordination for residents with intellectual and developmental disabilities.

ADSD has been collaborating with its State agencies and the counties to finalize contract language to meet the needs and contractual obligations for all parties.

Thank you for your consideration.

Dena Schmidt, Administrator
Aging and Disability Services Division

cc: Lisa Sherych, ADSD, Deputy Administrator
Lisa Tuttle, ADSD, Contract Manager

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: **20572**Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION**Agency Code: **402**Appropriation Unit: **3280-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RHP MECHANICAL SYSTEMS**Contractor Name: **RHP MECHANICAL SYSTEMS**Address: **1008 E 4TH STREET**City/State/Zip: **RENO, NV 89505**Contact/Phone: **775/322-9434**Vendor No.: **PUR0002724**NV Business ID: **NV20041446186**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	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 **10/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2020**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract that continues ongoing air conditioning and heating maintenance and repair services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Heating and air conditioning systems require ongoing maintenance and repair for optimal and efficient performance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The technical nature of heating, ventilation and air conditioning maintenance (HVAC) requires a specific set of skills and knowledge. SRC will benefit both in terms of cost and performance by contracting with industry professionals of ongoing HVAC 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):

**Michaels Plumbing Heating
Gardner Mechanical Services
Savage & Son Inc.
Fleet Heating & Air Inc.
Pauls Plumbing Heating & AC**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

RHP Mechanical Systems was the only vendor that responded on time.

d. Last bid date: 05/22/2018 Anticipated re-bid date: 06/01/2020

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?

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	dbowma1	07/13/2018 09:41:07 AM
Division Approval	dbowma1	07/13/2018 09:41:10 AM
Department Approval	vmilazz1	07/30/2018 07:36:13 AM
Contract Manager Approval	khardca1	07/30/2018 10:47:44 AM
Budget Analyst Approval	bwooldri	08/03/2018 14:24:03 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: **18275**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	NOTE ABLE MUSIC THERAPY
Agency Code:	406	Contractor Name:	NOTE ABLE MUSIC THERAPY
Appropriation Unit:	3162-04	Address:	SERVICES
Is budget authority available?:	Yes		925 Riverside Dr., STE 1
If "No" please explain: Not Applicable		City/State/Zip	Reno, NV 89503-5575
		Contact/Phone:	775/324-5521
		Vendor No.:	T27004592
		NV Business ID:	NV20031300094

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 16510**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/02/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **1 year and 333 days**4. Type of contract: **Contract**Contract description: **Music Therapy**

5. Purpose of contract:

This is a new contract that continues ongoing music therapy for clients at the Dini-Townsend Hospital by certified/licensed music therapists. Music therapy is an evidence based practice as part of a holistic treatment approach for individuals with mental health disorders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00**

Other basis for payment: \$125.00 per session and \$75.00 per band performance

II. JUSTIFICATION

7. What conditions require that this work be done?

Groups will be based in cognitive behavioral therapy framework and will consist of established music therapy interventions such as singing, songwriting group improvisation, relaxation and music lyric analysis and movement to music. A professional board certified and state licensed music therapist will oversee the session per NRS 640D.110.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Music therapists must be licensed and certified. Currently, no employees have this certification or expertise.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Robert Kuchenmeister
Note Able Music Therapy Services
Diane Bell

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This company provided competitive rates and the willingness to perform services within a Mental Health Facility

d. Last bid date: 04/15/2018 Anticipated re-bid date: 01/10/2020

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:

Sierra Regional Center - June 2013 - present - Satisfactory
Northern Nevada Adult Mental Health Services - January 2016 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 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:

CORPUEL, JEFFREY, Licensed Psychologist I Ph: 775-688-2064

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	07/16/2018 14:38:00 PM
Division Approval	rmorse	07/16/2018 14:38:02 PM
Department Approval	vmilazz1	07/30/2018 09:16:48 AM
Contract Manager Approval	rmorse	07/31/2018 10:29:32 AM
Budget Analyst Approval	afrantz	08/02/2018 08:45:42 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: **19893**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Legal Entity Name: **WASHOE COUNTY SCHOOL DISTRICT, FAMILY RESOURCE CENTERS**Contractor Name: **WASHOE COUNTY SCHOOL DISTRICT, FAMILY RESOURCE CENTERS**Agency Code: **407**Address: **PO BOX 30425**Appropriation Unit: **4862-04**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89520-3425**

If "No" please explain: Not Applicable

Contact/Phone: **775/348-0309**Vendor No.: **T40234300D**NV Business ID: **GOV'T 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	32.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	68.00 % Universal Energy Charge

Agency Reference #: **407**

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 **09/2018**Retroactive? **Yes**

If "Yes", please explain

Pursuant to the All Agency Memo #2017-20, the Governor's Finance Office mandated agencies no longer use the previously approved Provider Agreements. All existing Provider Agreements must be terminated by 06/30/2018 and are to be replaced by new contracts.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **EAP Intake Site**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing services for intake sites to provide application assistance for home energy benefits to low income and senior populations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Payment for services will be made at the rate of \$10.00 per completed application

II. JUSTIFICATION

7. What conditions require that this work be done?

Funding through the Low Income Home Energy Assistance Program block grant allows for increased program access for applicants by collaboration with various entities to assist with the EAP application completion process.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These various public and non-profit vendors assist with the EAP application process, which significantly decreases processing time by state employees.

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:

Currently under contract with DWSS and providing satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Betsy Ransdell, SSPS III, Eligibility and Payments Ph: (775) 684-0552

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	04/16/2018 16:47:04 PM
Division Approval	bberry	08/08/2018 07:58:16 AM
Department Approval	vmilazz1	08/09/2018 09:46:06 AM
Contract Manager Approval	mpomerle	08/09/2018 16:15:51 PM
Budget Analyst Approval	nhovden	08/15/2018 12:19:57 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: **20153**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3148-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **James F. Thomson Jr. DBA**Contractor Name: **American Southwest Electric, Arizona Inc.**Address: **4485 Rivera Ridge Ave.**City/State/Zip: **Las Vegas, NV 89115**Contact/Phone: **Dan Rutherford 702-643-2900**Vendor No.: **T29035625**NV Business ID: **NV20071096997**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.

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 **08/14/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 321 days**4. Type of contract: **Contract**Contract description: **Electrical Repair**

5. Purpose of contract:

This is a new contract to provide ongoing electrical repair services and maintenance on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,840.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Aging infrastructure and lighting require work, regular repairs and necessary re-location for regular use of utilities at a 24 hour per day secure housing facility.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Work required by Public Works to be done by a licensed electrician, no employees on staff are currently licensed to do so.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):

**Mojave Electric
Holm Electric
American Southwest Electric**
b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bidder

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Previously contracted (CETS #20153) with vendor to complete a deferred maintenance electrical project. Services were completed 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:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Includes owner's name.

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	dander16	05/24/2018 15:16:49 PM
Division Approval	mgalli	07/25/2018 08:53:42 AM
Department Approval	vmilazz1	07/30/2018 08:31:08 AM
Contract Manager Approval	knielsen	07/31/2018 12:18:32 PM
Budget Analyst Approval	nhovden	08/14/2018 15:20:31 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: **20273**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	VEGAS VISION
Agency Code:	409	Contractor Name:	VEGAS VISION
Appropriation Unit:	3148-04	Address:	4388 E. CRAIG RD. STE. 150
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89115
If "No" please explain:	Not Applicable	Contact/Phone:	JULIE CHANG, OD 702-643-9191
		Vendor No.:	T29019755
		NV Business ID:	NV20061510129

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.

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 **08/15/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **3 years and 320 days**4. Type of contract: **Contract**Contract description: **Optometry Services**

5. Purpose of contract:

This is a new contract to provide optometry services to youth.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,620.00**

Payment for services will be made at the rate of \$5,655.00 per Year

II. JUSTIFICATION

7. What conditions require that this work be done?

Eye exams for youth are very important to ensure normal vision development and confirm that children have the visual acuity and vision skills required for schoolwork and other activities.

During a comprehensive eye exam the optometrist does more than just provide a prescription for glasses or contacts. As a health care provider, the optometrist is able to assess for common eye diseases. Early detection of eye diseases can lead to better outcomes for the youth and reduction in potential long term cost should the disease go un-diagnosed. The facility is responsible for the care of youth under 24/7 watch for an average housing time of 6 months.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no optometrists employed as state employees.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):

Nevada Eye Care Optometry
Vegas Vision
Progressive Eye Care

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

this vendor was the lowest 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	dander16	06/15/2018 08:06:22 AM
Division Approval	knielsen	07/03/2018 10:16:12 AM
Department Approval	vmilazz1	07/06/2018 16:23:22 PM
Contract Manager Approval	knielsen	08/09/2018 13:35:38 PM
Budget Analyst Approval	nhovden	08/15/2018 12:06:22 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: **18554**Amendment Number: **1**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Legal Entity Name: **THE ELECTRIC COMPANY**Agency Code: **409**Contractor Name: **THE ELECTRIC COMPANY**Appropriation Unit: **3281-07**Address: **660 KRESGE LN**Is budget authority available?: **Yes**City/State/Zip: **SPARKS, NV 89431-7217**

If "No" please explain: Not Applicable

Contact/Phone: **Brandon Jared 775/355-7300**Vendor No.: **T27037950**NV Business ID: **NV20141544094**To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	37.00 %	Fees	0.00 %
X	Federal Funds	63.00 %	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 **05/09/2017**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2018**Contract term: **3 years and 237 days**4. Type of contract: **Contract**Contract description: **Electrical Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing electrical repair services for state owned buildings located at 2655 Enterprise Road in Reno. This amendment extends the termination date from December 31, 2018 to December 31, 2020 and increases the maximum amount from \$6,000 to \$12,000 due to a continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$6,000.00	\$6,000.00	\$6,000.00	No
2. Amount of current amendment (#1):	\$6,000.00	\$12,000.00	\$12,000.00	Yes - Info
3. New maximum contract amount:	\$12,000.00			
and/or the termination date of the original contract has changed to:	12/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency needs a contract for electrical repairs that are outside of the maintenance staff's abilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These services are outside of the ability of existing state employees to complete.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

The Electric Company
Nelson Electric
IME Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The agency has used the vendor since 2013 and they have provided satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	07/03/2018 16:29:21 PM
Division Approval	knielsen	07/06/2018 14:35:49 PM
Department Approval	vmilazz1	07/30/2018 08:16:33 AM
Contract Manager Approval	knielsen	07/31/2018 11:49:25 AM
Budget Analyst Approval	nhovden	08/14/2018 12:21:14 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: **20586**Amendment
Number: **1**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity
Name: **AMERICAN ALARM CO INC DBA**Agency Code: **440**Contractor Name: **AMERICAN ALARM CO INC DBA**Appropriation Unit: **3716-50**Address: **AM ALARM**Is budget authority
available?: **Yes****1671 VINEYARD DR**

If "No" please explain: Not Applicable

City/State/Zip: **ANTIOCH, CA 94509-8549**Contact/Phone: **925/779-1121**Vendor No.: **T27032403**NV Business ID: **nv20061154721**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 **07/23/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **07/31/2018**Contract term: **342 days**4. Type of contract: **Contract**Contract description: **Repair UPS System**

5. Purpose of contract:

This is the first amendment to the original contract which provides services to replace and install the Uninterruptible Power Source (UPS) system in Unit 4. This amendment extends the termination date from July 31, 2018 to June 30, 2019 and increases the maximum amount from \$1,615.00 to \$17,230.00 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:	\$1,615.00	\$1,615.00	\$1,615.00	No
2. Amount of current amendment (#1):	\$15,615.00	\$17,230.00	\$17,230.00	Yes - Info
3. New maximum contract amount:	\$17,230.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

The access control system at Warm Springs Correctional Center was not functioning properly and is a security and safety issue.

