

### 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: **18136**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: Mulliner Law Group, Chtd.
Agency Code: <b>030</b>	Contractor Name: <b>Mulliner Law Group, Chtd.</b>
Appropriation Unit: <b>1348-15</b>	Address: <b>101 CONVENTION CENTER DRIVE STE. 650</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89109-2000</b>
If "No" please explain: Not Applicable	Contact/Phone: TIMOTHY MULLINER (702)240-854
	Vendor No.: PENDING
	NV Business ID: NV20161076236

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</b> Other funding	<b>100.00 % TORT CLAIM FUND</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/26/2016**

Anticipated BOE meeting date 10/2016

Retroactive? **Yes**

If "Yes", please explain

**The Office of the Attorney General was providing representation on this case; however, a potential conflict of interest has arisen between the defendants creating the need for outside counsel. Since the case was already in process the services of outside counsel were needed to start as soon as the conflict was identified. The expected start date is 8-26-16. A signed contract was not returned to the AG's Office until 9-12-16.**

3. Termination Date: **08/25/2019**

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

4. Type of contract: **Contract**

Contract description: **outside counsel**

5. Purpose of contract:

**This is a new contract to provide attorney representation of one of the defendants in a lawsuit filed against the State of Nevada/Board of Regents/University of Nevada Las Vegas, et al. The Office of the Attorney General was providing representation on this case; however, a potential conflict of interest has arisen between the defendants creating the need for outside counsel.**

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 \$125.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Office of the Attorney General was providing representation on this case; however, a potential conflict of interest has arisen between the defendants creating the need for outside counsel.

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

Due to the conflict of interest the Attorney General's Office cannot do this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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:

LLC

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	mradu	09/15/2016 17:33:55 PM
Division Approval	chowle	10/05/2016 12:57:51 PM
Department Approval	chowle	10/05/2016 12:57:55 PM
Contract Manager Approval	lgallow1	10/14/2016 09:48:30 AM
Budget Analyst Approval	dstoddar	10/20/2016 15:09:09 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: **18271**

Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>10e Media LLC</b>
Agency Code: <b>040</b>	Contractor Name: <b>10e Media LLC</b>
Appropriation Unit: <b>1050-11</b>	Address: <b>10080 Alta Dr</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89145</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kendall Tenney 702-476-1010</b>
	Vendor No.: <b>T32003599</b>
	NV Business ID: <b>NV20101085908</b>
To what State Fiscal Year(s) will the contract be charged? <b>2017</b>	

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

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	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 **09/16/2016**

Anticipated BOE meeting date **12/2016**

Retroactive? **Yes**

If "Yes", please explain

**This office solicited proposals for the services to be provided under this agreement, received responses. Contract documents were prepared and provided to 10e media for execution in early September 2016, unfortunately this office was unsuccessful in receiving the fully executed documents back from 10e Media until last week.. In the meantime 10e Media did perform the work and the tender the deliverables enumerated in the Scope of Work for the contract.**

3. Termination Date: **12/30/2016**

Contract term: **105 days**

4. Type of contract: **Contract**

Contract description: **10e Media**

5. Purpose of contract:

**This is a new contract providing for the development and implementation of a marketing video that promotes voter registration in Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,990.00**

Other basis for payment: Payable upon submission of invoices

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This video will produce a 1 min video and 3 shorter clips designed for digital distribution in promoting voter awareness in the State of Nevada

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

State employees do not have the necessary background, expertise, time or equipment necessary to produce the desired outcome.

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 vendor was chosen based on review of references and samples of previous work.

d. Last bid date: Anticipated re-bid date:

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:

LLC

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	pdover	11/04/2016 13:46:25 PM
Division Approval	pdover	11/04/2016 13:46:28 PM
Department Approval	pdover	11/04/2016 13:46:31 PM
Contract Manager Approval	shudder	11/04/2016 14:37:44 PM
Budget Analyst Approval	dstoddar	11/04/2016 15:59:53 PM

**BARBARA K. CEGAUSKE**  
*Secretary of State*

**GAIL J. ANDERSON**  
*Deputy Secretary for Southern Nevada*

**CADENCE MATIJEVICH**  
*Deputy Secretary for Operations*

STATE OF NEVADA



OFFICE OF THE  
SECRETARY OF STATE

**SCOTT W. ANDERSON**  
*Chief Deputy Secretary of State*

**KIMBERLEY PERONDI**  
*Deputy Secretary for Commercial Recordings*

**WAYNE THORLEY**  
*Deputy Secretary for Elections*

# MEMORANDUM

**To:** James R. Wells, Director, Governor's Finance Office

**Through:** Laura Freed, Budget Analyst, Governor's Finance Office

**From:** Cadence Matijevich, Deputy Secretary of State for Operations

**CC:** Scott Anderson, Chief Deputy Secretary of State  
Wayne Thorley, Deputy Secretary of State for Elections

**Date:** November 7, 2016

**Subject:** Request for Retroactive Contract with 10e Media

**RECEIVED**

NOV 04 2016

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Attached is a retroactive contract between the Office of the Secretary of State (Office) and 10e Media. The purpose of this contract is to secure professional independent contractor services related to the development and implementation of a public awareness campaign for National Voter Registration Month and National Voter Registration Day, which took place during September 2016.

This Office solicited proposals for the services to be provided under this agreement, received responses from two qualified bidders, and selected 10e Media to perform the associated work. Contract documents were prepared and provided to 10e Media for execution in early September 2016, but unfortunately this office was unsuccessful in receiving the fully executed documents back from 10e Media until late last week. In the meantime, 10e Media did perform the work and tender the deliverables enumerated in the Scope of Work for the contract. While this Office understands that doing so is outside of the normal contracting process, due to the work being associated with a specific month and date, delaying completion of the work would have rendered the final product useless. As a result, this Office is requesting that this contract be considered for retroactive approval starting September 16, 2016.

This memorandum is submitted pursuant to SAM 0324, Section 7. Your consideration in approval of this request is greatly appreciated. If you have any questions or concerns on this item, please do not hesitate to contact me or Deputy Secretary for Elections Wayne Thorley.

### 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: **18190**

Agency Name: <b>TREASURER - HIGHER EDUCATION TUITION</b>	Legal Entity Name: <b>LIBERA INC</b>
Agency Code: <b>052</b>	Contractor Name: <b>LIBERA INC</b>
Appropriation Unit: <b>1081-04</b>	Address: <b>1509 BUFFALO STREET EXT</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>JAMESTOWN, NY 14701-9250</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>716/665-2800</b>
	Vendor No.: <b>PUR0004914</b>
	NV Business ID: <b>NV20101865808</b>

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

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % College Savings Administration Fund</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2016**

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2017**

Contract term: **82 days**

4. Type of contract: **Contract**

Contract description: **CMS Maintenance**

5. Purpose of contract:

**This is a new contract to provide project management and oversight of the design and configuration of the Prepaid Tuition CMS software to allow fiscal interface migration that is required to link the existing program provided exclusively by this vendor to the new Merchant Services provider.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,778.00**

Payment for services will be made at the rate of \$46,778.00 per life of contract

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The current system was created by the vendor specifically for this office to replace an outdated system in order to provide on-line web access for customers and provided integration to the State's Advantage accounting system. Due to the specialized nature of the software, it would be too costly and inefficient to bid out the service that is required to allow the software to interface with the current banking application.

