

### 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: **18261**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>COMPUTER TECHNICAL SERVICES</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>COMPUTER TECHNICAL SERVICES</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>INC</b>
Is budget authority available?: <b>Yes</b>	<b>5850 S POLARIS AVE STE 500</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-3184</b>
	Contact/Phone: <b>Kathleen Sturek 702/368-1885</b>
	Vendor No.: <b>T29008518</b>
	NV Business ID: <b>NV19991456090</b>

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 %	<b>X Other funding</b>	<b>100.00 % Various Agency Funds</b>

Agency Reference #: **RFP 3259**

2. Contract start date:

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

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2019**

Contract term: **2 years and 364 days**

4. Type of contract: **MSA**

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

5. Purpose of contract:

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

6. NEW CONTRACT

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

Other basis for payment: \$30/hour for telephone consult; \$60/hour for business hour svcs; \$90/hour for emergency svcs; 15% materials markup

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 is the current vendor for these services and provides satisfactory service.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	11/03/2016 12:42:53 PM
Division Approval	mstewa10	11/03/2016 12:42:55 PM
Department Approval	mstewa10	11/03/2016 12:42:58 PM
Contract Manager Approval	mtroesch	11/03/2016 12:53:25 PM
DoIT Approval	csweeney	11/03/2016 13:23:34 PM
Budget Analyst Approval	dstoddar	11/07/2016 12:40:13 PM
BOE Agenda Approval	sbrown	11/15/2016 12:29:11 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18141**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>DRUG FREE WORKPLACES, INC.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>DRUG FREE WORKPLACES, INC.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>DRUG FREE WORKPLACES USA LLC 27 W ROMANA ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PENSACOLA, FL 32502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>850/434-3782</b>
	Vendor No.: <b>T29006720</b>
	NV Business ID: <b>NV20081180929</b>

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

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

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

Agency Reference #: **3268 GB**

2. Contract start date:

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

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2020**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Alcohol Drug Testing**

5. Purpose of contract:

**This is a new master services agreement for laboratory alcohol and drug testing for pre-employment, cause/reasonable suspicion, random testing, post incident/accident, return to work, etc., as governed by Nevada Revised Statute and Nevada Administrative Code.**

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 as contract is used by various agencies

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**ALCOHOL AND DRUG TESTING IS REQUIRED BY STATUTE**

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

**THIS IS SPECIALIZED WORK AND MUST BE DONE BY A CERTIFIED LABORATORY**

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

THIS VENDOR SCORED HIGHER BY THE EVALUATION COMMITTEE

d. Last bid date: 07/20/2016 Anticipated re-bid date: 07/01/2019

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 is the current contractor for the Laboratory Alcohol and Drug Testing for the State. This contractor has performed satisfactorily

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	10/31/2016 09:31:40 AM
Division Approval	mstewa10	10/31/2016 09:31:43 AM
Department Approval	mstewa10	10/31/2016 09:31:45 AM
Contract Manager Approval	gburchet	10/31/2016 09:38:23 AM
Budget Analyst Approval	knielsen	10/31/2016 10:08:28 AM
BOE Agenda Approval	sbrown	11/02/2016 08:45:07 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **17498** Amendment Number: **1**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **Garrett Consulting, LLC**

Agency Code: **MSA** Contractor Name: **Garrett Consulting, LLC**

Appropriation Unit: **9999 - All Categories** Address: **7505 Jeffifer Pl.**

Is budget authority available?: **Yes** City/State/Zip: **Louisville, KY 40220**

If "No" please explain: **Not Applicable** Contact/Phone: **Brent Garrett 502-762-3515**

Vendor No.:

NV Business ID: **NV20151639508**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2016**

Anticipated BOE meeting date: **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 364 days**

4. Type of contract: **MSA**

Contract description: **Grant Eval Services**

5. Purpose of contract:

**This is the first amendment to the original contract which provides grant project evaluator services to agencies statewide on an as needed basis. This amendment increases the maximum amount from \$200,000 to \$400,000 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:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$400,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$400,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

**The State does not employ grant project evaluators.**

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

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3210 and in accordance with NRS 333, this vendor met the qualifications of the RFP and is one of 8 vendors selected by the appointed eval. committee

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	10/27/2016 14:13:48 PM
Division Approval	mstewa10	10/27/2016 14:13:50 PM
Department Approval	mstewa10	10/27/2016 14:13:53 PM
Contract Manager Approval	nfese1	10/31/2016 09:36:27 AM
Budget Analyst Approval	laaron	11/02/2016 11:31:07 AM
BOE Agenda Approval	lfree1	11/02/2016 14:03:37 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: **17493** Amendment Number: **1**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **H. Gil Peach & Associates, LLC**