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 or qualifications.

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 access control panel/system is AM-Alarm's proprietary 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?

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	dmartine	07/23/2018 12:13:32 PM
Division Approval	amonro1	07/24/2018 16:31:58 PM
Department Approval	sewart	07/25/2018 16:08:31 PM
Contract Manager Approval	mkillia1	08/01/2018 11:21:54 AM
Budget Analyst Approval	bmacke1	08/06/2018 14:07:06 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: **20588**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **4545-17**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Brylor Construction, LLC.**Contractor Name: **Brylor Construction, LLC.**Address: **2480 Bench Reef Place**City/State/Zip: **Henderson, NV 89052**Contact/Phone: **Bryan Sharp 7023641919**Vendor No.: **T29040996**NV Business ID: **NV20041309043**To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Plant materials license and registration
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/20/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **02/01/2019**Contract term: **165 days**4. Type of contract: **Contract**Contract description: **Office-LV**

5. Purpose of contract:

This is a new contract to provide materials, labor, and permitting for construction of office walls in the Las Vegas headquarters.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,260.00**

Payment for services will be made at the rate of \$10,260.00 per null

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a modification to the Las Vegas headquarters office space that was initially planned when the offices were relocated in 2016.

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 skill to complete this construction project.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Pete King Commercial
Core Construction**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor who prepared a cost proposal.

d. Last bid date: 06/11/2018 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	melli2	08/02/2018 13:22:59 PM
Division Approval	mtum1	08/20/2018 17:44:44 PM
Department Approval	mtum1	08/20/2018 17:44:47 PM
Contract Manager Approval	mtum1	08/20/2018 17:45:28 PM
Budget Analyst Approval	mtum1	08/20/2018 17:46:40 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: **19704**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4464-23**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SKYTRAC SYSTEMS, LTD**Contractor Name: **SKYTRAC SYSTEMS, LTD**Address: **210-1631 DICKSON AVENUE****KELOWNA, BC V1Y 0B5**City/State/Zip: **CANADA, BC V1Y 0B5**Contact/Phone: **250-765-2393**Vendor No.: **F00000090**NV Business ID: **NV20181442245**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 % **X** Fees **100.00 % Sportsmen**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **18-38**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/31/2018**Anticipated BOE meeting date **09/2018**Retroactive? **Yes**

If "Yes", please explain

Please approve the retroactive start date of January 31, 2018 for Skytrac Systems, Limited contract because the contractor was not previously registered with the Secretary of State and due to helicopter safety concerns the department determined it was necessary to continue these services to keep its staff safe.

3. Termination Date: **01/31/2022**Contract term: **4 years and 1 day**4. Type of contract: **Contract**Contract description: **Aircraft GPS Tracking**

5. Purpose of contract:

This is a new contract for in-flight tracking at five minute intervals of department aircraft in case emergencies or catastrophic events occur during the 1,200 hours flown by department aircraft annually.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,200.00**

Other basis for payment: As invoiced by the vendor and approved by the state.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a flight safety issue for NDOW. NDOW flies approximately 1,200 hours annually. Much of the terrain surveyed is high altitude and mountainous. In the event of an emergency landing or crash, NDOW dispatch operations will have near real-time location data for the aircraft, allowing for time-sensitive and potentially life-saving response by emergency responders.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources.

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):

WebTrack Flight Tracking
SkyTrac Systems
FlightAware

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor could preform the necessary tracking with our current 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:

With the Department of Wildlife and provides satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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

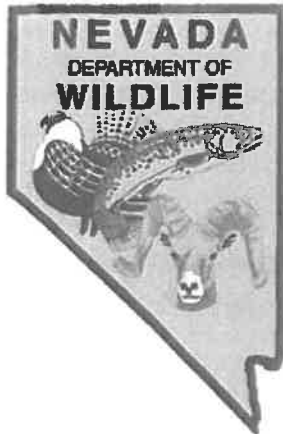
19. Agency Field Contract Monitor:

Rick Thielman, Chief Pilot Ph: 775-687-6727

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	07/05/2018 16:21:42 PM
Division Approval	tdoucett	07/09/2018 10:31:17 AM
Department Approval	eobrien	07/10/2018 17:14:05 PM
Contract Manager Approval	nroble1	07/11/2018 09:18:20 AM
Budget Analyst Approval	cpalme2	07/24/2018 11:40:49 AM



NEVADA DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120 • Reno, Nevada 89511
(775) 688-1526 Fax (775) 688-1577

RETROACTIVE BOE CONTRACT APPROVAL REQUEST

Date: July 5, 2018

To: Liz O'Brien, Deputy Director

From: Nancy Camarena, Management Analyst

Subject: Request for retroactive contract start date for Skytrac Systems, Limited

Please approve the retroactive start date of January 31, 2018 for Skytrac Systems, Limited contract for in-flight tracking at five minute intervals of department aircraft in case emergencies or catastrophic events occur during the 1,200 hours flown by department aircraft annually.

A retroactive contract is required because the contractor was not previously registered with the Secretary of State and due to helicopter safety concerns the department determined it was necessary to continue these services to keep its staff safe.

Thank you for your assistance in this matter. If you have any questions please call me at (775) 688-1526.

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: **20585**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Marnell Gaming, LLC**Contractor Name: **Marnell Gaming, LLC**Address: **2020 South Casino Drive**City/State/Zip: **Laughlin, NV 89029**Contact/Phone: **702-600-4850**

Vendor No.:

NV Business ID: **NV20061341460**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 % Revenue Contract

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/10/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/12/2018**Contract term: **2 days**4. Type of contract: **Revenue Contract**Contract description: **River Regatta**

5. Purpose of contract:

This is a new revenue contract to provide park permit costs and reimbursement for additional park personnel for the river regatta at the Big Bend of the Colorado State Recreation Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,750.00**

Other basis for payment: \$750 for the permit fee and \$15,000 for the personnel fees

II. JUSTIFICATION

7. What conditions require that this work be done?

An estimated 22,000 visitors will float down the Colorado River entering Big Bend of the Colorado State Recreation Area.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We need to use assistance from many of State Parks staff from other parks.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 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:

Craig Robinson, Park Supervisor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	07/17/2018 15:13:43 PM
Division Approval	sdecrona	07/17/2018 15:13:45 PM
Department Approval	sdecrona	07/17/2018 15:13:47 PM
Contract Manager Approval	sdecrona	07/17/2018 15:16:58 PM
Budget Analyst Approval	cpalme2	07/26/2018 15:47:05 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: **18639**Amendment Number: **1**Agency Name: **DCNR - PARKS DIVISION**Legal Entity Name: **JENSEN ENGINEERING, INC.**Agency Code: **704**Contractor Name: **JENSEN ENGINEERING, INC.**Appropriation Unit: **4605-06**Address: **9655 GATEWAY DRIVE, 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? **2017-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Utility Surcharge
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 **05/03/2017**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **04/28/2019**Contract term: **2 years and 58 days**4. Type of contract: **Contract**Contract description: **Electrical Engineer**

5. Purpose of contract:

This is the first amendment to the original contract which provides specialized electrical engineering for any Nevada State Parks. This amendment extends the termination date from April 28, 2019 to June 30, 2019 and increases the maximum amount of the contract from \$24,990.00 to \$49,890.00 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:	\$24,990.00	\$24,990.00	\$24,990.00	Yes - Info
2. Amount of current amendment (#1):	\$24,900.00	\$24,900.00	\$49,890.00	Yes - Info
3. New maximum contract amount:	\$49,890.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

As conditions arise, Parks is required professional electrical engineering for design projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is not sufficient staff or expertise 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):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

A comprehensive review of each engineer's qualifications.

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:

Blasdel Building Emergency Generator Replacement 2015 and Railroad Museum Improvements 2016 both for State of Nevada Public Works Board with satisfactory compliance.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	07/24/2018 09:25:33 AM
Division Approval	sdecrona	07/24/2018 09:25:36 AM
Department Approval	sdecrona	07/24/2018 09:25:39 AM
Contract Manager Approval	sdecrona	08/01/2018 10:55:06 AM
Budget Analyst Approval	cpalme2	08/02/2018 13:51:38 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: **20590**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Agency Code: **810**Appropriation Unit: **4735-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ERIN BISHOP DBA CUSTOM CLEAN ELY**Contractor Name: **ERIN BISHOP DBA CUSTOM CLEAN ELY**Address: **P.O. BOX 151132**City/State/Zip: **ELY, NV 89315-1132**Contact/Phone: **Erin Bishop 916/812-5551**Vendor No.: **T29037609**NV Business ID: **NV20161304129**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 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2022**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Janitorial Svc Ely**

5. Purpose of contract:

This is a new contract to provide the janitorial services required at the Ely DMV facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,560.00**

Payment for services will be made at the rate of \$595.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

State office must be kept clean.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees in the area 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 Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only company in the area interested in bidding.

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:

Currently contracted with DMV-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 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:

Laura Brown, DMV Services Supervisor Ph: 775-289-1605

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vleigh	07/20/2018 07:50:25 AM
Division Approval	cmunoz	07/20/2018 15:14:14 PM
Department Approval	cmunoz	07/20/2018 15:14:17 PM
Contract Manager Approval	hazevedo	07/23/2018 08:13:19 AM
Budget Analyst Approval	hfield	07/27/2018 15:35:15 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: **19104**Amendment
Number: **1**Agency Name: **DEPARTMENT OF MOTOR
VEHICLES**Legal Entity
Name: **MARIANNE ODMAN DBA AL-MAR
CLEANING SERVICES**Agency Code: **810**Contractor Name: **MARIANNE ODMAN DBA AL-MAR
CLEANING SERVICES**Appropriation Unit: **4735-04**Address: **P.O. BOX 292**Is budget authority
available?: **Yes**City/State/Zip: **TONOPAH, NV 89049-0292**

If "No" please explain: Not Applicable

Contact/Phone: **Marianne Odman 775/482-2002**Vendor No.: **T29025703**NV Business ID: **NV20121462526**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 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **08/11/2017**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **08/31/2018**Contract term: **3 years and 21 days**4. Type of contract: **Contract**Contract description: **Janitorial**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services required at the Tonopah facility. This amendment extends the termination date from August 31, 2018 to August 31, 2020 and increases the maximum amount from \$11,820 to \$38,620 due the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$11,820.00	\$11,820.00	\$11,820.00	Yes - Info
2. Amount of current amendment (#1):	\$26,800.00	\$26,800.00	\$38,620.00	Yes - Info
3. New maximum contract amount:	\$38,620.00			
and/or the termination date of the original contract has changed to:	08/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

State offices must be kept clean.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees in the area to provide this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

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:

Currently contracted with DMV and NDOT-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 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	vleigh	07/18/2018 12:33:53 PM
Division Approval	vleigh	07/18/2018 12:33:56 PM
Department Approval	jgrimmer	07/18/2018 12:39:13 PM
Contract Manager Approval	hazevedo	07/18/2018 14:21:07 PM
Budget Analyst Approval	hfield	07/27/2018 16:27:51 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: **20290**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: **DETR Employment Security Division**Contractor Name: **DETR Employment Security Division**Address: **500 E. 3rd Street**City/State/Zip: **Carson City, NV 89713**Contact/Phone: **Christina Guzman 775-684-3823**

Vendor No.:

NV Business ID: **State of Nevada**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 #: **3113-20-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/26/2018**Anticipated BOE meeting date **07/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2020**Contract term: **2 years and 67 days**4. Type of contract: **Interlocal Agreement**Contract description: **DETR-REHAB INTERLOCA**

5. Purpose of contract:

This is a new interlocal agreement that provides 'Data Sharing' to allow access to the Rehabilitation Division to certain information gathered by Employment Security Division in the administration of the Unemployment Insurance Program. The Bureau of Vocational Rehabilitation and the Bureau of Services to the Blind and Visually Impaired will access the data to provide performance reports to The U.S. Department of Education's Rehabilitation Services Administration pursuant to section 116(b)(2)(A)(i) of the Workforce Innovation and Opportunity Act, 29 U.S.C. 3141(b)(2)(A)(i).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,500.00**

Other basis for payment: No Cost Interlocal Agreement

II. JUSTIFICATION

7. What conditions require that this work be done?

This reporting requires reporting with respect to three primary performance indicators, which are:

1. Employment Rate - 2nd Quarter After Exit: The percentage of participants who are in unsubsidized employment during the second quarter after exit from the program;
2. Employment Rate - 4th Quarter After Exit: The percentage of participants who are in unsubsidized employment during the fourth quarter after exit from the program;
3. Median Earnings - 2nd Quarter After Exit: The median earnings of participants who are in unsubsidized employment during the second quarter after exit from the program

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Interlocal Agreement between DETR Divisions sharing DETR information

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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

bmartin7

06/19/2018 08:37:18 AM

Division Approval

kdesoci1

07/14/2018 13:52:41 PM

Department Approval	kdesoci1	07/14/2018 13:52:44 PM
Contract Manager Approval	swilli31	07/17/2018 13:21:13 PM
Budget Analyst Approval	tgreenam	07/26/2018 10:53:57 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: **20611**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Kohn & Company LLP
Agency Code:	BDC	Contractor Name:	Kohn & Company LLP
Appropriation Unit:	B001 - All Categories	Address:	5310 Kietzke Lane, Suite 101
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89511
If "No" please explain:	Not Applicable	Contact/Phone:	Beth Kohn-Cole, CPA 775-828-7300
		Vendor No.:	
		NV Business ID:	NV20131451408

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % 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 **01/01/2019**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2021**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **Audit Services**

5. Purpose of contract:

This is a new contract to provide audits of the Board's financial statements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,700.00**

Payment for services will be made at the rate of \$8,200.00 per Year 2019

Other basis for payment: \$8,200 (2019), \$8,600 (2020), \$8,900 (2021)

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 218G.400 requires an Independent Audit to be conducted of the Board's financial statements and position. Results of the audit must be provided to the Legislative Counsel Bureau by December of each calendar year.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

An Audit must be conducted by an Independent Certified Public Accountant in accordance with Governmental Auditing Standards. An Employee would not be able to provide this work as it would require (1) a CPA and (2) independence would be an issue as the auditor must remain independent and objective while performing the audit.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?

Kohn & Company has preformed the Board's Independent Audit for many years and is extremely thorough and professional in their handling of the engagement. Kohn & Company is well qualified to conduct GASB Audits in accordance with Governmental Standards. Based on the continuity of the firm's engagement they were able to provide the services at a substantially lower dollar amount than other firms.

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:

Kohn & Company has performed prior fiscal year audits for the State Board of Accountancy under a state approved contract. There are potentially other State Board's that this contractor provides services to such as the State Board of Podiatry etc.

14. Is the contractor currently involved in litigation with the State 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:

LLP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	07/26/2018 13:11:56 PM
Division Approval	vwind1	07/26/2018 13:12:00 PM
Department Approval	vwind1	07/26/2018 13:12:05 PM
Contract Manager Approval	vwind1	07/26/2018 13:12:08 PM
Budget Analyst Approval	lfree1	08/10/2018 11:31:24 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: **20561**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B011 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **KMJ 2.0 LLC dba KMJ Web Design**Contractor Name: **KMJ 2.0 LLC dba KMJ Web Design**Address: **6615 S. Eastern Ave #105**City/State/Zip: **Las Vegas, NV 89119**Contact/Phone: **Karl Maisner, President 7024301080**

Vendor No.:

NV Business ID: **NV20071707316**To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % 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 **08/02/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2019**Contract term: **241 days**4. Type of contract: **Contract**Contract description: **Create Mobile App**

5. Purpose of contract:

This is a new contract to replace the Board's existing mobile application to better interface with the Board's data management portal.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,750.00**

Other basis for payment: 25% - Contract start; 25% - Design & Development; 25% - Q/A & Testing & Submission to App Stores; 25% - Approval from Apple and Andriod

II. JUSTIFICATION

7. What conditions require that this work be done?

Easier access to Board's website for the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Do not have the skills to complete this task.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):

KMJ Web Design
Killer Mobile
inLumon

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

KMJ uses web encapsulation which will provide more stability than web scraping which the other vendors use. This stability means that there should be fewer instances needed to update the mobile application to accommodate changes to public facing web pages over time.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	dlumbert	07/11/2018 15:21:54 PM
Division Approval	dlumbert	07/11/2018 15:21:57 PM
Department Approval	dlumbert	07/11/2018 15:22:00 PM
Contract Manager Approval	dlumbert	07/11/2018 15:22:04 PM
EITS Approval	mlynn	07/12/2018 09:48:24 AM
Budget Analyst Approval	lfree1	08/02/2018 11:59:52 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: **20514**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B029 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Albertson Consulting, Inc.**Contractor Name: **Albertson Consulting, Inc.**Address: **100 Main Street South**City/State/Zip: **Minot, ND 58701-3872**Contact/Phone: **Daniel Albertson 701-839-7523**Vendor No.: **031688778**NV Business ID: **NV20171387080**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 #: **063018**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/02/2018**Anticipated BOE meeting date **09/2018**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2019**Contract term: **363 days**4. Type of contract: **Contract**Contract description: **Custom. system dev.**

5. Purpose of contract:

This is a new contract to provide system development and conversion of the Board's existing database for licensing renewals to a new customized off the shelf system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,900.00**

Other basis for payment: After contract is finalized: Project Initiation- Analysis Phase: Months 1-3 vendor will conduct analysis with key team members, develop BESW requirements, setup system in development environment using subset of data for training and demonstration needs, support and train customer on record types, fields, searching, sorting and exporting etc. @ \$12,000; * Design Development Deployment: Months 4 to 5 to include data conversion, additional training, website integration requirements, work-flow processing, set up of reports and correspondence including configuration of business process per BESW requirements etc. @ \$10,000; * System goes live - Month 6 @ \$2900 * Total Vendor Hosted System Implementation = \$24,900.

II. JUSTIFICATION

7. What conditions require that this work be done?

The BESW Board is in the process of meeting Nevada legislative mandates (2015, 2017 sessions) to offer online licensing; Also, BESW has reported to the May 2018 State of Nevada Sunset Committee that it was able to 1) set aside funds and 2) has a Board approved plan to secure a contract to put its licensing renewal system online during 2018.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We worked with the State of Nevada Enterprise Information Technology Services (EITS) as follows: EITS was accommodating and eager to help with the needs of the BESW Board. At the time of our meeting, EITS acknowledged that it had only built one other interactive online system. The BESW IT needs appeared to be greater and BESW had neither the staff experience nor the resources to help with the development of online, secure, customized licensing renewals software program alongside the EITS team. Board staff was impressed with the EITS staff but felt that BESW needs would at times fall lower on the priority list for year-round customer service e.g. during legislative years, and when larger agencies had IT needs that require extensive department resources.

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 service provider is able to put the system into service rapidly; it is reportedly easy-to-use, customized to our needs, offering the required data security, year-round customer service and problem resolution, as well as year-to-year cost advantages over other respondents.

d. Last bid date: 04/20/2018 Anticipated re-bid date: 05/18/2019

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 Board of Occupational Therapy has contracted with Albertson Consulting during the past year. The BESW evaluation team sent a member to go through the program alongside the OT staff; this system was specifically customized for their use yet similar to how the BESW will need to use the customized off-the-shelf software. It was found to be easy-to-use and verified as satisfactory for utilization by BESW.

14. Is the contractor currently involved in litigation with the State 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:

Karen Barsell, Executive Director Ph: 775-688-2555

Sandy Lowery, Deputy Executive Director Ph: 775-688-2555

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	barsell1	07/06/2018 15:53:17 PM
Division Approval	barsell1	07/10/2018 15:46:25 PM
Department Approval	barsell1	07/10/2018 15:46:29 PM
Contract Manager Approval	barsell1	07/10/2018 15:46:33 PM
EITS Approval	mlynn	07/10/2018 19:18:13 PM
Budget Analyst Approval	lfree1	08/02/2018 13:54:46 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: **20571**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	CAPITOL PARTNERS LLC
Agency Code:	BDC	Contractor Name:	CAPITOL PARTNERS LLC
Appropriation Unit:	B029 - All Categories	Address:	1575 Delucchi Lane, Suite 115
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	Mendy Elliott 775/622-9665
		Vendor No.:	T27034422
		NV Business ID:	NV20101806674

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 #: GovtRel20182019

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2018**

Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **1 year and 334 days**4. Type of contract: **Contract**Contract description: **Govt Relations Serv**

5. Purpose of contract:

This is a new contract to provide lobbyist services for the Board.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,500.00**

Other basis for payment: \$1500 per month July 1 through December 31, 2018; \$2500 per month January 1 through June 30, 2019; \$1500 per month for July 1, 2019 through June 30, 2020 for total of \$40,500

II. JUSTIFICATION

7. What conditions require that this work be done?

Government relations services are required by the Board of Examiners for Social Workers to successfully complete work that was started during an earlier legislative session (2017) and interim session (2018). As the 2019 session approaches, the Board of Examiners for Social Workers will need to effectively address a variety of legislative and regulatory matters as part of a coordinated effort over the next 2 year period.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

BESW has a small staff with competing timelines that must be completed to meet legislative mandates. As we prepare for 2019 Legislative Session, at the same time, BESW must share information about progress being made on these mandates with interested constituencies. Government relations services will help BESW with orientation to the larger policy context for both staff and Board. BESW also needs assistance with the development of a bill draft request and acquiring sponsorship; monitoring and tracking BESW-relevant BDRs, tracking of legislation and summary reports; provision of training for Board and staff to improve legislative perception BESW as well as in discussions/ meetings with agencies and social workers; and of note, help with strategies related to testimony and key legislator meetings during the session (2019) and during the interim implementation period (2019-2020).