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

Insufficient resources available to create and support 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 #: 161104**

**Approval Date: 11/04/2016**

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

N/A

d. Last bid date: 08/31/2010 Anticipated re-bid date:

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:

Vendor was contracting with this agency from 01/11/2011 to 01/11/2013. Services were satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	11/09/2016 14:38:58 PM
Division Approval	alaw1	11/09/2016 14:39:00 PM
Department Approval	alaw1	11/09/2016 14:39:03 PM
Contract Manager Approval	vmilazz1	11/09/2016 14:39:14 PM
DoIT Approval	bbohm	11/10/2016 07:33:21 AM
Budget Analyst Approval	dstoddar	11/10/2016 11:51:20 AM



## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM INFORMATION AND INSTRUCTIONS

Nevada Administrative Code (NAC) 333.150(2)(a) & (b)(6) authorizes the Administrator of the Purchasing Division to waive the solicitation requirements in instances where contracts by their nature are not compatible with competitive solicitation; such contracts may be sole or single source or a professional service not adaptable to competitive selection. Nevada Revised Statute (NRS) 333.400 provides similar authority with respect to sole source commodity purchases.

The review process is generally completed within fifteen (15) working days which includes posting the request, if approved, for five (5) calendar days on the Purchasing Division’s website. **PLEASE NOTE:** If your request contains an IT component, the review process will be extended to allow for additional review. Agencies are not authorized to proceed until the five (5) calendar day period has expired and the Purchasing Division has not received a protest of the contract award. In the event of a protest, the agency’s contact person will be notified and the authorization to proceed withheld until resolution has been obtained.

Agencies are requested to review NAC 333.150 prior to submitting a Solicitation Waiver to ensure the request falls within the guidelines specified. A request for Solicitation Waiver from the Administrator of Purchasing is not required and should not be submitted for the professional services described in NAC 333.150(2)(b) (1), (2), (3), (4) or (5).

Agencies are instructed to review SAM 338, the Informal Solicitation (or Quote) Process prior to submitting a Solicitation Waiver. Waivers will not be approved for amounts below the formal solicitation threshold. Agencies may obtain a template for an informal solicitation from the Purchasing Division website.

Per the Purchasing Administrator, a solicitation waiver is ***not*** required for ongoing or continued licensing, maintenance and/or support for a system already purchased/installed and in use by the State. These ongoing requirements are contemplated as a part of the initial procurement. This does not exempt an agency from following any other process that may be required (i.e., RXQ entries into Advantage, agency specific approvals or authorizations, etc.).

If an agency has entered into a contract via a solicitation waiver and will be amending that contract, an amended solicitation waiver request is required to be submitted to the Purchasing Division. It is the Board of Examiners general policy that contracts be solicited at least every four (4) years; therefore, if your request would extend your contract beyond the recommended four (4) year timeframe, you will need to complete the Contract Extension Justification and Request Form not a Solicitation Waiver.

If your agency contracted with a vendor via a solicitation waiver and you intend to contract with the same vendor again via a solicitation waiver and the contract term will exceed the recommended four (4) year timeframe, you will need to submit both a solicitation waiver and contract extension justification form.

### **COMPLETING THE FORM**

***ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY***

Section #	Instructions
1a	Identify the State agency requesting the waiver and all appropriate contact information for the person(s) responsible for completing the waiver form, including an email address. NOTE: Waiver documents, whether approved or denied, will be returned to only the person(s) listed in this section. It is your agency’s responsibility to distribute copies to anyone other than the person(s) listed in this section.
1b	Identify the proposed vendor and all appropriate contact information, such as the name of the contact person, telephone number, etc.

Section #	Instructions
1c	Identify the type of waiver requested. If only one (1) vendor can perform the service or provide the good it would be considered a sole or single source request; if more than one vendor can perform the service but, for reasons documented in the request, the service is not suited for competitive solicitation, it would be considered a professional service exemption.
1d	Identify your request as a new contract or not by selecting the appropriate option. If this is an amendment, designate the amendment number in the space provided. If applicable, please provide the CETS# associated with this contract.
1e	Identify your request as a one-time purchase or contract by completing the appropriate box. If this request is for a contract, please be certain to record the contract start and end dates in the spaces provided.
1f	Identify your funding source by checking the appropriate box. If you select the option "Other", you must provide an explanation and details.
1g	Provide the estimated value or dollar amount of the contract, amendment or good(s) to be purchased in the space provided.
2	Clearly and succinctly describe the service to be performed or the good to be purchased.
3	Describe the unique features or qualifications required of the proposed vendor or of the good to be provided. Examples include: proprietary products, warranty issues, integration, etc.
4	Identify and justify the circumstances that prohibit competitive solicitation.
5	Indicate if alternative services or commodities were evaluated. If your answer is "yes", please complete section "a". If your answer is "no", please complete section "b".
6	Indicate if your agency has purchased this service or commodity in the past. If you indicate "Yes", please provide answers to required sections noted. NOTE: If your previous purchase(s) was made via a solicitation waiver(s), include the waiver number and a copy or copies of all previous waivers must accompany this request.
7	Agencies must provide information regarding the impact to the State if the waiver request is denied and the service or good is competitively bid (i.e. detrimental consequences, harm, risks, liabilities, etc.).
8	Agencies must identify steps taken to substantiate there is no competition for the service or good requested and must demonstrate reasonable and competitive pricing through a cost analysis.
9	Agencies must provide information indicating any obligations to the proposed vendor for future purchases (i.e. maintenance, licensing, continuing need, etc.).

If you have questions, please contact the Purchasing Division at 775-684-0170.



<b>Purchasing Use Only:</b>	
<b>Approval#:</b>	

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b>	<i>Office of the State Treasurer</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Amy Trelease, Management Analyst III</i>	<i>775-684-5768</i>	<i>actrelease@nevadatreasurer.gov</i>
	<i>Amber Law, Deputy Treasurer</i>	<i>775-684-5752</i>	<i>alaw@nevadatreasurer.gov</i>

<b>Vendor Information:</b>		
<b>1b</b>	Identify Vendor:	<i>Libera, Inc</i>
	Contact Name:	<i>Eric</i>
	Address:	<i>1509 Buffalo St, Jamestown, NY 14701</i>
	Telephone Number:	<i>716.665.2800 ext 1111</i>
	Email Address:	<i>eric@libera.com</i>

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

<b>Contract Information:</b>					
<b>1d</b>	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Amendment:	#			
	CETS:	#18190			

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract: <input checked="" type="checkbox"/>	Start Date:	<i>Clerk Approval</i>	End Date:

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<i>052 BA 1081 Cat 04 (College Savings Trust)</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	<i>\$46,778.00</i>

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>The Office of the State Treasurer utilizes this vendor to provide project management and oversight of the design and configuration of the Prepaid Tuition CMS software to allow fiscal interface migration that is required to link the existing program provided exclusively by this vendor to the new Merchant Services provider.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>The current system was created by the vendor specifically for this office to replace an outdated system in order to provide online web access for customers and provide integration to the State's Advantage accounting system. It contains programming that is specific to this vendor. Another vendor could not duplicate it and would have to recreate the programming that has already been done in order to link it.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>Due to the specialized nature of the software, it would be too costly and inefficient to bid out the service that is required to allow the existing software to interface with the current banking application.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				

6	<b>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.</b>			Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	X
	a. <i>If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>			
	<i>1/11/11</i>	<i>1/11/13</i>	<i>\$229,020</i>	<i>Contract Management System</i>	<i>RFP# 1871</i>			
			<i>\$</i>					
			<i>\$</i>					

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>If the waiver is denied and an RFP required, it would cost our office significantly more money than we have budgeted, along with many more man hours to do the RFP, update the new vendor on the computer system, standby for any issues that arise, and troubleshoot. It would set us back by as much as two years to integrate a new CMS.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?