Agency Code: **MSA** Contractor Name: **H. Gil Peach & Associates, LLC**

Appropriation Unit: **9999 - All Categories** Address: **16232 NW Oakhill Drive**

Is budget authority available?: **Yes** City/State/Zip: **Beaverton, OR 97006**

If "No" please explain: **Not Applicable** Contact/Phone: **Hugh Gilbert Peach 503-645-0716**

Vendor No.:

NV Business ID: **NV20031164254**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2016**

Anticipated BOE meeting date: **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 364 days**

4. Type of contract: **MSA**

Contract description: **Grant Eval Services**

5. Purpose of contract:

**This is the first amendment to the original contract which provides grant project evaluator services to agencies statewide on an as needed basis. This amendment increases the maximum amount from \$200,000 to \$400,000 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:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$400,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$400,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

The State does not employ grant project evaluators.

9. Were quotes or proposals solicited? **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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3210 and in accordance with NRS 333, this vendor met the qualifications of the RFP and is one of 8 vendors selected by the appointed eval. committee.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	10/27/2016 14:15:06 PM
Division Approval	mstewa10	10/27/2016 14:15:09 PM
Department Approval	mstewa10	10/27/2016 14:15:11 PM
Contract Manager Approval	nfese1	10/31/2016 09:38:17 AM
Budget Analyst Approval	laaron	11/02/2016 10:59:03 AM
BOE Agenda Approval	lfree1	11/02/2016 14:04:57 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: <b>17480</b>	Amendment Number: <b>1</b>	
	Legal Entity Name: <b>Hornby Zeller Associates, Inc.</b>	
Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Contractor Name: <b>Hornby Zeller Associates, Inc.</b>	
Agency Code: <b>MSA</b>	Address: <b>48 Fourth St., Suite 300</b>	
Appropriation Unit: <b>9999 - All Categories</b>	City/State/Zip: <b>Troy, NY 12180</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>Dennis E. Zeller 518-273-1614</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.:	
	NV Business ID: <b>NV20151662580</b>	

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **04/12/2019**

Termination Date:

Contract term: **2 years and 364 days**

4. Type of contract: **MSA**

Contract description: **Grant Eval. Services**

5. Purpose of contract:

**This is the first amendment to the original contract which provides grant project evaluator services to agencies statewide on an as needed basis. This amendment increases the maximum amount from \$200,000 to \$400,000 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:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$400,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$400,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

The State does not employ grant project evaluators.

9. Were quotes or proposals solicited?

Yes

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3210 and in accordance with NRS 333, this vendor met the qualifications of the RFP and is one of 8 vendors selected by the appointed eval. committee.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	10/27/2016 14:15:52 PM
Division Approval	mstewa10	10/27/2016 14:15:55 PM
Department Approval	mstewa10	10/27/2016 14:15:57 PM
Contract Manager Approval	nfese1	10/31/2016 09:35:36 AM
Budget Analyst Approval	laaron	11/02/2016 10:52:08 AM
BOE Agenda Approval	lfree1	11/02/2016 14:07:01 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **17495** Amendment Number: **1**  
 Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **RMC Research Corporation**  
 Agency Code: **MSA** Contractor Name: **RMC Research Corporation**  
 Appropriation Unit: **9999 - All Categories** Address: **633 17th Street, Suite 2100**  
 Is budget authority available?: **Yes** City/State/Zip: **Denver, CO 80202**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Shelley H. Billig 303-825-3636**  
 Vendor No.:  
 NV Business ID: **NV20161083397**  
 To what State Fiscal Year(s) will the contract be charged? **2016-2019**  
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2016**  
 Anticipated BOE meeting date **12/2016**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **04/12/2019**  
 Contract term: **2 years and 364 days**

4. Type of contract: **MSA**  
 Contract description: **Grant Eval Services**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides grant project evaluator services to agencies statewide on an as needed basis. This amendment increases the maximum amount from \$200,000 to \$400,000 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:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$400,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$400,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The contractor will be available to assist State of Nevada agencies in evaluating programs and projects.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**The State does not employ grant project evaluators.**

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

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3210 and in accordance with NRS 333, this vendor met the qualifications of the RFP and is one of 8 vendors selected by the appointed eval. committee.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	10/27/2016 14:16:34 PM
Division Approval	mstewa10	10/27/2016 14:16:36 PM
Department Approval	mstewa10	10/27/2016 14:16:39 PM
Contract Manager Approval	nfese1	10/31/2016 09:37:21 AM
Budget Analyst Approval	laaron	11/02/2016 09:58:00 AM
BOE Agenda Approval	lfree1	11/02/2016 14:16:08 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>17481</b>	Amendment Number: <b>1</b>
Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Strategic Progress, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Strategic Progress, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>PO BOX 34294</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89533</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Cynthia Ortiz Gustafson 702-241-8033</b>
	Vendor No.:
	NV Business ID: <b>NV20051774907</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **04/12/2019**