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):

Capitol Partners LLC
Abney Tauchen Group
Davis Strategies
Silver State Government Relations

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected due to decades of experience and expertise in working with the State of Nevada legislative process, lowest cost for the 2 year contract period, and experience in working with Boards and Commissions.

d. Last bid date: 07/02/2018 Anticipated re-bid date: 04/30/2020

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

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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:

Sandra Lowery, Deputy Executive Director Ph: 775-688-5555

Karen Barsell, Executive Director Ph: 775-688-6555

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	barsell1	07/13/2018 09:47:52 AM
Division Approval	barsell1	07/13/2018 09:47:54 AM
Department Approval	barsell1	07/13/2018 09:47:57 AM
Contract Manager Approval	barsell1	07/13/2018 09:48:00 AM
Budget Analyst Approval	lfree1	07/25/2018 11:56:46 AM



**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) 687-0260

Date: August 8, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Lynnette Aaron, Executive Branch Budget Officer
Governor's Finance Office

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 2018 – 4th QUARTER OVERTIME REPORT

Agenda Item Write-up:

Fiscal year 2018 fourth quarter overtime report by department.

Additional Information:

As of the fourth quarter of fiscal year 2018, overtime pay and accrued compensatory leave accounted for a total of approximately \$46.27 million, or 4.5% of total pay, a 1.2% decrease from fiscal year 2017.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for 4th quarter FY18 accounted for 84.0% of the total:

1. Department of Health & Human Services – \$2.42 million
2. Department of Public Safety– \$2.13 million
3. Department of Transportation – \$1.23 million
4. Department of Corrections – \$1.06 million
5. Department of Conservation & Natural Resources – \$389k

The 5 agencies with the highest percentage of overtime and accrued comp time as a share of total pay for 4th quarter FY18 were:

1. Department of Public Safety – 9.0%
2. Commission on Mineral Resources – 6.4%
3. Department of Veterans Services – 5.0%

- 4. Department of Transportation – 4.8%
- 5. Adjutant General – 3.8%

At the Department of Corrections, overtime and comp time decreased by \$721k (40.5%) from the prior quarter, and continued to be driven by the large correctional centers and medical personnel. Overtime and comp time for 4th quarter FY18 were highest at these 7 locations, which accounted for 71.9% of the total overtime for the department:


- 1. High Desert State Prison – \$160k
- 2. Ely State Prison – \$150k
- 3. Lovelock Correctional Center – \$108k
- 4. Prison Medical – \$102k
- 5. Northern Nevada Correctional Center – \$84k
- 6. Florence McClure Women’s Correctional Center – \$78k
- 7. Southern Desert Correctional Center – \$76k

The highest four causes accounted for 72.8% of the overtime for 4th quarter FY 2018:

- 1. Covering annual and military leave – \$349k
- 2. Covering holiday shifts – \$222k
- 3. Hospital coverage – \$144k
- 4. Wildfire coverage – \$55k

At the Department of Health and Human Services, overtime was driven by Public & Behavioral Health (\$1.08 million - primarily in Southern Nevada Adult Mental Health (\$664k) and Facility for the Mental Offender (\$233k) budget accounts), Child and Family Services (\$743k) and Aging and Disability Services (\$454k). By event code, the highest four causes accounted for 68.7% of the overtime:

- 1. Covering vacant shifts – \$751k
- 2. Covering 24 hour shifts – \$563k
- 3. Reducing backlog – \$199k
- 4. Budget preparation – \$149k

REVIEWED: 

INFO ITEM: _____

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 SUMMARY (QTR 4)
NEVADA DEPARTMENT OF ADMINISTRATION



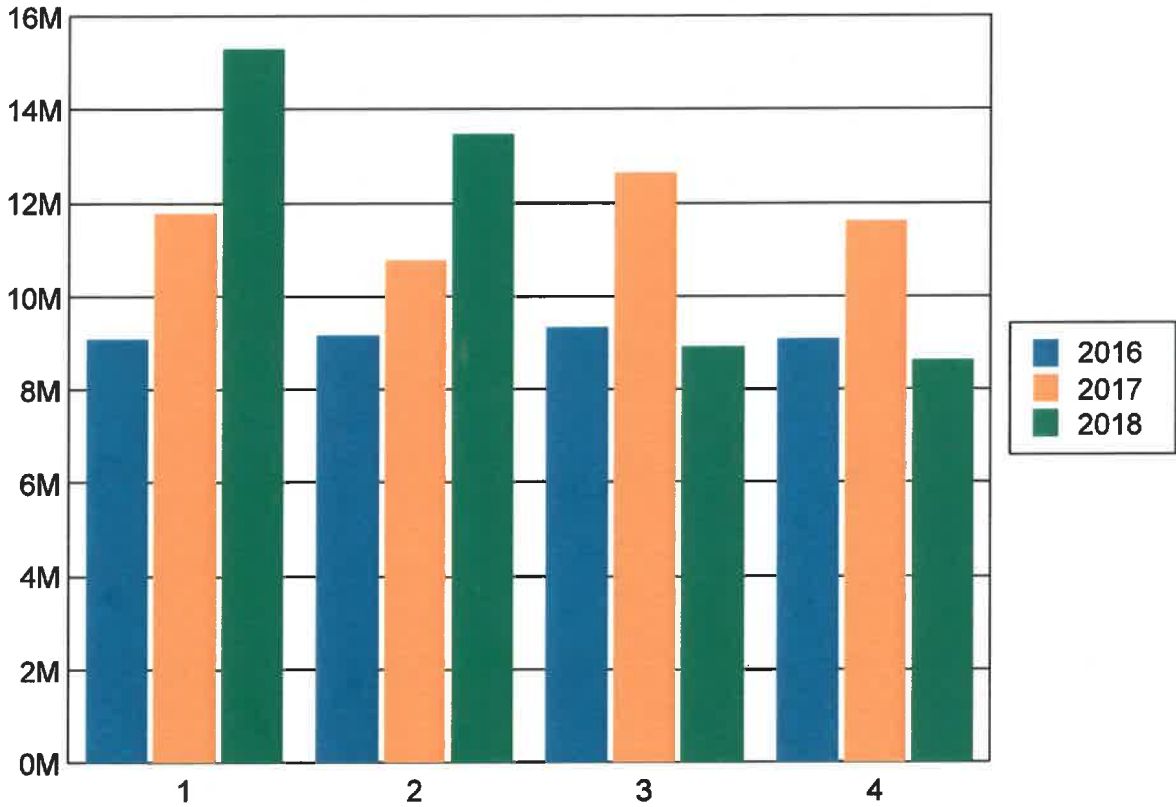
Tuesday, September 11, 2018

CUMULATIVE STATEWIDE TOTALS (QTR 4)			
	2016	2017	2018
BASE PAY	\$905,786,321	\$941,770,408	\$989,447,347
OVERTIME PAY + ACCRUED COMP	\$36,617,304	\$46,839,548	\$46,267,048
TOTAL PAY	\$942,403,625	\$988,609,956	\$1,035,714,395
OT/COMP AS A SHARE OF TOTAL PAY	3.89%	4.74%	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	\$2,418,326	3.12%
65	DEPARTMENT OF PUBLIC SAFETY	\$2,131,798	8.98%
80	DEPARTMENT OF TRANSPORTATION	\$1,229,870	4.84%
44	DEPARTMENT OF CORRECTIONS	\$1,057,635	2.72%
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$388,816	3.41%

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
65	DEPARTMENT OF PUBLIC SAFETY	\$2,131,798	8.98%
50	COMMISSION ON MINERAL RESOURCES	\$15,511	6.38%
24	DEPARTMENT OF VETERANS SERVICE	\$151,658	5.03%
80	DEPARTMENT OF TRANSPORTATION	\$1,229,870	4.84%
43	ADJUTANT GENERAL	\$50,139	3.81%

Statewide OT/Comp Distribution by Quarter



	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
2016	\$218,457,123	\$210,776,790	\$238,506,651	\$238,045,758
2017	\$223,221,734	\$220,013,839	\$248,467,071	\$250,067,764
2018	\$231,050,443	\$261,099,325	\$232,530,509	\$264,767,070

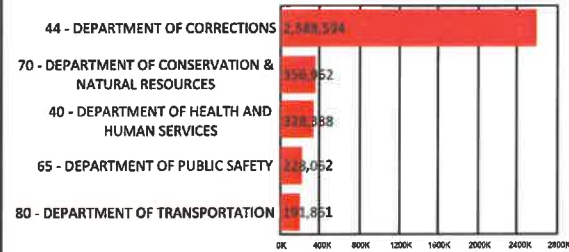
OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 QUARTERLY ANALYSIS vs FY2017
NEVADA DEPARTMENT OF ADMINISTRATION
Tuesday, September 11, 2018