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

---

Print Name of Agency Representative Initiating Request

---

Date

---

Signature of Agency Head Authorizing Request

---

Print Name of Agency Head Authorizing Request

---

Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

---

Name of agency or entity who provided information or review:

---

Representative Providing Review

---

Print Name of Representative Providing Review

---

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

---

Administrator, Purchasing Division or Designee

---

Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18223**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>AMERICAN CHILLER SERVICE INC</b>
Agency Code: <b>082</b>	Contractor Name: <b>AMERICAN CHILLER SERVICE INC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>ACS</b>
Is budget authority available?: <b>Yes</b>	<b>5580 MILL STREET, STE 400</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89502</b>
	Contact/Phone: <b>775-691-7816</b>
	Vendor No.: <b>T29015907A</b>
	NV Business ID: <b>NV19921063155</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 %	<b>X</b>	Fees	<b>100.00 % Buildings and Grounds Rent Income Fee</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2020**

Contract term: **3 years and 357 days**

4. Type of contract: **Contract**

Contract description: **HVAC Services**

5. Purpose of contract:

**This is a new contract that continues ongoing repair, replacement, and service to HVAC systems in various state buildings in the Northern Nevada area, only to be used upon the written request and approval of a Buildings and Grounds designee.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: Regular time (8:00am-5:00pm) \$120 per hour; Overtime and Weekends \$180.00 per hour; Holidays \$240.00 per hour; Trip charge \$100/day Parts and materials to be charged at price plus 30%

#### II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC is a safety need in each state owned building.

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

Buildings and Grounds manpower, expertise and equipment do not meet the levels of this vendor.

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):

QCS  
Ingersoll  
American Chiller

b. Solicitation Waiver: **Not Applicable**

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

Per SAM 0338, this is not a bid project contract. Comparable pricing to various contracted vendors - vendor used as requested and approved by a B&G Designee.

d. Last bid date: 09/01/2016 Anticipated re-bid date: 08/31/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	csweeney	11/01/2016 12:42:31 PM
Division Approval	csweeney	11/01/2016 12:42:33 PM
Department Approval	csweeney	11/01/2016 12:42:35 PM
Contract Manager Approval	ssands	11/03/2016 14:11:25 PM
Budget Analyst Approval	dstoddar	11/07/2016 15:00:00 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18211**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JOE BENIGNO TREE SERVICE INC</b>
Agency Code: <b>082</b>	Contractor Name: <b>JOE BENIGNO TREE SERVICE INC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>1460 INDUSTRIAL WAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>GARDNERVILLE, NV 89410</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>530-545-0409</b>
	Vendor No.: <b>T27008575A</b>
	NV Business ID: <b>NV20081585740</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 %	<b>X</b>	Fees	<b>100.00 % Building Rent Income Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Snow Removal**

5. Purpose of contract:

**This is a new contract to provide snow removal service for various state properties in Northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Other basis for payment: Cost per "PUSH" for Carson City Buildings " Group A" & Stewart Facility " Group B", see Attachment CC; extra services on as needed basis for any state building in Carson City are at the written request and approval of a Buildings & Grounds designee. Utilizing the following hourly rate schedule for services other than those in Group A or Group B: regular \$55.00 per hour; overtime \$68.00 per hour; weekends and holiday \$116.76 per hour; extra fee for removing additional snow \$65.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Inclement weather is a safety issue, clearing the properties of snow and ice is an effort to ensure safety.**

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

**Buildings and Grounds lack the manpower and equipment for this task.**

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):

Summerscape  
Coons Construction  
Joe Benigno Tree Service

b. Solicitation Waiver: **Not Applicable**

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

This is a back up vendor for Northern Nevada and to ensure during severe inclement weather all buildings are taken care of the best B&G can provide.

d. Last bid date: 10/01/2016 Anticipated re-bid date: 09/01/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

For several years and Benigno's has always 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	csweeney	10/26/2016 13:18:06 PM
Division Approval	csweeney	10/26/2016 13:18:08 PM
Department Approval	csweeney	10/26/2016 13:18:11 PM
Contract Manager Approval	ssands	10/26/2016 13:19:05 PM
Budget Analyst Approval	laaron	10/27/2016 14:08:14 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: **18226**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>XCEL MAINTENANCE SERVICES INC</b>
Agency Code: <b>082</b>	Contractor Name: <b>XCEL MAINTENANCE SERVICES INC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>8920 COLORFUL PINES AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89143-4403</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-341-9235</b>
	Vendor No.: <b>T81103343</b>
	NV Business ID: <b>NV20021426879</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 %	<b>X</b>	Fees	<b>100.00 % Buildings &amp; Grounds Building Rent Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2016**

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2020**

Contract term: **3 years and 350 days**

4. Type of contract: **Contract**

Contract description: **Janitorial**

5. Purpose of contract:

**This is a new contract to provide janitorial services to any southern Nevada state building on an emergency basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$0.00 per See Attachment CC

Other basis for payment: \$ 30.00 per hour - Emergency calls - (minimum 2 hours) no supplies included; \$ 0.22 per Square feet - Carpet Cleaning - (depends on the condition of the carpet) includes supplies; \$0.40 per Square feet - VCT scrubbing and refinish with 4 coats of floor finish -includes supplies; \$0.60 per Square feet - VCT stripping and applying 4 coats of floor finish -(depends on the difficulty of the stripping); \$25.0 per Hour - Janitorial service -(minimum 2 hours) no supplies included.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

B&G has experienced situations of need and coverage until a contract for bldg. is put in place (contracts terminated before end of contract). Clean-ups in bldgs. when current vendor cannot accommodate. B&G must have an avenue to accommodate the clean/sanitary needs of a building staying in contractual compliance.

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

Buildings & Grounds does not have enough staff to handle janitorial duties for all state buildings.

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):

Accurate Maintenance  
Xcel Maintenance  
Kingdom Janitorial

b. Solicitation Waiver: **Not Applicable**

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

This was the only qualified respondent to a quote solicitation.

d. Last bid date: 10/01/2016 Anticipated re-bid date: 10/31/2020

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Buildings and Grounds, Las Vegas has used this vendor since 2001 with 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	csweeney	11/01/2016 12:52:08 PM
Division Approval	csweeney	11/01/2016 12:52:10 PM
Department Approval	csweeney	11/01/2016 12:52:14 PM
Contract Manager Approval	ssands	11/03/2016 15:00:33 PM
Budget Analyst Approval	laaron	11/07/2016 09:13:21 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **17220** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **PETTY & ASSOCIATES, INC.**

Agency Code: **082** Contractor Name: **PETTY & ASSOCIATES, INC.**

Appropriation Unit: **1565-77** Address: **1375 GREG ST 106**

Is budget authority available?: **Yes** City/State/Zip: **SPARKS, NV 89431**

If "No" please explain: **Not Applicable** Contact/Phone: **775/359-5777**

Vendor No.: **T80580350**

NV Business ID: **NV19841014622**

To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 109807

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/08/2015**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **3 years and 204 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

**This is the second amendment to the original contract, which provides professional mechanical and electrical engineering services for the replacement of the existing heating boilers and the water heater in each of the five housing units at the Stewart Conservation Camp in Carson City. CIP Project No. 15-M09; SPWD Contract No. 109807. This amendment increases the maximum amount from \$69,400 to \$70,600 to provide structural engineering assessment of roof trusses.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$60,800.00	\$60,800.00	\$60,800.00	Yes - Action
a. Amendment 1:	\$8,600.00	\$69,400.00	\$8,600.00	Yes - Info
2. Amount of current amendment (#2):	\$1,200.00	\$70,600.00	\$9,800.00	Yes - Info
3. New maximum contract amount:	\$70,600.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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:

SPWD, currently and/or in the past for various amounts with satisfactory results.