Termination Date:

Contract term: **2 years and 364 days**

4. Type of contract: **MSA**

Contract description: **Grant Eval. Services**

5. Purpose of contract:

**This is the first amendment to the original contract which provides grant project evaluator services to agencies statewide on an as needed basis. This amendment increases the maximum amount from \$200,000 to \$400,000 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:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$400,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$400,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

The State does not employ grant project evaluators.

9. Were quotes or proposals solicited?

Yes

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

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

[Empty text box for vendor names]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3210 and in accordance with NRS 333, this vendor met the qualifications of the RFP and is one of 8 vendors selected by the appointed eval. committee.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	10/27/2016 14:19:33 PM
Division Approval	mstewa10	10/27/2016 14:19:36 PM
Department Approval	mstewa10	10/27/2016 14:19:39 PM
Contract Manager Approval	nfese1	10/31/2016 09:31:48 AM
Budget Analyst Approval	laaron	11/02/2016 10:42:28 AM
BOE Agenda Approval	lfree1	11/02/2016 14:10:14 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: **17496** Amendment Number: **1**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **Thomas P. Miller and Associates, LLC**

Agency Code: **MSA** Contractor Name: **Thomas P. Miller and Associates, LLC**

Appropriation Unit: **9999 - All Categories** Address: **1630 N. Meridian St. Suite 430**

Is budget authority available?: **Yes** City/State/Zip: **Indianapolis, IN 46202**

If "No" please explain: **Not Applicable** Contact/Phone: **Molly Chamberlin 317-435-7490**

Vendor No.:

NV Business ID: **NV20161084815**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **04/12/2019**

Termination Date:

Contract term: **2 years and 364 days**

4. Type of contract: **MSA**

Contract description: **Grant Eval Services**

5. Purpose of contract:

**This is the first amendment to the original contract which provides grant project evaluator services to agencies statewide on an as needed basis. This amendment increases the maximum amount from \$200,000 to \$400,000 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:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$400,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$400,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

The State does not employ grant project evaluators.

9. Were quotes or proposals solicited?

Yes

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3210 and in accordance with NRS 333, this vendor met the qualifications of the RFP and is one of 8 vendors selected by the appointed eval. committee.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	10/27/2016 14:18:50 PM
Division Approval	mstewa10	10/27/2016 14:18:53 PM
Department Approval	mstewa10	10/27/2016 14:18:55 PM
Contract Manager Approval	nfese1	10/31/2016 09:34:33 AM
Budget Analyst Approval	laaron	11/02/2016 10:29:07 AM
BOE Agenda Approval	lfree1	11/02/2016 14:13:55 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **17482** Amendment Number: **1**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **Turning Point, Inc.**

Agency Code: **MSA** Contractor Name: **Turning Point, Inc.**

Appropriation Unit: **9999 - All Categories** Address: **55 N. C Street, Suite 22**

Is budget authority available?: **Yes** City/State/Zip: **Virginia City, NV 89440**

If "No" please explain: **Not Applicable** Contact/Phone: **Deborah Loesch-Griffin, Ph. D. 775-843-2275**

Vendor No.:  
NV Business ID: **NV19881034454**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2016**  
 Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **04/12/2019**  
 Contract term: **2 years and 364 days**

4. Type of contract: **MSA**  
 Contract description: **Grant Eval. Services**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides grant project evaluator services to agencies statewide on an as needed basis. This amendment increases the maximum amount from \$200,000 to \$400,000 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:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$400,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$400,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
The contractor will be available to assist State of Nevada agencies in evaluating programs and projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
The state does not employ grant project evaluators.

9. Were quotes or proposals solicited? Yes

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

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

[Empty text box for vendor names]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3210 and in accordance with NRS 333, this vendor met the qualifications of the RFP and is one of 8 vendors selected by the appointed eval. committee.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	10/27/2016 14:17:18 PM
Division Approval	mstewa10	10/27/2016 14:17:21 PM
Department Approval	mstewa10	10/27/2016 14:17:24 PM
Contract Manager Approval	nfese1	10/31/2016 09:39:05 AM
Budget Analyst Approval	laaron	11/02/2016 10:36:49 AM
BOE Agenda Approval	lfree1	11/02/2016 14:12:04 PM