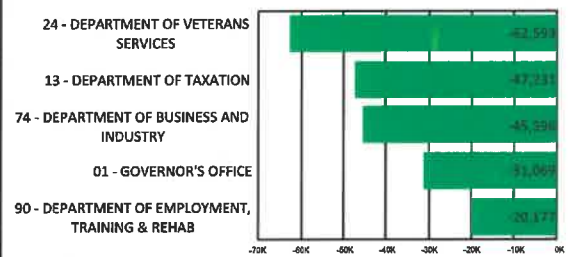


FY2018 - QTR1

Greatest increases in OT/Comp expenditures vs FY2017

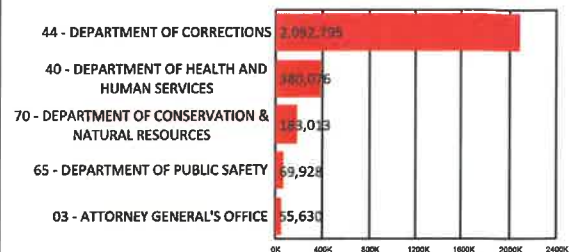


Greatest reductions in OT/Comp expenditure vs FY2017

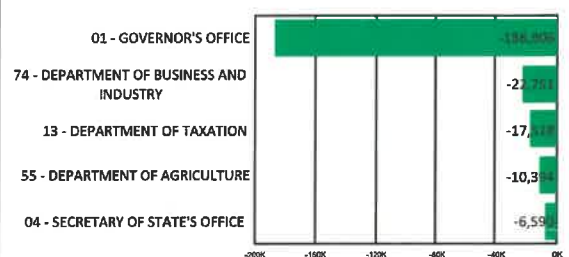


FY2018 - QTR2

Greatest increases in OT/Comp expenditures vs FY2017

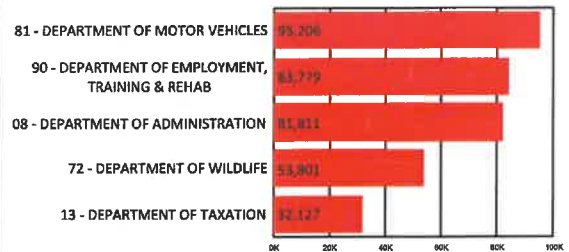


Greatest reductions in OT/Comp expenditure vs FY2017

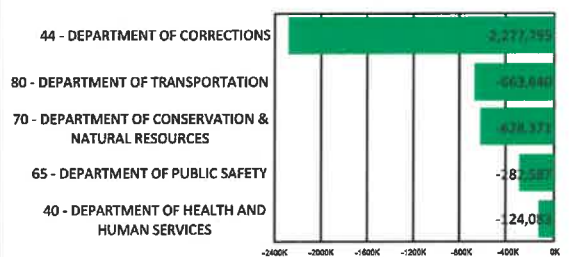


FY2018 - QTR3

Greatest increases in OT/Comp expenditures vs FY2017

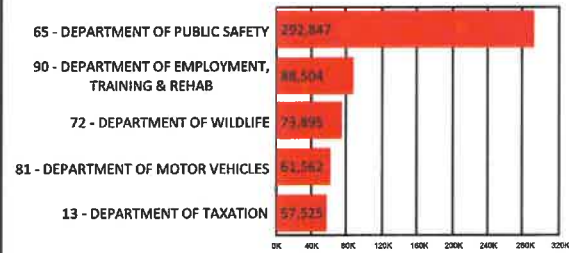


Greatest reductions in OT/Comp expenditure vs FY2017

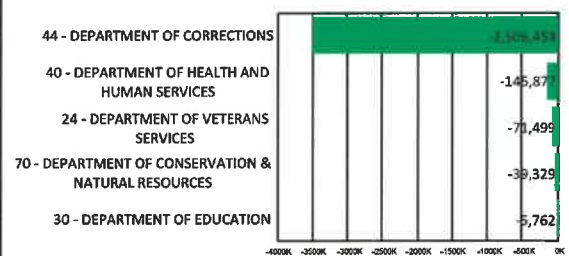


FY2018 - QTR4

Greatest increases in OT/Comp expenditures vs FY2017

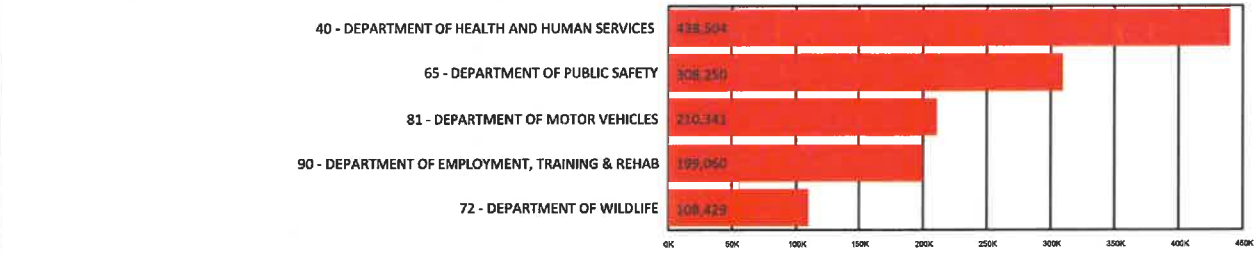


Greatest reductions in OT/Comp expenditure vs FY2017

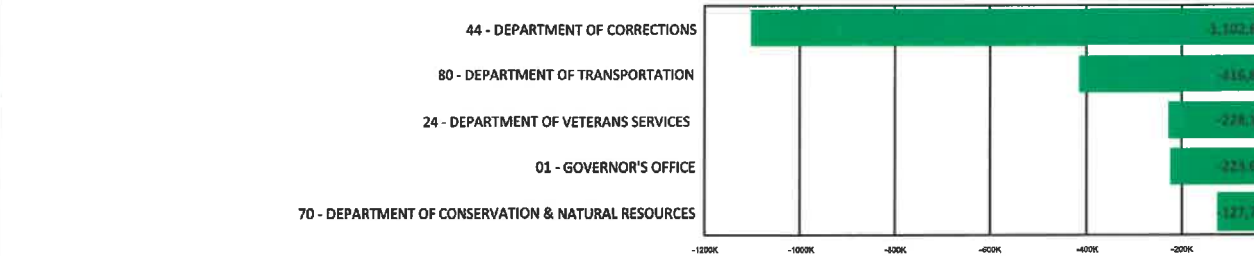


FY2018 - YEAR-TO-DATE TOTALS

Greatest increases in OT/Comp expenditures vs FY2017



Greatest reductions in OT/Comp expenditure vs FY2017



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 QUARTERLY DETAILED ANALYSIS
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, September 11, 2018

	FY2018QTR1				FY2018QTR2				FY2018QTR3				FY2018QTR4			
	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2017	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2017	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2017	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2017
01 - GOVERNOR'S OFFICE	\$300	\$1,386,065	0.02%	\$-31,069	\$300	\$1,727,856	0.02%	\$-186,906	\$73	\$1,504,478	0.00%	\$-7,016	\$3,252	\$1,735,894	0.19%	\$1,385
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$67,337	0.00%	\$0	\$0	\$83,312	0.00%	\$0	\$0	\$77,681	0.00%	\$0	\$0	\$90,803	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$20,646	\$6,029,246	0.34%	\$-3,488	\$66,662	\$7,084,355	0.94%	\$55,630	\$15,052	\$6,109,883	0.25%	\$-3,732	\$32,092	\$7,136,950	0.45%	\$7,841
04 - SECRETARY OF STATE'S OFFICE	\$3,548	\$1,656,484	0.21%	\$-16,939	\$364	\$1,896,002	0.02%	\$-6,590	\$918	\$1,614,072	0.06%	\$-2,004	\$14,494	\$1,902,881	0.76%	\$10,628
05 - TREASURER'S OFFICE	\$1,308	\$536,564	0.24%	\$268	\$1,797	\$680,672	0.26%	\$-1,032	\$2,284	\$618,485	0.37%	\$1,214	\$798	\$701,614	0.11%	\$-1,997
06 - CONTROLLER'S OFFICE	\$7,501	\$630,176	1.19%	\$-5,699	\$39,297	\$766,764	5.13%	\$-5,155	\$3,168	\$624,431	0.51%	\$-1,735	\$2,865	\$725,633	0.39%	\$2,416
08 - DEPARTMENT OF ADMINISTRATION	\$126,870	\$7,325,103	1.73%	\$-14,859	\$105,538	\$8,417,769	1.25%	\$-2,427	\$187,047	\$7,393,545	2.53%	\$81,811	\$171,413	\$8,710,514	1.97%	\$42,965
09 - JUDICIAL BRANCH	\$2,060	\$6,646,265	0.03%	\$565	\$2,349	\$7,706,904	0.03%	\$957	\$19,191	\$6,725,026	0.29%	\$9,412	\$3,565	\$7,943,010	0.04%	\$-2,473
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$5,095	\$1,469,112	0.35%	\$1,177	\$15,661	\$1,732,742	0.90%	\$3,853	\$4,736	\$1,523,930	0.31%	\$-2,641	\$11,710	\$1,786,554	0.66%	\$1,348
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$740,216	0.00%	\$0	\$0	\$842,485	0.00%	\$0	\$0	\$685,710	0.00%	\$0	\$0	\$793,856	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$35,497	\$4,531,146	0.78%	\$-47,231	\$12,251	\$5,209,777	0.24%	\$-17,518	\$53,331	\$4,493,781	1.19%	\$32,127	\$98,532	\$5,411,516	1.82%	\$57,525
15 - COMMISSION ON ETHICS	\$0	\$110,080	0.00%	\$0	\$0	\$124,974	0.00%	\$0	\$0	\$109,277	0.00%	\$0	\$0	\$122,787	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$99,941	0.00%	\$0	\$0	\$109,994	0.00%	\$0	\$0	\$98,209	0.00%	\$0	\$0	\$110,412	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$219,352	0.00%	\$0	\$873	\$247,941	0.35%	\$346	\$0	\$207,651	0.00%	\$-63	\$1,315	\$248,550	0.53%	\$88
24 - DEPARTMENT OF VETERANS SERVICES	\$232,502	\$2,676,785	8.69%	\$-62,593	\$308,661	\$3,175,782	9.72%	\$1,610	\$171,068	\$2,647,967	6.46%	\$-95,642	\$151,658	\$3,017,469	5.03%	\$-71,499
30 - DEPARTMENT OF EDUCATION	\$64,604	\$2,345,475	2.75%	\$23,955	\$40,814	\$2,645,499	1.54%	\$7,617	\$54,164	\$2,349,121	2.31%	\$4,909	\$51,200	\$2,835,860	1.81%	\$-5,762
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$1,526	\$186,142	0.82%	\$-5,774	\$0	\$218,467	0.00%	\$0	\$0	\$210,337	0.00%	\$0	\$4,636	\$274,705	1.69%	\$4,636
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,813,667	\$67,295,302	4.18%	\$328,388	\$2,958,742	\$77,181,716	3.83%	\$380,076	\$2,835,850	\$68,773,005	4.12%	\$-124,083	\$2,418,326	\$77,436,760	3.12%	\$-145,877
43 - ADJUTANT GENERAL	\$59,187	\$1,152,025	5.14%	\$-5,889	\$58,470	\$1,247,987	4.69%	\$7,406	\$51,610	\$1,127,487	4.58%	\$13,185	\$50,139	\$1,316,542	3.81%	\$-2,553
44 - DEPARTMENT OF CORRECTIONS	\$5,772,049	\$38,462,578	15.01%	\$2,588,594	\$5,791,350	\$43,895,497	13.19%	\$2,092,795	\$1,778,072	\$34,590,426	5.14%	\$-2,277,795	\$1,057,635	\$38,903,976	2.72%	\$-3,506,458
50 - COMMISSION ON MINERAL RESOURCES	\$18,996	\$217,136	8.75%	\$5,621	\$401	\$202,549	0.20%	\$159	\$7,468	\$192,202	3.89%	\$2,345	\$15,511	\$242,977	6.38%	\$-826
55 - DEPARTMENT OF AGRICULTURE	\$19,890	\$1,746,722	1.14%	\$-10,107	\$16,601	\$1,904,705	0.87%	\$-10,394	\$20,376	\$1,640,872	1.24%	\$-5,880	\$22,937	\$1,933,395	1.19%	\$7,246
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,622,008	0.00%	\$0	\$0	\$2,008,069	0.00%	\$0	\$0	\$1,771,330	0.00%	\$0	\$0	\$2,086,740	0.00%	\$0
61 - GAMING CONTROL BOARD	\$158,280	\$5,870,044	2.70%	\$52,679	\$166,761	\$6,755,992	2.47%	\$51,241	\$132,501	\$5,709,007	2.32%	\$-29,057	\$169,602	\$6,815,006	2.49%	\$6,227
65 - DEPARTMENT OF PUBLIC SAFETY	\$2,226,166	\$20,632,474	10.79%	\$228,062	\$1,824,597	\$23,276,732	7.84%	\$69,928	\$1,473,820	\$20,023,923	7.36%	\$-282,587	\$2,131,798	\$23,747,594	8.98%	\$292,847
69 - COLORADO RIVER COMMISSION	\$819	\$636,261	0.13%	\$262	\$2,118	\$761,878	0.28%	\$-435	\$2,471	\$662,452	0.37%	\$-1,064	\$1,615	\$803,083	0.20%	\$131
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,898,711	\$11,572,828	16.41%	\$356,962	\$688,113	\$10,778,498	6.38%	\$183,013	\$86,776	\$9,151,602	0.95%	\$-628,371	\$388,816	\$11,410,698	3.41%	\$-39,329
72 - DEPARTMENT OF WILDLIFE	\$54,145	\$3,479,562	1.56%	\$-16,760	\$58,054	\$3,908,006	1.49%	\$-2,507	\$107,813	\$3,373,036	3.20%	\$53,801	\$119,069	\$4,027,621	2.96%	\$73,895
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$54,068	\$8,164,376	0.66%	\$-45,596	\$54,990	\$9,520,017	0.58%	\$-22,751	\$64,967	\$8,337,214	0.78%	\$7,126	\$86,765	\$9,758,879	0.89%	\$40,743
80 - DEPARTMENT OF TRANSPORTATION	\$1,392,396	\$25,157,192	5.53%	\$191,861	\$1,046,777	\$24,783,856	4.22%	\$2,747	\$1,532,847	\$25,454,073	6.02%	\$-663,640	\$1,229,870	\$25,385,819	4.84%	\$52,225
81 - DEPARTMENT OF MOTOR VEHICLES	\$133,264	\$12,405,333	1.07%	\$22,839	\$142,667	\$14,370,164	0.99%	\$30,734	\$192,599	\$12,403,219	1.55%	\$95,206	\$194,397	\$14,453,517	1.34%	\$61,562
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$183,846	\$10,684,167	1.72%	\$-20,177	\$60,462	\$10,618,519	0.57%	\$46,955	\$113,103	\$10,637,150	1.06%	\$83,779	\$167,799	\$10,759,263	1.56%	\$88,504
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$376,696	0.00%	\$0	\$0	\$436,433	0.00%	\$0	\$0	\$395,084	0.00%	\$0	\$2,328	\$489,904	0.48%	\$2,328
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$207,190	0.00%	\$-2,113	\$0	\$242,077	0.00%	\$-2,113	\$0	\$206,147	0.00%	\$0	\$0	\$250,426	0.00%	\$0
Total	\$15,286,941	\$246,337,384	6.21%	\$3,512,939	\$13,464,667	\$274,563,991	4.90%	\$2,677,237	\$8,911,303	\$241,441,812	3.69%	\$-3,740,396	\$8,604,137	\$273,371,208	3.15%	\$-3,022,233