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	dgrimm	11/01/2016 14:50:01 PM
Division Approval	dgrimm	11/01/2016 14:50:04 PM
Department Approval	dgrimm	11/01/2016 14:50:07 PM
Contract Manager Approval	dgrimm	11/01/2016 16:08:24 PM
Budget Analyst Approval	dstoddar	11/02/2016 13:51:04 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18212**

Agency Name: <b>ADMIN - FLEET SERVICES DIVISION</b>	Legal Entity Name: <b>WESTERN AUTO WASH SYSTEMS INC</b>
Agency Code: <b>084</b>	Contractor Name: <b>WESTERN AUTO WASH SYSTEMS INC</b>
Appropriation Unit: <b>1354-04</b>	Address: <b>3810 N JONES BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89108-5246</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-454-3432</b>
	Vendor No.: <b>T29024565</b>
	NV Business ID: <b>NV19981236592</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</b> Other funding	<b>100.00 % Internal Service Fund</b>

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 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Car Wash Repair**

5. Purpose of contract:

**This is a new contract that continues ongoing quarterly inspections and routine repairs for the Las Vegas automated car wash system.**

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 \$0.00 per upon approved invoice

Other basis for payment: \$90.00 per Hour for non-holiday weekday service calls between the hours of 7:00 am and 3:00 pm. Minimum of 1.5 hours; \$125.00 per Hour for all calls placed after hours and holidays; \$183.50 per Monthly preventive maintenance inspection on a quarterly basis, total includes pre-filter and repair recommendations. All parts used will be billed at manufacturer's suggested retail price, all freight charges will apply.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The car wash equipment needs to have quarterly maintenance done and repairs as needed.

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

The car wash equipment manufacturer "Belanger" requires all car wash system repairs and maintenance to be performed by an authorized vendor. State employee's are not an authorized vendor for the car wash.

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 #: 120607A**

**Approval Date: 04/30/2015**

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

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

No

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

No

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:

Fleet Service has used this vendor before and service is satisfactory.

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

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

Not Applicable

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

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	csweeney	10/19/2016 12:38:32 PM
Division Approval	csweeney	10/19/2016 12:38:36 PM
Department Approval	csweeney	10/19/2016 12:38:43 PM
Contract Manager Approval	ssands	10/20/2016 13:10:12 PM
Budget Analyst Approval	dstoddar	10/20/2016 13:34:32 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: **18204**

Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>APPLIED ECONOMICS</b>
Agency Code: <b>102</b>	Contractor Name: <b>APPLIED ECONOMICS</b>
Appropriation Unit: <b>1526-24</b>	Address: <b>14682 N 74TH ST 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SCOTTSDALE, AZ 85260</b>
If "No" please explain: Not Applicable	Contact/Phone: Sarah Murley 480-922-9397
	Vendor No.: T81074193
	NV Business ID: NV20161071093

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2016**  
Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**

Contract term: **3 years and 242 days**

4. Type of contract: **Contract**

Contract description: **Research**

5. Purpose of contract:

**This is a new contract to provide economic and fiscal impact research and analysis to the Governor's Office of Economic Development (GOED). Work will be completed on an as-needed, project-by-project basis and may include operating cost comparisons, incentive analysis, socioeconomic modeling and/or other research and analysis related to GOED's economic development activities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$120.00 per Hour

Other basis for payment: Actual hourly rate varies from \$70 to \$120/hour, depending on research need and staff person doing work.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Governor's Office of Economic Development is mandated to diversify Nevada's economy, and good economic impact research and analysis is an essential tool to make decisions how best to use the limited dollars available to the agency.

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

There are no employees with the skills to conduct this type of specialized research and analysis.

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

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

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

Remi  
Deloitte  
Ekay - UNR  
EMSI  
Chmura  
UNLV - CBER  
Hunden  
Dean Runyan  
Hobb, Ong & Assoc.  
Applied Economics  
Applied Analysis  
RCG Economics

b. Solicitation Waiver: **Not Applicable**

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

A number of vendors were qualified in an RFQ. This vendor was selected because of its demonstrated ability to conduct a wide variety of economic impact research and analysis.

d. Last bid date: 01/19/2016 Anticipated re-bid date: 01/17/2020

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

GOED, good quality of 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:

LLC

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	swoodbur	11/01/2016 10:36:53 AM
Division Approval	swoodbur	11/01/2016 10:36:56 AM
Department Approval	swoodbur	11/01/2016 10:36:59 AM
Contract Manager Approval	swoodbur	11/01/2016 10:37:02 AM
Budget Analyst Approval	dstoddar	11/01/2016 15:31:33 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18203**

Agency Name:	<b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name:	APPLIED MARKET ANALYSIS LLC
Agency Code:	<b>102</b>	Contractor Name:	<b>APPLIED MARKET ANALYSIS LLC</b>
Appropriation Unit:	<b>1526-24</b>	Address:	<b>DBA APPLIED ANALYSIS 6385 S RAINBOW BLVD STE 105</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89118-3208</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702/967-3333
		Vendor No.:	T32002332
		NV Business ID:	NV19971021720

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **241 days**

4. Type of contract: **Contract**

Contract description: **Research**

5. Purpose of contract:

**This is a new contract to provide economic and fiscal impact research and analysis to the Governor's Office of Economic Development (GOED). Work will be completed on an as-needed, project-by-project basis and may include operating cost comparisons, incentive analysis, socioeconomic modeling and/or other research and analysis related to GOED's economic development activities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,500.00**

Payment for services will be made at the rate of \$200.00 per Hour

Other basis for payment: Actual hourly rate varies from \$12 to \$400/hour, depending on research need and staff person doing work.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Governor's Office of Economic Development is mandated to diversify Nevada's economy, and good economic impact research and analysis is an essential tool to make decisions how best to use the limited dollars available to the agency.

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

There are no employees with the skills to conduct this type of specialized research and analysis.

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

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

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

Deloitte  
EKAY - UNR  
EMSI  
Chmura  
UNLV - CBER  
Hunden  
Dean Runyan  
Hobb, Ong & Associates  
Remi  
Applied Economics  
Applied Analysis  
RCG Economics

b. Solicitation Waiver: **Not Applicable**

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

A number of vendors were qualified in an RFQ. This vendor was selected because of its demonstrated ability to conduct a wide variety of economic impact research and analysis.

d. Last bid date: 01/21/2016 Anticipated re-bid date: 01/21/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Various state agencies, including GOED. Service was satisfactory.

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

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

Not Applicable

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

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	swoodbur	11/01/2016 10:39:42 AM
Division Approval	swoodbur	11/01/2016 10:39:44 AM
Department Approval	swoodbur	11/01/2016 10:39:47 AM
Contract Manager Approval	swoodbur	11/01/2016 10:39:50 AM
Budget Analyst Approval	dstoddar	11/01/2016 13:30:53 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: **18198**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: En Pointe Technologies Sales, LLC
Agency Code: <b>180</b>	Contractor Name: <b>En Pointe Technologies Sales, LLC</b>
Appropriation Unit: <b>1385-26</b>	Address: <b>1940 E. Mariposa Ave</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>El Segundo, CA 90245</b>
If "No" please explain: Not Applicable	Contact/Phone: Michelle Day-Wirth 310-337-5299
	Vendor No.: PUR0005707
	NV Business ID: NV20151239869
To what State Fiscal Year(s) will the contract be charged? <b>2017</b>	

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

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

Agency Reference #: ASD #2258442

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/21/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **252 days**

4. Type of contract: **Contract**

Contract description: **O365 Migration Pilot**

5. Purpose of contract:

**This is a new contract to provide assistance with planning, implementation and deployment of an Office 365 Migration solution to address challenges within the computing environment ensuring a seamless authentication and connectivity to existing systems, including Exchange 2007/2010.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,620.00**

Other basis for payment: Travel and per diem to be billed in accordance with GSA rates for the State of Nevada.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State of Nevada Enterprise IT Services has requested the professional services of En Pointe to assist with implementation of an Office 365 Migration solution to address challenges within their computing environment. The overall effort will consist of planning and deployment of the necessary Office 365 components to provide seamless authentication (SSO) leveraging existing ADFS, connectivity to existing Active Directory, unified GAL migration from Exchange 2007/2010.

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

Open Systems is currently short staffed and lack experience in Office 365 migration.

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?

Lowest bidder

d. Last bid date: Anticipated re-bid date:

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:

2015 - DoA, EITS, satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	10/17/2016 13:47:56 PM
Division Approval	csweeney	10/17/2016 13:48:00 PM
Department Approval	csweeney	10/17/2016 13:48:03 PM
Contract Manager Approval	amarangi	10/21/2016 09:13:17 AM
DoIT Approval	bbohm	10/21/2016 11:56:44 AM
Budget Analyst Approval	laaron	10/21/2016 13:07:43 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18225**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>SAVAGE AND SON INC</b>
Agency Code: <b>180</b>	Contractor Name: <b>SAVAGE AND SON INC</b>
Appropriation Unit: <b>1385-07</b>	Address: <b>PO BOX 11800</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89510-1800</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Don Nowaczewski 775/828-4193</b>
	Vendor No.: <b>PUR0000504A</b>
	NV Business ID: <b>NV19341000063</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2017-2021</b>

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

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

Agency Reference #: **ASD #23333423**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/02/2016**

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2020**

Contract term: **3 years and 364 days**

4. Type of contract: **Contract**

Contract description: **Plumbing Services**

5. Purpose of contract:

**This is a new contract to provide plumbing services on an as-needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,500.00**

Other basis for payment: Upon inspection and approval of completed work by an EITS designee and upon approved invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The plumbing system is an integral part of EITS Facility and should this system fail, it would impact the ability of the personnel at the Facility to perform their jobs.

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

State staff are not trained in plumbing, installation, repairs, and 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):

JW McClenahan  
Ray Heating Products (RHP)  
NDI Plumbing  
Jackrabbit Plumbing, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Only vendor to respond to State Solicitation dated 10/04/2016.

d. Last bid date:

Anticipated re-bid date:

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:

Currently, SPWD B&G, satisfactory.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	csweeney	10/26/2016 15:12:45 PM
Division Approval	csweeney	10/26/2016 15:12:47 PM
Department Approval	csweeney	10/26/2016 15:12:52 PM
Contract Manager Approval	amarangi	10/31/2016 13:25:47 PM
Budget Analyst Approval	laaron	11/02/2016 13:56:29 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: **17991**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: Department of Public Safety Division of Emergency Management
Agency Code: <b>300</b>	Contractor Name: <b>Department of Public Safety Division of Emergency Management</b>
Appropriation Unit: <b>2712-42</b>	Address: <b>2478 Fairview Drive</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: Not Applicable	Contact/Phone: Judith Lyman 775-687-0300
	Vendor No.:
	NV Business ID: N/A

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

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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 **10/24/2016**

Anticipated BOE meeting date 08/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2017**

Contract term: **158 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **NDEM Interlocal**

5. Purpose of contract:

**This is a new interlocal agreement to provide technical assistance to local education agencies preparing for potential emergencies through the creation of high quality school Emergency Operations Plans.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: upon receipt of detailed reimbursement requests.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Education received a Federal Grant for Project SERV - School Emergency Response to Violence. This grant is meant to help restore the learning environment following a natural disaster or violent incident at or near a school by providing funding to train and provide technical assistance to Local Education Agencies (LEA) that result in the adoption of best practices for developing and implementing school Emergency Operations Plan (EOP).

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

The Department of Education is contracting with the Department of Public Safety, Division of Emergency Management to provide these services, training, and review of emergency operations plans.

9. Were quotes or proposals solicited? **No**

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 277.180 the agency is contracting with the Department of Public Safety, Division of Emergency Management to provide the needed services.

d. Last bid date: Anticipated re-bid date:

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:

Department of Education - services have been satisfactory

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	07/07/2016 16:58:18 PM
Division Approval	amccalla	07/07/2016 16:58:20 PM
Department Approval	amccalla	07/07/2016 16:58:21 PM
Contract Manager Approval	ablackwe	10/11/2016 15:55:56 PM
Budget Analyst Approval	dstoddar	10/24/2016 11:49:40 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18248**

Agency Name:	<b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name:	<b>LAS VEGAS PRESORT LLC</b>
Agency Code:	<b>332</b>	Contractor Name:	<b>LAS VEGAS PRESORT LLC</b>
Appropriation Unit:	<b>1346-10</b>	Address:	<b>3655 E PATRICK LN STE 300</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89120-3279</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Diane Halama 702/320-0450
		Vendor No.:	T27029021
		NV Business ID:	NV20061772395

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 % Contractor to receive rebate from the United States Post Office</b>

Agency Reference #: ASD #2285885

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 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Presort LV Mail Svc.**

5. Purpose of contract:

**This is a new contract that continues ongoing First Class Presort/Pre-barcode Mail Services for all mail not presorted within the Nevada State Mail System and any other agencies or political subdivision that may require this service.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,300.00**

Other basis for payment: The State of Nevada shall authorize the Contractor to receive the pre-barcode compensation directly from the United States Post Office per contract. \$6,075 per year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Las Vegas Mail Services does not have the equipment in place to achieve postage discounts by presorting mail. This service needs to be provided by an outside vendor in order to receive a discount on outgoing State Mail.

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

The Las Vegas Mail Services does not have the equipment necessary for obtaining discounts on mail with the United States Postal 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):

MailMax Mailing Solutions  
Byrd Enterprises  
LV Presort, LLC

b. Solicitation Waiver: **Not Applicable**

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

Only vendor to submit a proposal in response to State Solicitation dated 8/10/2016.

d. Last bid date:

Anticipated re-bid date:

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:

2012-2016, DoA, Library Archives & Public Records, satisfactory.

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

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

Not Applicable

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

LLC

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	csweeney	11/03/2016 13:38:37 PM
Division Approval	csweeney	11/03/2016 13:38:40 PM
Department Approval	csweeney	11/03/2016 13:38:49 PM
Contract Manager Approval	amarangi	11/03/2016 15:22:11 PM
Budget Analyst Approval	dstoddar	11/04/2016 08:45:24 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: **18200**

Agency Name: <b>DTCA - NEVADA ARTS COUNCIL</b>	Legal Entity Name: <b>DP Video</b>
Agency Code: <b>333</b>	Contractor Name: <b>DP Video</b>
Appropriation Unit: <b>2979-37</b>	Address: <b>2022 Waverly Cir</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89014</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-303-8554</b>
	Vendor No.: <b>T29019963</b>
	NV Business ID: <b>NV20041136819</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2017-2018</b>

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

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

Agency Reference #: **Folklife DP Video**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/24/2016**

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **1 year and 249 days**

4. Type of contract: **Contract**

Contract description: **Video Productions DP**

5. Purpose of contract:

**This is a new contract to create visually appealing videos using archival photographs and audio interviews provided by Nevada Arts Council's Folklife Program; encode the videos in both web-friendly and HD formats for streaming and archiving; and provide same to the NAC Folklife Program in downloadable and DVD versions.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,075.00**

Other basis for payment: **Not to exceed \$15,075.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Stories is an online video series focusing on folk and traditional artists, specific local traditions, and Nevada's landscape. An outreach activity of the Nevada Arts Council's (NAC) Folklife Program, it supports the NAC's mission to provide folklife education to all age groups and to highlight the individual folk artists, traditional communities, and cultural sites that make Nevada distinctive.

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

NAC does not have available personnel, expertise, or equipment necessary to complete this work, nor does the Department of Tourism and Cultural Affairs.

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):

DP Video  
DK Productions Inc  
Massmedia Corporate Communications  
Blusoul Arts Continuum

b. Solicitation Waiver: **Not Applicable**

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

Vendor was chosen based on costs and the prior work DP Video has done on Nevada Stories.

d. Last bid date: 09/26/2016 Anticipated re-bid date:

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:

Contract #16704 - Nevada Arts Council - satisfactory.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	lficklin	10/13/2016 11:23:53 AM
Division Approval	lficklin	10/18/2016 13:04:13 PM
Department Approval	dpeters3	10/19/2016 15:21:07 PM
Contract Manager Approval	lficklin	10/20/2016 11:14:38 AM
Budget Analyst Approval	dstoddar	10/24/2016 11:26:05 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16581** Amendment Number: **1**

Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **Anderson Pest Control**

Agency Code: **402** Contractor Name: **Anderson Pest Control**

Appropriation Unit: **3279-07** Address: **4300 N. Pecos, #9**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89115**

If "No" please explain: **Not Applicable** Contact/Phone: **Nate Anderson 702-656-8898**

Vendor No.: **T27037835**

NV Business ID: **NV20021058140**

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.