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2018 COMPARATIVE YEAR-TO_DATE ANALYSIS (QTR1-QTR4) VS FY2016-FY2017

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, September 11, 2018



	FY 2016 QTR1-QTR4				FY 2017 QTR1-QTR4				FY 2018 QTR1-QTR4			
	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	\$3,402	\$5,299,837	0.06%	\$3,402	\$227,530	\$5,527,718	4.12%	\$224,128	\$3,924	\$6,354,293	0.06%	\$-223,606
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$317,479	0.00%	\$0	\$0	\$326,956	0.00%	\$0	\$0	\$319,134	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$54,381	\$24,787,111	0.22%	\$17,016	\$78,200	\$25,614,849	0.31%	\$23,819	\$134,451	\$26,360,434	0.51%	\$56,251
04 - SECRETARY OF STATE'S OFFICE	\$30,732	\$5,970,957	0.51%	\$15,912	\$34,227	\$6,586,670	0.52%	\$3,495	\$19,323	\$7,069,438	0.27%	\$-14,904
05 - TREASURER'S OFFICE	\$14,816	\$2,342,047	0.63%	\$-6,236	\$7,735	\$2,510,129	0.31%	\$-7,081	\$6,187	\$2,537,335	0.24%	\$-1,548
06 - CONTROLLER'S OFFICE	\$58,947	\$2,606,562	2.26%	\$26,670	\$63,004	\$2,667,671	2.36%	\$4,057	\$52,830	\$2,747,003	1.92%	\$-10,174
08 - DEPARTMENT OF ADMINISTRATION	\$307,944	\$28,411,781	1.08%	\$-436,289	\$483,378	\$29,898,509	1.62%	\$175,433	\$590,868	\$31,846,930	1.86%	\$107,490
09 - JUDICIAL BRANCH	\$7,648	\$28,199,180	0.03%	\$-13,731	\$18,703	\$27,919,672	0.07%	\$11,055	\$27,165	\$29,021,206	0.09%	\$8,462
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$18,700	\$5,937,083	0.31%	\$-12,834	\$33,466	\$5,925,223	0.56%	\$14,766	\$37,202	\$6,512,338	0.57%	\$3,736
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$3,013,406	0.00%	\$-574	\$0	\$3,044,104	0.00%	\$0	\$0	\$3,062,267	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$110,719	\$15,709,591	0.70%	\$49,302	\$174,708	\$17,450,629	1.00%	\$63,988	\$199,611	\$19,646,221	1.02%	\$24,903
15 - COMMISSION ON ETHICS	\$0	\$408,748	0.00%	\$0	\$0	\$429,994	0.00%	\$0	\$0	\$467,118	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$373,637	0.00%	\$0	\$0	\$419,777	0.00%	\$0	\$0	\$418,556	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$2,188	\$923,494	0.24%	\$371
23 - COMMISSION ON PEACE OFFICERS STANDARDS & TRAINING	\$2,639	\$865,837	0.30%	\$-9,651	\$1,817	\$882,933	0.21%	\$-823	\$0	\$0	0.00%	\$0
24 - DEPARTMENT OF VETERANS SERVICES	\$729,604	\$10,226,940	7.13%	\$4,733	\$1,092,012	\$10,921,953	10.00%	\$362,408	\$863,888	\$11,518,004	7.50%	\$-228,124
30 - DEPARTMENT OF EDUCATION	\$77,190	\$9,118,147	0.85%	\$16,693	\$180,063	\$9,989,644	1.80%	\$102,873	\$210,782	\$10,175,955	2.07%	\$30,719
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$12,107	\$715,327	1.69%	\$10,594	\$7,300	\$776,430	0.94%	\$-4,808	\$6,162	\$889,652	0.69%	\$-1,137
36 - COMMISSION ON POSTSECONDARY EDUCATION	\$2,656	\$205,282	1.29%	\$2,656	\$0	\$207,148	0.00%	\$-2,656	\$0	\$0	0.00%	\$0
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$9,233,922	\$266,992,121	3.46%	\$1,197,320	\$10,588,080	\$279,622,572	3.79%	\$1,354,159	\$11,026,585	\$290,686,783	3.79%	\$438,504
43 - ADJUTANT GENERAL	\$233,129	\$5,582,695	4.18%	\$-923	\$207,257	\$5,384,342	3.85%	\$-25,872	\$219,406	\$4,844,041	4.53%	\$12,149
44 - DEPARTMENT OF CORRECTIONS	\$10,957,500	\$137,890,638	7.95%	\$3,341,578	\$15,501,971	\$146,858,472	10.56%	\$4,544,472	\$14,399,106	\$155,852,476	9.24%	\$-1,102,865
50 - COMMISSION ON MINERAL RESOURCES	\$33,100	\$799,370	4.14%	\$5,365	\$35,077	\$740,256	4.74%	\$1,977	\$42,376	\$854,865	4.96%	\$7,299
55 - DEPARTMENT OF AGRICULTURE	\$116,953	\$6,876,396	1.70%	\$6,950	\$98,938	\$7,231,711	1.37%	\$-18,015	\$79,804	\$7,225,694	1.10%	\$-19,134
58 - PUBLIC UTILITIES COMMISSION	\$0	\$6,982,343	0.00%	\$0	\$0	\$6,821,795	0.00%	\$0	\$0	\$7,488,146	0.00%	\$0
61 - GAMING CONTROL BOARD	\$438,279	\$24,041,370	1.82%	\$17,799	\$546,055	\$24,750,038	2.21%	\$107,776	\$627,145	\$25,150,049	2.49%	\$81,089
65 - DEPARTMENT OF PUBLIC SAFETY	\$6,505,425	\$79,350,958	8.20%	\$564,841	\$7,348,131	\$83,266,074	8.82%	\$842,706	\$7,656,381	\$87,680,723	8.73%	\$308,250
69 - COLORADO RIVER COMMISSION	\$10,676	\$2,637,004	0.40%	\$3,091	\$8,128	\$2,698,273	0.30%	\$-2,548	\$7,022	\$2,863,674	0.25%	\$-1,106
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,765,512	\$37,124,588	4.76%	\$219,515	\$3,190,142	\$40,558,844	7.87%	\$1,424,630	\$3,062,416	\$42,913,625	7.14%	\$-127,726
72 - DEPARTMENT OF WILDLIFE	\$312,474	\$13,756,395	2.27%	\$66,141	\$230,653	\$14,267,053	1.62%	\$-81,822	\$339,082	\$14,788,226	2.29%	\$108,429
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$223,297	\$33,433,505	0.67%	\$-86,723	\$281,267	\$34,195,896	0.82%	\$57,970	\$260,789	\$35,780,486	0.73%	\$-20,478
80 - DEPARTMENT OF TRANSPORTATION	\$4,359,826	\$91,969,816	4.74%	\$1,056,855	\$5,618,697	\$96,922,578	5.80%	\$1,258,870	\$5,201,890	\$100,780,940	5.16%	\$-416,807
81 - DEPARTMENT OF MOTOR VEHICLES	\$370,008	\$48,717,837	0.76%	\$-50,754	\$452,587	\$50,979,606	0.89%	\$82,579	\$662,928	\$53,632,233	1.24%	\$210,341
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$616,738	\$39,239,559	1.57%	\$2,321	\$326,148	\$40,696,521	0.80%	\$-290,590	\$525,209	\$42,699,100	1.23%	\$199,060
92 - DEFERRED COMPENSATION	\$0	\$78,785	0.00%	\$0	\$48	\$94,352	0.05%	\$48	\$0	\$0	0.00%	\$0
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$2,328	\$1,698,117	0.14%	\$2,328
95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$0	\$1,563,487	0.00%	\$-885	\$0	\$1,576,941	0.00%	\$0	\$0	\$0	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$8,978	\$857,809	1.05%	\$8,978	\$4,226	\$844,621	0.50%	\$-4,751	\$0	\$905,840	0.00%	\$-4,226
Total	\$36,617,304	942,403,625.14	3.89%	\$6,019,132	\$46,839,548	988,609,955.70	4.74%	\$10,222,244	\$46,267,048	1,035,714,395.09	4.47%	\$-572,453



**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) 687-0260

Date: August 2, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Curtis Palmer, Executive Branch Budget Officer *CP*
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 321.5954, the Division 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 4th quarter of Fiscal Year 2018.

Additional Information:

- There was one land acquisition during this quarter resulting in .046 acre parcel donation, six transfers of interest in real property, and an update for the third quarter with one sale resulting in 1,007 square feet of restored coverage and an increase to the Land Bank of \$31,149.50.

Statutory Authority:

NRS 321.5954

REVIEWED: <i>CPM</i>
INFO ITEM: _____



Nevada Division of
STATE LANDS

STATE OF NEVADA
Department of Conservation & Natural Resources
Brian Sandoval, Governor
Bradley Crowell, Director
Charles C. Donohue, Administrator

July 27, 2018

MEMORANDUM

TO: Paul Nicks, Acting Director
Governor's Office of Finance

FROM: Charles Donohue, Administrator *es fv*
Division of State Lands

RE: **BOARD OF EXAMINERS QUARTERLY REPORT OF THE TAHOE BASIN ACT**
AND
LAKE TAHOE MITIGATION PROGRAM – 4th QUARTER FY 2018
BOARD OF EXAMINERS MEETING DATE OF SEPTEMBER 11, 2018

Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred under the Tahoe Basin Act and the Lake Tahoe Mitigation Program shall be reported quarterly to the State Board of Examiners. The enabling legislation is listed below.

- There was one transaction consisting of a .046 acre parcel acquisition in Incline Village, Nevada, which closed escrow on June 29, 2018. The acquired property appraised at \$135,000 and was donated by a willing owner. The parcel will be managed as open space.