<input checked="" type="checkbox"/> General Funds	<b>50.20 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>49.80 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 10/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Pest Control Service**

5. Purpose of contract:

**This is the first amendment to the original contract, which provides pest control services to Desert Regional Center buildings. This amendment extends the termination date from June 30, 2017 to June 30, 2019 and increases the maximum amount from \$5860.00 to \$12,720.00 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:	\$5,860.00	\$5,860.00	\$5,860.00	No
2. Amount of current amendment (#1):	\$6,860.00	\$12,720.00	\$12,720.00	Yes - Info
3. New maximum contract amount:	\$12,720.00			
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?

Per the Code of Federal regulations Title 42, Chapter 4, Part 483.70:  
The facility must provide a safe, functional, sanitary, and comfortable environment for the residents, staff and the public. (4)  
The facility must maintain an effective pest control program so that the facility is free of pests and rodents.

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

Employees do not have necessary expertise or tools to perform this service.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Anderson Pest Control was the lowest responsible bidder.

d. Last bid date: 03/11/2015 Anticipated re-bid date: 03/01/2019

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:

Original contract began 07/01/2015-satisfactory.

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

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

Not Applicable

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

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	dhanse6	10/12/2016 08:40:02 AM
Division Approval	dbowma1	10/19/2016 11:15:02 AM
Department Approval	ecreceli	10/20/2016 10:39:21 AM
Contract Manager Approval	dhanse6	10/20/2016 17:38:54 PM
Budget Analyst Approval	laaron	10/25/2016 08:43:49 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: <b>16364</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>QBS INC</b>
Agency Code: <b>402</b>	Contractor Name: <b>QBS INC</b>
Appropriation Unit: <b>3279-30</b>	Address: <b>49 PLAIN ST SUITE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH ATTLEBORO, MA 02760-4193</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>508/316-4223</b>
	Vendor No.: <b>T29034782</b>
	NV Business ID: <b>NV20141240237</b>

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.

<input checked="" type="checkbox"/> General Funds	<b>53.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>47.00 %</b>	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 **03/10/2015**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **02/28/2017**

Termination Date:  
Contract term: **3 years and 356 days**

4. Type of contract: **Contract**  
Contract description: **Safety Training**

5. Purpose of contract:

**This is the first amendment to the original contract which continues to provide training and certification for campus staff members in advanced skills for use in working with individuals who may exhibit self-injurious or violent behaviors. This amendment extends the termination date from February 28, 2017 to February 28, 2019 and increases the maximum amount from \$23,900.00 to \$41,800.00 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:	\$23,900.00	\$23,900.00	\$23,900.00	Yes - Info
2. Amount of current amendment (#1):	\$17,900.00	\$17,900.00	\$41,800.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$41,800.00 02/28/2019			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

When residents at Desert Regional Center (Jones Campus) exhibit self-injurious or violent behaviors staff must respond in a way to ensure the safety of the individual and others. The proposed training will provide campus staff with the necessary specialized skills needed to continue to provide a safe environment for both the residents and staff.

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

State employees are not professional trainers in behavioral safety training.

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?

QBS, Inc. was the lowest responsible bidder.

d. Last bid date: 11/21/2014 Anticipated re-bid date: 11/21/2016

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?

Yes If "Yes", please explain

Current contract beginning 03/10/2015 services satisfactory.

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dhanse6	10/20/2016 17:46:02 PM
Division Approval	dbowma1	10/26/2016 14:46:27 PM
Department Approval	ecreceli	11/01/2016 10:46:21 AM
Contract Manager Approval	dhanse6	11/01/2016 14:05:52 PM
Budget Analyst Approval	dstoddar	11/02/2016 13:04:07 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18172**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	YARAN, ORLANDO W dba AIT Interpreters
Agency Code:	<b>406</b>	Contractor Name:	<b>YARAN, ORLANDO W dba AIT Interpreters</b>
Appropriation Unit:	<b>3645-04</b>	Address:	<b>PO BOX 2632</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89505-2632</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-851-1210
		Vendor No.:	T81092545
		NV Business ID:	NV20121051717

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.

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

Agency Reference #: C 15369

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/21/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 71 days**

4. Type of contract: **Contract**

Contract description: **In-Person Translator**

5. Purpose of contract:

**This is a new contract to provide in-person Spanish to English language interpretation for consumers with legal litigation situations for Lake's Crossing Center and Northern Nevada Adult Mental Health Services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Payment for services will be made at the rate of \$75.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Non-English speaking population for Lake's Crossing Center and Northern Nevada Adult Mental Health Services is increasing. The need for the in-person translator is required for the special handling and consideration with these consumers.

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

Current staff does not possess the language expertise and training to perform these duties.

9. Were quotes or proposals solicited? Yes

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

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

Olando Yara dba AIT Interpreters  
Christina Sanchez  
Alvaro Degive-Mas

b. Solicitation Waiver: **Not Applicable**

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

This interpreter had the lowest cost and has experience with translating the court/legal processes.

d. Last bid date: 07/11/2016 Anticipated re-bid date: 10/01/2019

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:

Lake's Crossing Center - Satisfactory FY2009-FY2013

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

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

Not Applicable

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

Other **Partnership**

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	chadwic1	10/17/2016 14:40:53 PM
Division Approval	chadwic1	10/17/2016 14:40:55 PM
Department Approval	ecrecli	10/20/2016 10:13:29 AM
Contract Manager Approval	shoughta	10/20/2016 15:12:58 PM
Budget Analyst Approval	laaron	10/21/2016 10:40:03 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: **18217**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	University of Nevada School of Liberal Arts
Agency Code:	<b>406</b>	Contractor Name:	<b>University of Nevada School of Liberal Arts</b>
Appropriation Unit:	<b>3648-08</b>	Address:	<b>dba Department of Psychology Clinical Psychology, MS 298</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89557-0298</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Anthony Papa, Ph.D. 775-682-8666
		Vendor No.:	D35000816
		NV Business ID:	Governmental Entity

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

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

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

Agency Reference #: C 15703

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/31/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **242 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Telepsychology**

5. Purpose of contract:

**This is a new interlocal agreement that provides University of Nevada Reno telepsychology services from doctoral psychology students deemed competent to provide services under the supervision of a licensed clinical psychologist.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Telepsychology provides valuable services to both agencies and clients.

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

State employees will be performing the services.

9. Were quotes or proposals solicited? **No**

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

The Department of Psychology is not charging an indirect rate.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

State agencies routinely contract for services - satisfactory

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	10/24/2016 12:56:55 PM
Division Approval	chadwic1	10/24/2016 12:56:57 PM
Department Approval	ecreceli	10/25/2016 15:55:03 PM
Contract Manager Approval	rmorse	10/26/2016 15:22:55 PM
Budget Analyst Approval	dstoddar	10/31/2016 13:01:53 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: **18178**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>Jager-Adsit Associates LLC</b>
Agency Code: <b>409</b>	Contractor Name: <b>Jager-Adsit Associates LLC</b>
Appropriation Unit: <b>1383-17</b>	Address: <b>340 NE Crest Street Space 11</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sublimity, OR 97385</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kila Jager 541-401-7455</b>
	Vendor No.: <b>T27035870</b>
	NV Business ID: <b>NV20141652051</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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 **10/21/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **1 year and 252 days**

4. Type of contract: **Contract**

Contract description: **PREA AUDIT**

5. Purpose of contract:

**This is a new contract to provide external audits of the Prison Rape Elimination Act policies and procedures to meet Federal compliance regulations. The audits will determine if the facilities are lacking in any areas of operation including a physical assessment of the facility, staffing ratios, policies and procedures, and training.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Payment for services will be made at the rate of \$60.00 per Hour

Other basis for payment: Plus travel and per diem expenses.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Federal Prison Rape Elimination Act of 2003 requires biannual assessment of facilities to determine if any areas of operation are lacking and would fail to protect the residents against sexual abuse.

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

There are no employees within the State of Nevada that have the qualifications to conduct this type of audit.

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):

John Bersinger  
Derek Murray  
William Hogan  
Scott Davis

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor to respond. This vendor has the certification to complete this audit.

d. Last bid date: Anticipated re-bid date:

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)?

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	dkluever	10/18/2016 13:42:53 PM
Division Approval	dkluever	10/18/2016 13:42:56 PM
Department Approval	ecreceli	10/20/2016 10:16:51 AM
Contract Manager Approval	sknigge	10/20/2016 11:48:38 AM
Budget Analyst Approval	laaron	10/21/2016 09:27:31 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18224**

Agency Name: <b>GCB - GAMING CONTROL BOARD</b>	Legal Entity Name: <b>Blanchard Training and Development, Incorporated</b>
Agency Code: <b>611</b>	Contractor Name: <b>The Ken Blanchard Companies</b>
Appropriation Unit: <b>4061-30</b>	Address: <b>125 State Place</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Escondido, CA 92029</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>760-489-5005</b>
	Vendor No.:
	NV Business ID: <b>NV20161625762</b>
To what State Fiscal Year(s) will the contract be charged? <b>2017-2018</b>	

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

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2017**

Contract term: **272 days**

4. Type of contract: **Contract**

Contract description: **Training**

5. Purpose of contract:

**This is a new contract to provide leadership training on November 8th and 9th. The class trains managers on how to set clear and attainable goals, provide an appropriate leadership style, and provide feedback.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

Payment for services will be made at the rate of \$13,240.00 per null

Other basis for payment: plus allowable travel expenses

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This training is part of the Board's employee development program.

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

The Board knows of no state employee who has the knowledge to provide this training.

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 Ken Blanchard Companies  
American Management Association  
Train Up

b. Solicitation Waiver: **Not Applicable**

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

The lowest responsible bidder.

d. Last bid date: 09/08/2016 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

No b. If "No", please explain:

The Entity name is a fictitious firm name.

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	jkingsla	10/24/2016 16:37:02 PM
Division Approval	jkingsla	10/24/2016 16:37:05 PM
Department Approval	jkingsla	10/24/2016 16:37:08 PM
Contract Manager Approval	jkingsla	10/24/2016 16:37:11 PM
Budget Analyst Approval	laaron	11/01/2016 16:17:51 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: **17946**

Agency Name: **DPS-HIGHWAY PATROL**  
 Agency Code: **651**  
 Appropriation Unit: **4713-04**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **Advanced Weighing Systems**  
 Contractor Name: **Advanced Weighing Systems**  
 Address: **4790 East Desert Inn Road**  
 City/State/Zip: **Las Vegas, NV 89121**  
 Contact/Phone: **702-456-5169**  
 Vendor No.:  
 NV Business ID: **NV20101147965**  
 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 %
<b>X</b> Federal Funds	<b>30.00 %</b>	Bonds	0.00 %
<b>X</b> Highway Funds	<b>70.00 %</b>	Other funding	0.00 %

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 08/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/01/2020**

Contract term: **3 years and 243 days**

4. Type of contract: **Contract**

Contract description: **Scale Certification**

5. Purpose of contract:

**This is a new contract to provide certifications, repair, and calibration on semi portable, portable and Weigh-In-Motion scales utilized to weigh commercially rated vehicles, such as semi-trucks for compliance with the weight limits on Nevada roads.**

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 \$95.00 per system

Other basis for payment: \$75.00 per hour for repairs plus parts, materials, and shipping.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Scales used by Nevada Highway Patrol need to be maintained, repaired, and recalibrated for annual inspections by the Nevada Bureau of Weights and Measures.

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

There are no State employees qualified to perform this service.

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

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

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

Avery Weigh-Tronix  
D&G Scale  
Advanced Weighing Systems

b. Solicitation Waiver: **Not Applicable**

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

Quotes per hour were the same from each vendor however this vendor was able to provide a quote for additional services that are needed.

d. Last bid date: 05/31/2016 Anticipated re-bid date: 05/01/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

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	bmarti8	06/23/2016 11:11:47 AM
Division Approval	vradford	10/25/2016 13:16:23 PM
Department Approval	mcar2	10/25/2016 13:32:06 PM
Contract Manager Approval	mcar2	10/25/2016 13:32:09 PM
Budget Analyst Approval	laaron	11/01/2016 16:27:39 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: **18192**

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: **FLIGHTSAFETY INTERNATIONAL**  
Contractor Name: **FLIGHTSAFETY INTERNATIONAL**  
Address: **121 Matrix Loop**  
City/State/Zip: **Lafayette, LA 70507**  
Contact/Phone: **337-408-2900**  
Vendor No.: **T32003898A**  
NV Business ID: **EXEMPT**

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

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

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

Agency Reference #: 17-15

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/24/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2016**

Contract term: **68 days**

4. Type of contract: **Contract**

Contract description: **Flight Training**

5. Purpose of contract:

**This is a new contract to provide a combination of interactive classroom and flight simulator trainings for the Department of Wildlife pilots flying the Bell 407HP.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,992.00**

Payment for services will be made at the rate of \$4,998.00 per pilot.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This is a cost effective method of flight training for the new Bell 407HP helicopter NDOW has purchased. Four pilots need to be properly trained.**

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

**The State does not possess a flight simulator.**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

**Under NRS 80.015(1)m (transacting business in interstate commerce), FlightSafety International is a foreign corporation not doing business in Nevada. Therefore, it is not subject to NRS 80.010 and 80.110. The company has no facilities or personnel located in Nevada and does not perform any work here.**

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?

No b. If "NO", please explain.

**Under NRS 80.015(1)m (transacting business in interstate commerce), FlightSafety International is a foreign corporation not doing business in Nevada. Therefore it is not subject to NRS 80.010 and 80.110. It has no facilities or personnel in Nevada and does not perform any work in Nevada.**

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	10/11/2016 14:17:09 PM
Division Approval	lgleason	10/12/2016 13:04:50 PM
Department Approval	eobrien	10/20/2016 11:15:48 AM
Contract Manager Approval	dwendell	10/21/2016 09:33:36 AM
Budget Analyst Approval	dstoddar	10/24/2016 16:52:29 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: **18213**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4605-15**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Marshall's Septic Care LLC**  
Contractor Name: **Marshall's Septic Care LLC**  
Address: **PO Box 403**  
City/State/Zip: **Fallon , NV 89406**  
Contact/Phone: **775-427-3789**  
Vendor No.:  
NV Business ID: **NV20131068662**  
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 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Utility Surcharge</b>
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 **10/25/2016**

Anticipated BOE meeting date 12/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/21/2018**

Contract term: **1 year and 361 days**

4. Type of contract: **Contract**

Contract description: **On Call Septic Serv**

5. Purpose of contract:

**This is a new on-call contract for septic maintenance of vault toilets and septic tanks for the Northern Region State Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,950.00**

Other basis for payment: \$12,475 annually

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Septic maintenance of vault toilets and septic tanks for health and welfare of park visitors.

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

State Parks lacks the equipment.