Lake Tahoe Mitigation Program:

Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, which requires a quarterly report to the Board of Examiners, this memorandum is to report real property or interests in real property transferred under this program during the quarter ending June 30, 2018.

- There were no acquisitions of land during this quarter. However, six transfers of interest in real property occurred during this quarter and are listed below:

On April 3, 2018 a transaction was finalized involving the sale of 1,841 square feet of Class 4, potential land coverage in the South Stateline area. This transaction resulted in \$34,058.50 in proceeds for the Nevada Land Bank.

On May 18, 2018 two transaction were finalized involving the sale of 123 square feet of Class 1b restored soft coverage and 35 square feet of Class 4, potential land

coverage in the Incline Village area of Lake Tahoe. These transactions resulted in \$6,837.00 in proceeds for the Nevada Land Bank.

On May 18, 2018 a transaction was finalized involving the sale of 321 square feet of Class 1a restored soft land coverage in the South Stateline area of Lake Tahoe. This transaction resulted in \$7,062.00 in proceeds for the Nevada Land Bank.

On June 27, 2018 a transaction was finalized involving the sale of 42 square feet of Class 4, potential land coverage in the Incline Village area. This transaction resulted in \$1,134.00 in proceeds for the Nevada Land Bank.

On June 29, 2018 a transaction was finalized involving the sale of 1,470 square feet of Class 4, potential land coverage in the South Stateline area. This transaction resulted in \$32,340.00 in proceeds for the Nevada Land Bank.

Prior quarter (3rd quarter) reporting. One transaction which involved the sale of 1,007 square feet of 1a restored coverage and was finalized on February 16, 2018, resulting in \$31,149.50 in proceeds for the Nevada Land Bank.

All proceeds from the above transactions were deposited in the respective budget accounts to carry out the intent of the Nevada Land Bank program.

In the event you have any questions or would like additional information please contact Brenda Swart, Land Agent @ 775-684-2735.

CD/bs

cc: Bradley Crowell, Director, Department of Conservation and Natural Resources



**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: August 14, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Heather Field, Executive Branch Budget Officer
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

A handwritten signature in blue ink, appearing to be "Heather Field", is written over the "From:" line.

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

Per the Governor's request during the November 2015 BOE meeting, a letter was sent to Clark, Washoe and Douglas counties and Carson City Consolidated Municipality requesting a report on how the Complete Streets Program funds are being utilized. This report is for funds received through June 2018.

Uses:

Clark County allocated Complete Streets funding to the City of Mesquite project including the design, engineering and installation of advanced pedestrian crossing lights at three cross walk locations and to the City of Henderson project including the design and the construction of a buffered bike lane and roadway re-striping of Cassia Way.

Washoe County is planning to allocate Complete Streets funding toward the construction of the Oddie Blvd and Wells Avenue corridor multi-modal improvements.

Carson City continues to accumulate program funding for the use on South Carson Street anticipated to begin late in 2019.

Douglas County allocated Complete Streets funding to partially fund the Tillman Land Road Reconstruction project including bike lanes and American Disabilities Act features.

Statutory Authority:

NRS 244.2643, 277A.285, 403.573

REVIEWED: _____

INFO ITEM: _____



600 S. Grand Central Pkwy. • Las Vegas, Nevada 89106-4512 • 702-676-1500 • FAX: 702-676-1518

Tina Quigley,
General Manager

July 31, 2018

Mr. Melanie B. Young, Executive Branch Budget Officer
State of Nevada – Governor's Finance Office
209 E. Musser Street, Room 200
Carson City, NV 89701-4298

Dear Ms. Young:

I am writing to provide the update for the Year ending June 30, 2018 on the RTC's projects funded with the Complete Streets Program funds (CSP funds).

During the fiscal year ending June 30, 2018, the RTC received a total of **\$259,247.34** in CSP funds from the DMV as shown on the monthly breakdown below:

➤ July 19, 2017	\$22,055.22
➤ August 28, 2017	\$22,106.70
➤ September 11, 2017	\$22,370.04
➤ October 9, 2017	\$21,110.76
➤ November 8, 2017	\$20,132.64
➤ December 7, 2017	\$18,122.94
➤ January 8, 2018	\$18,241.74
➤ February, 8, 2018	\$21,627.54
➤ March 3, 2018	\$20,459.34
➤ April 10, 2018	\$26,219.16
➤ May 10, 2018	\$23,326.38
➤ June 12, 2018	<u>\$23,474.88</u>
	\$259,247.34

The funds listed previously were discussed among the local jurisdictions and it was determined that all the funds will be allocated to the City of North Las Vegas for complete streets projects to be constructed during Fiscal Year 2018-2019. The project status is as follows:

1. City of North Las Vegas – The interlocal contract between the RTC and the City of North Las Vegas was approved May 24, 2018, establishing RTC Project 191E-CSF. As of June

30, 2018, the City of North Las Vegas is continuing the design of the project and will proceed with construction later in the year.

Fiscal Year 2017-2018 funds in the amount of \$242,947.98 were allocated to the City of Henderson and the City of Mesquite and the Project Statuses are summarized below:

2. City of Mesquite RTC Project 191D-CSF (\$40,990.00 allocation).

The City of Mesquite Project included the design engineering and installation of advanced pedestrian crossing lights at three cross walk locations within the City of Mesquite. The advanced warning lights are Rectangular Rapid Flashing Beacons (RRFB) with associated signage. The RRFB's are activated by push buttons at the cross walk locations. Placement of the RRFB's at these crosswalk locations were determined due to heavy use by school children as part of the school route. Construction of the RRFB's began in May of 2017 and was completed in November of 2017.

3. City of Henderson RTC Project 191C-CSF (\$201,957.98 allocation).

The City of Henderson Project included the design and construction of a buffered bike lane and roadway re-striping of Cassia Way between American Pacific Drive and Wigwam Avenue in Henderson Nevada. Items of work included roadway slurry coat, replacement of pavement markings, and raised pavement markers. The project was awarded on September 19, 2017 and the notice of completion was issued on January 29, 2018.

Should you have any questions or require any additional information, please don't hesitate to contact me at (702) 676-1612 or by email to damianij@rtcshnv.com

Sincerely,



Joseph V. Damiani, P.E.,
Manager of Engineering Services – Streets & Highways

Attachment

cc: (via e-mail)

Tina Quigley, General Manager
Fred Ohene, Deputy General Manager
John Penuelas, Director of Engineering
Thomas Davy, City Engineer, City of Henderson
Travis Anderson, City Engineer, City of Mesquite
Dale Daffern, Acting Public Works Director, City of North Las Vegas

REGIONAL TRANSPORTATION COMMISSION OF WASHOE COUNTY

Complete Streets Program Revenue

Account ID	Account Name	Organization ID	Organization Name	Project ID	Project Name	Fiscal Year	Period	Month	Amount
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2015	9	MAR	(3,391.74)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		10	APR	(2,061.18)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		11	MAY	(1,896.84)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		12	JUN	(1,991.88)
Fiscal Year 2015 - Total									(9,341.64)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2016	1	JUL	(2,049.30)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		2	AUG	(4,502.52)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		3	SEP	(4,460.94)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		4	OCT	(4,255.02)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		5	NOV	(3,993.66)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		6	DEC	(3,534.30)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		7	JAN	(3,352.14)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		8	FEB	(3,819.42)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		9	MAR	(3,983.76)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		10	APR	(4,783.68)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		11	MAY	(4,542.12)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		12	JUN	(4,171.86)
Fiscal Year 2016 - Total									(47,448.72)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2017	1	JUL	(4,447.08)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		2	AUG	(4,649.04)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		3	SEP	(4,876.74)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		4	OCT	(4,641.12)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		5	NOV	(4,138.20)
407-9-00	Misc. Non-	1.01.13	STREET & HIGHWAY	8131070	DMV Complete St		6	DEC	(3,722.40)

REGIONAL TRANSPORTATION COMMISSION OF WASHOE COUNTY

Complete Streets Program Revenue

Account ID	Account Name	Organization ID	Organization Name	Project ID	Project Name	Fiscal Year	Period	Month	Amount
	Transp'n. Rev.		PROGRAM		Plates	2017			
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		7	JAN	(3,544.20)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		8	FEB	(4,064.94)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		9	MAR	(4,312.44)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		10	APR	(5,441.04)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		11	MAY	(4,856.94)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		12	JUN	(4,704.23)
Fiscal Year 2017 - Total									(53,398.37)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2018	1	JUL	(4,981.68)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		2	AUG	(4,815.36)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		3	SEP	(4,666.86)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		4	OCT	(4,510.44)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		5	NOV	(4,158.00)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		6	DEC	(3,692.70)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		7	JAN	(3,649.14)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		8	FEB	(4,253.04)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		9	MAR	(4,076.82)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		10	APR	(5,254.92)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		11	MAY	(4,938.12)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		12	JUN	(4,530.24)
Fiscal Year 2018 - Total									(53,527.32)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2019	1	JUL	(4,771.80)
Fiscal Year 2019 - Total									(4,771.80)
PROJECT - LTD Total									(168,487.85)



CARSON CITY NEVADA
Consolidated Municipality and State Capital
PUBLIC WORKS

July 12, 2018

Melanie Young
Executive Branch Budget Officer
State of Nevada, Governor's Finance Office
209 E. Musser Street, Room 200
Carson City, NV 89701

RE: Complete Streets Program Fund

Dear Ms. Young:

As directed by the Governor's Finance Office, Carson City is pleased to report on annual activities and expenditures of funds received through the Department of Motor Vehicles Complete Streets Program. Since December 16, 2016, Carson City continues to accumulate program funding for use on the South Carson Street Complete Streets project. The project is currently in design, with construction anticipated to begin in late 2019. Staff believes this project meets the intent of the program.

Carson City is grateful to be a part of this program. Staff believes this is a beneficial program that will continue to grow as the public sees more successful projects like the Downtown Carson Complete Street project. Please contact me at 283-7431 with any questions or concerns.

Sincerely,

Dirk Goering, AICP
Senior Transportation Planner
Carson City Public Works



BOARD OF COMMISSIONERS

1594 Esmeralda Avenue, Minden, Nevada 89423

Lawrence A. Werner
COUNTY MANAGER
775-782-9821

COMMISSIONERS:

Steven Thaler, CHAIRMAN
Barry Penzel, VICE-CHAIRMAN
Nancy McDermid
Larry Walsh
Dave Nelson

July 24, 2018

Heather Field
Executive Branch Budget Officer
Governor's Finance Office
209 E. Musser St. Suite 200
Carson City, NV 89701

Dear Ms. Field,

Douglas County received \$9,408.47 for the fiscal year 2018. These funds are being used to partially fund our Tillman Lane Road Reconstruction project (currently under construction), which includes bike lanes and ADA features.

Please let me know if you have any questions.

Thank you,

Caroline Chieffo
Senior Accountant
Douglas County Finance Division
1594 Esmeralda Ave
Minden NV 89423
Ph: 775-783-6451 Fax: 775-782-6271

Via Email Only, No Hard Copy Will Be Mailed

Mailing Address: P.O. Box 218, Minden, NV 89423



**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: August 7, 2018

To: Paul Nicks, Clerk of the Board
Governor's Finance Office

From: Heather Field, Executive Branch Budget Officer
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report is for the period beginning April 1, 2018 and ending June 30, 2018.