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

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

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

Water Vacuume Truck Service

b. Solicitation Waiver: **Not Applicable**

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

Lowest bid with proven services.

d. Last bid date: Anticipated re-bid date:

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 vendor was under contract with State Parks in May 2016 with 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:  
LLC

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	sdecrona	10/19/2016 14:56:10 PM
Division Approval	sdecrona	10/19/2016 14:56:12 PM
Department Approval	sdecrona	10/19/2016 14:56:17 PM
Contract Manager Approval	sdecrona	10/25/2016 08:46:58 AM
Budget Analyst Approval	dstoddar	10/25/2016 08:53:32 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: **17277** Amendment Number: **1**

Agency Name: **DETR - REHABILITATION DIVISION** Legal Entity Name: **ANYTIME PLUMBING INC DBA ABES PLUMBING AIR REPAIR FAST WATER**

Agency Code: **901** Contractor Name: **ANYTIME PLUMBING INC DBA ABES PLUMBING AIR REPAIR FAST WATER**

Appropriation Unit: **3253-10** Address: **4690 W POST RD STE 130**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89118-4345**

If "No" please explain: **Not Applicable** Contact/Phone: **Keith Jester 702/362-9300**

To what State Fiscal Year(s) will the contract be charged? **2016-2018** Vendor No.: **PUR0005090**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV19991205584**

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 % Business Enterprise Set-Aside</b>

Agency Reference #: **2040-18-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/02/2015**

Anticipated BOE meeting date **10/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2017**

Contract term: **2 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Anytime Plumbing**

5. Purpose of contract:

**This is the first amendment to the original contract, which provides ongoing regular and emergency plumbing services for the various Business Enterprise of Nevada food service locations in southern Nevada. This amendment increases the maximum amount from \$20,000 to \$49,500 due to an increase in expensive repairs at the Hoover Dam locations.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$29,500.00	\$29,500.00	\$49,500.00	Yes - Info
3. New maximum contract amount:	\$49,500.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The BEN program has on going needs for plumbing services at various program sites. These services are essential to the health and safety of staff and the public and are mandated by the health codes and regulations of various cities, counties and the state.

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

Agency employees are not trained and licensed for this type of 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):

AA Cassaro Plumbing  
Anytime Plumbing  
Pure Plumbing

b. Solicitation Waiver: **Not Applicable**

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

Lowest cost qualified vendor

d. Last bid date: Anticipated re-bid date:

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:

The vendor has been under contract with DETR since March 2012 and their work has been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vleigh	10/03/2016 09:04:55 AM
Division Approval	jmcentee	10/20/2016 09:12:54 AM
Department Approval	jmcentee	10/20/2016 09:12:57 AM
Contract Manager Approval	jmcentee	10/20/2016 09:13:03 AM
Budget Analyst Approval	laaron	10/21/2016 09:42:13 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18227**

Agency Name:	<b>DETR - EMPLOYMENT SECURITY DIVISION</b>	Legal Entity Name:	William Burris
Agency Code:	<b>902</b>	Contractor Name:	<b>William Burris</b>
Appropriation Unit:	<b>4770-04</b>	Address:	<b>751 Wash Road</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Frankfort, KY 40601</b>
If "No" please explain:	Not Applicable	Contact/Phone:	William Burris 502-330-4499
		Vendor No.:	
		NV Business ID:	NV20161541191
To what State Fiscal Year(s) will the contract be charged?	<b>2017</b>		

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

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

Agency Reference #: 2090-17-ESD

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2016**  
Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **226 days**

4. Type of contract: **Contract**

Contract description: **2090-17-ESD**

5. Purpose of contract:

**This is a new contract that provides analysis and review of the Resource Justification Model for the Unemployment Insurance (UI) program in Nevada. This analysis will identify potential inefficiencies and issues with regards to data reporting that may result in underfunding of the UI program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,062.00**

Payment for services will be made at the rate of \$149.00 per hour

Other basis for payment: Upon receipt of approved invoicing. The vendor's rate of \$149 per hour covers all travel and miscellaneous costs.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Employment, Training and Rehabilitation administers the Unemployment Insurance program, which is funded by the Department of Labor (DOL). The data collected through the RJM enables the DOL to rationally allocate federal funds appropriated by Congress and is intended to maximize Nevada's receipt of federal funds. Without the RJM analysis, Nevada could see a decrease of fund allocation.

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

The vendor offers a unique specialization (which has been utilized by other states) with regard to the Resource Justification Model (RJM). RJM is a data collection system that collects Unemployment Insurance (UI) administrative expenditures from the most recently completed fiscal year and is necessary in the operation of the state UI program. The state employees have base line knowledge of the RJM and contracting with Burris Consulting will allow the State of Nevada the opportunity to utilize the vendor's expertise of the RJM.

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 vendor is the only specialist in the field (that this Agency is reasonably aware of) who offers this required service and has been used and recommended by many other states. ESD is entering into a "Joinder/Mutual Use" Contract with Burris Consulting through the State of Maine contract. The Joinder option is available under NRS 332.195.

d. Last bid date: Anticipated re-bid date:

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:

The contractor provided similar services to the Employment Security Division. The quality of service provided was satisfactory.

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

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

Not Applicable

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

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. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	10/26/2016 08:49:19 AM
Division Approval	rolso1	10/26/2016 15:32:09 PM
Department Approval	jmcentee	11/07/2016 07:48:48 AM
Contract Manager Approval	vleigh	11/07/2016 07:55:11 AM
Budget Analyst Approval	tgreenam	11/15/2016 07:05:41 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: **18209**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>K. Neena Laxalt Consulting</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>K. Neena Laxalt Consulting</b>
Appropriation Unit: <b>B023 - All Categories</b>	Address: <b>10883 Rushing Flume</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89521</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Neena Laxalt (775) 762-18</b>
	Vendor No.:
	NV Business ID: <b>NV20101366023</b>
To what State Fiscal Year(s) will the contract be charged? <b>2017-2019</b>	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 % <b>X</b> Fees <b>100.00 % B023 Budget Account 100% Licensure Fees</b>	
Federal Funds 0.00 % Bonds 0.00 %	
Highway Funds 0.00 % Other funding 0.00 %	
Agency Reference #: <b>B023</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/21/2016**  
Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/05/2018**  
Contract term: **2 years and 45 days**

4. Type of contract: **Contract**  
Contract description: **Lobbyist Services**

5. Purpose of contract:

**This is a contract to provide government affairs assistance to the Nevada State Board of Physical Therapy Examiners. This government affairs support will provide the Board with assistance in preparing, planning and responding to legislative issues brought forth concerning Physical Therapists and Nevada citizens. In addition, the contractor will provide professional assistance to the Board during the statute and regulation drafting process when responding to statute changes, regulation changes and public protection issues. The skill and expertise provided by the contractor will ensure the Board protects the public by actively participating and responding to each legislative issue in a proficient and productive manner**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**  
Payment for services will be made at the rate of \$2,000.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS Chapter 640 requires the Nevada State Board of Physical Therapy Examiners to recommend the creation and/or amendment of laws regarding the practice of Physical Therapy in the State of Nevada. To complete this legislative requirement, it is a necessity for the Board to receive expert advice on government affairs. In addition, the issues require special skills, expertise and knowledge of an experienced legislative liaison to assure optimal results for the Board and the citizens it services.

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

Assistance is needed in planning and dissemination of information to legislative members with the expertise and required knowledge of the Nevada Legislature. The Board operates with a staff of one and does not have the availability, expertise or knowledge that can be uniquely performed by the Contractor.

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 McMullen Strategic Group  
Fennemore Craig PC  
K. Neena Laxalt

b. Solicitation Waiver: **Not Applicable**

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

The Contractor has unique knowledge, experience and history representing a variety of Nevada State Boards and has knowledge in the occupational regulations industry.

d. Last bid date: Anticipated re-bid date:

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:

The Contractor has and continues to serve as the government affairs/legislative liaison for various other regulatory Boards and Commission which include the Board of Veterinary Examiners, Board of Massage Therapists, Board of Dispensing Opticians, Board of Psychological Examiners, Board of Marriage & Family Therapists.

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

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

Not Applicable

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

Sole Proprietor

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. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	10/18/2016 14:05:21 PM
Division Approval	vwind1	10/18/2016 14:05:27 PM
Department Approval	vwind1	10/18/2016 14:05:33 PM
Contract Manager Approval	vwind1	10/18/2016 14:05:52 PM
Budget Analyst Approval	dstoddar	10/21/2016 10:33:12 AM