Additional Information:

During this time period the Department of Motor Vehicles collected \$89,642 as compared to \$89,033.75 for the same period last year and \$87,815.51 collected last quarter. Of the amounts collected, approximately 78.22% was from Clark County, 16.05% was from Washoe County, 2.94% was from Carson City and 2.80% was from Douglas County. After deducting 1% to administer the program, Clark County received \$69,416.82; Washoe County received \$14,240.16; Carson City received \$2,605.68 and Douglas County received \$2,482.92.

For the fourth quarter of State Fiscal Year 2018, 14.39% is the average of those registering vehicles who contributed to the Complete Streets Program. This is a .54% reduction from 14.93% from the same period of State Fiscal Year 2017. For the fourth quarter of State Fiscal Year 2018, Clark County received on average 15.34% where Douglas County on average 9.94% of vehicle registrations donating.

Uses:

The uses reports from the local jurisdictions will be reported on a fiscal year basis and is anticipated for the September BOE.

Statutory Authority:

NRS 482.1825

REVIEWED: _____
INFO ITEM: _____

Brian Sandoval
Governor



Terri L. Albertson
Director

555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4368
www.dmvnv.com

July 19, 2018

Board of Examiners

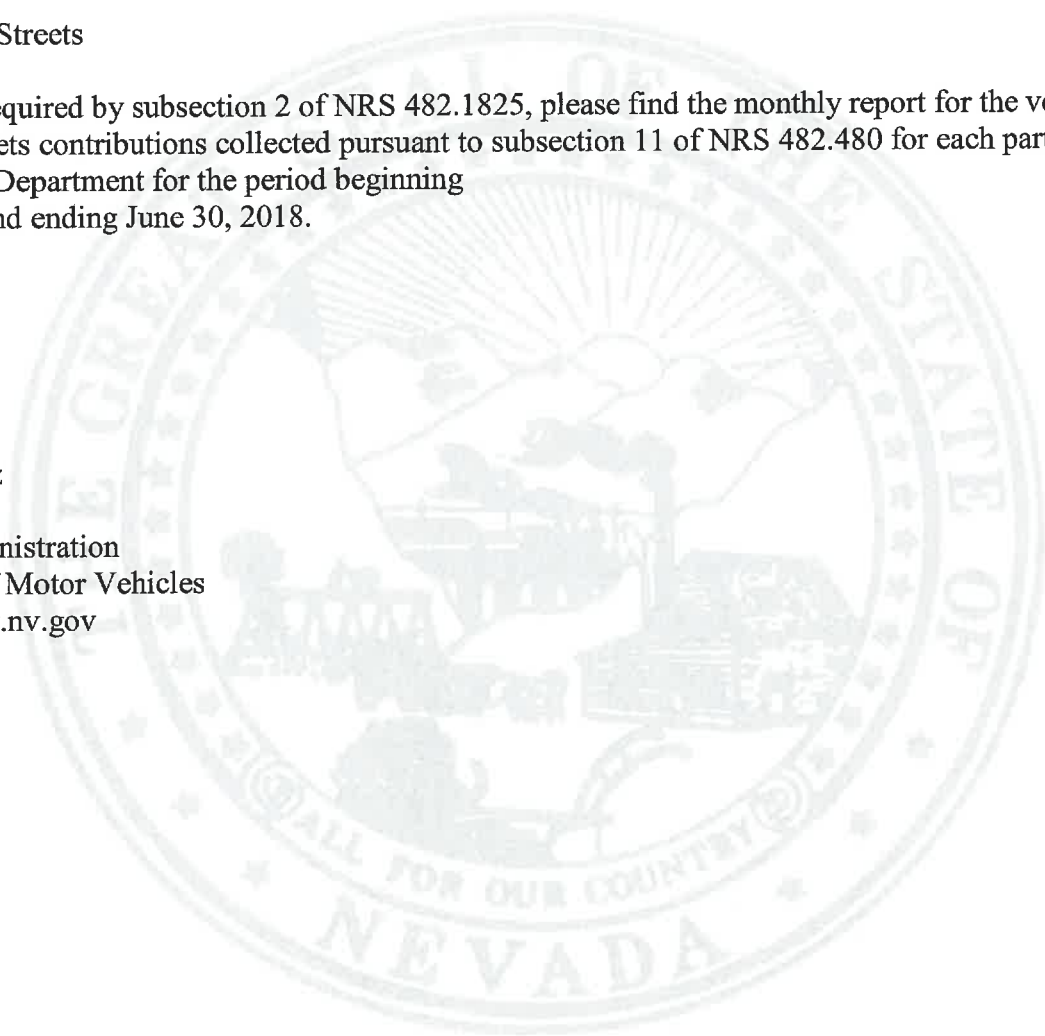
Re: Complete Streets

Attached, as required by subsection 2 of NRS 482.1825, please find the monthly report for the voluntary Complete Streets contributions collected pursuant to subsection 11 of NRS 482.480 for each participating county by the Department for the period beginning July 1, 2017 and ending June 30, 2018.

Sincerely,

Cyndie Munoz

Chief of Administration
Department of Motor Vehicles
cmunoz@dmv.nv.gov
775-684-4501



Department of Motor Vehicles
Complete Streets: Monthly Report FY18
Report Date: 7/19/2018
Reporting Period: June, 2018

Contributions													
County	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date
Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$ 1,014.00	\$ 898.00	\$ 884.00	\$ 816.00	\$ 786.00	\$ 688.00	\$ 830.00	\$ 704.00	\$ 988.00	\$ 872.00	\$ 940.00	\$ 825.00	\$10,538.00
Clark	\$ 22,330.00	\$ 22,598.00	\$ 21,324.00	\$ 20,336.00	\$ 18,306.00	\$ 18,428.00	\$ 21,846.00	\$ 20,666.00	\$ 26,484.00	\$ 23,562.00	\$ 23,712.00	\$ 22,844.00	\$292,432.00
Douglas	\$ 754.00	\$ 898.00	\$ 740.00	\$ 702.00	\$ 702.00	\$ 736.00	\$ 766.00	\$ 773.51	\$ 906.00	\$ 850.00	\$ 826.00	\$ 832.00	\$9,503.51
Washoe	\$ 4,864.00	\$ 4,714.00	\$ 4,556.00	\$ 4,200.00	\$ 3,730.00	\$ 3,686.00	\$ 4,295.00	\$ 4,118.00	\$ 5,008.00	\$ 4,888.00	\$ 4,576.00	\$ 4,820.00	\$53,856.00
Total	\$28,962.00	\$29,094.00	\$27,564.00	\$26,054.00	\$23,524.00	\$23,534.00	\$27,768.00	\$26,351.51	\$33,688.00	\$30,272.00	\$30,954.00	\$29,316.00	\$336,129.51
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%

DMV Commission (1%)													
County	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date
Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$10.14	\$8.88	\$8.84	\$8.16	\$7.86	\$6.88	\$8.30	\$7.84	\$9.88	\$8.72	\$9.40	\$8.20	\$103.38
Clark	\$223.30	\$225.06	\$213.24	\$203.36	\$183.06	\$184.28	\$218.46	\$200.66	\$264.84	\$235.62	\$237.12	\$228.44	\$2,824.32
Douglas	\$7.54	\$8.86	\$7.40	\$7.02	\$7.02	\$7.36	\$7.66	\$7.74	\$9.06	\$8.50	\$8.26	\$8.32	\$95.04
Washoe	\$48.64	\$47.14	\$45.56	\$42.00	\$37.30	\$36.86	\$42.95	\$41.18	\$50.08	\$48.88	\$45.76	\$48.20	\$538.56
Total	\$289.62	\$290.94	\$275.04	\$260.54	\$235.24	\$235.34	\$277.66	\$263.52	\$336.96	\$302.72	\$300.54	\$293.16	\$3,361.30
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%

Distributions													
County	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date
Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$1,003.86	\$899.02	\$875.16	\$807.84	\$778.14	\$675.14	\$821.70	\$706.06	\$985.02	\$863.28	\$930.60	\$811.80	\$10,234.62
Clark	\$22,100.70	\$22,370.04	\$21,110.76	\$20,132.64	\$18,122.04	\$18,241.74	\$21,827.54	\$20,469.34	\$26,116.16	\$23,326.38	\$23,474.86	\$22,615.56	\$259,807.68
Douglas	\$76.46	\$87.14	\$73.60	\$694.98	\$694.68	\$725.64	\$760.04	\$765.77	\$96.94	\$64.50	\$61.74	\$63.68	\$8,408.47
Washoe	\$4,615.36	\$4,666.86	\$4,510.44	\$4,155.00	\$3,692.70	\$3,646.14	\$4,253.04	\$4,076.02	\$5,054.92	\$4,938.12	\$4,550.24	\$4,771.80	\$53,317.44
Total	\$28,872.38	\$28,803.06	\$27,226.96	\$25,793.46	\$23,288.76	\$23,285.66	\$27,490.32	\$26,087.99	\$33,356.04	\$29,868.28	\$29,753.46	\$28,022.84	\$332,768.21
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%

- Note:
1. DMV began accepting contributions on 12/15/14.
 2. DMV began accepting Douglas County contributions on 5/9/16.

**Department of Motor Vehicles
Complete Streets Report: Donations
2018**

County	July	August	September	October	November	December	January	February	March	April	May	June	Year To Date
Carson City													
Donations	507	449	442	408	393	343	415	397	499	436	470	410	5,169
Registrations	3,402	3,609	3,366	3,229	2,960	2,820	3,142	3,091	3,627	3,508	3,715	3,598	40,067
Percent that Donated	14.90%	12.44%	13.13%	12.64%	13.28%	12.16%	13.21%	12.84%	13.76%	12.43%	12.65%	11.40%	12.90%
Clark													
Donations	11,165	11,298	10,662	10,168	9,153	9,213	10,923	10,333	13,242	11,781	11,856	11,422	131,216
Registrations	72,181	77,348	73,808	68,018	64,280	66,308	73,066	66,554	83,792	76,089	76,724	75,757	873,925
Percent that Donated	15.47%	14.61%	14.45%	14.95%	14.24%	13.89%	14.95%	15.53%	15.80%	15.48%	15.45%	15.08%	15.01%
Douglas													
Donations	377	443	370	351	351	368	398	387	453	425	413	416	4,752
Registrations	3,853	4,269	3,761	3,711	3,345	3,417	3,581	3,349	3,878	4,045	4,268	4,316	45,793
Percent that Donated	9.78%	10.38%	9.84%	9.46%	10.49%	10.77%	11.11%	11.56%	11.68%	10.51%	9.68%	9.64%	10.38%
Washoe													
Donations	2,432	2,357	2,278	2,100	1,865	1,843	2,148	2,059	2,654	2,494	2,288	2,410	26,928
Registrations	21,284	22,535	20,665	18,975	17,624	17,427	19,456	17,993	22,666	21,736	22,484	22,878	245,723
Percent that Donated	11.43%	10.46%	11.02%	11.07%	10.58%	10.58%	11.04%	11.44%	11.71%	11.47%	10.18%	10.53%	10.96%

Notes

1. Registration transaction counts come from: G:\Crystal Report\VR\Registrations\New and Renewal Registrations
2. Registration transactions include new registrations and registration renewals completed on the Kiosk, Web and MyDMV Portal only.
3. DMV began accepting Douglas County contributions on 5/9/16.