

Governor Brian Sandoval  
*Chairman*

James R. Wells, CPA  
*Clerk of the Board*



Attorney General Adam Paul Laxalt  
*Member*

Secretary of State Barbara K. Cegavske  
*Member*

## STATE OF NEVADA BOARD OF EXAMINERS

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

### PUBLIC MEETING NOTICE AND AGENDA

**Date and Time:** May 9, 2017, 10:00 AM

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

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

### AGENDA

1. **Call to Order / Roll Call**
2. **Public Comment** ( No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically include on an agenda as an action item)
3. **Approval of the April 11, 2017 Minutes** (For possible action)

**4. State Vehicle Purchases** (For possible action)

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

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Commission on Peace Officer Standards and Training	1	\$1,325
Department of Administration – State Public Works Division – Buildings and Grounds	2	\$15,743
Department of Administration, Fleet Services Division	2	\$53,945
<b>Total</b>	<b>5</b>	<b>\$71,013</b>

**5. Authorization to Contract With a Current and / or Former Employee** (For possible action)

**A. Department of Administration – Purchasing Division**

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with Richard Linnenbrink, a former Parole and Probation Officer, to provide uniformed security guard services through Allied Universal Security Services.

**B. Department of Public Safety – Office of Traffic Safety – Motorcycle Safety Program**

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with three current state employees to provide Certified Motorcycle Safety Instructor Training services: Howard Aronstein and Joanne Lighthart both with the Gaming Control Board and Chris LaPrairie with the Nevada Highway Patrol.

**C. Department of Public Safety – General Services Division**

Pursuant to NRS 333.705, subsection 1, the Division requests the authority to contract with a former State of Nevada employee, Serenity Simpson to function as the department’s dedicated account manager and manage the state’s Record Management / Computer-Aided Dispatch system.

**6. Authorization to Approve a Provider Agreement** (For possible action)

**Department of Health and Human Services – Division of Welfare and Supportive Services – Provider Agreement Form**

The Division is requesting Board of Examiners' approval of a new provider agreement form to enable them to enter into an agreement with providers of:

- Domestic Violence/Substance Abuse

**7. Request for Retroactive Approval of a Specific Travel Policy**  
(For possible action)

**Gaming Control Board**

Pursuant to NRS 281.160, the Gaming Control Board requests Board of Examiners' approval of an agency specific travel policy for Enforcement Agents while attending the Nevada Peace Officers Standards and Training Certification Academy, retroactive to travel on or after January 23, 2017

**8. Travel Policy Change Request** (For possible action)

**Division of Minerals**

Pursuant to NRS 281.160, the Division requests approval of an agency specific travel policy which includes an employee reimbursement rate for camping.

**9. Leases** (For possible action)

**10. Contracts** (For possible action)

**11. Master Service Agreements** (For possible action)

**12. Information Item – Clerk of the Board Contracts**

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from March 21, 2017 through April 17, 2017.

### **13. Information Item - Clerk of the Board Contracts**

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments which were inadvertently excluded from previous BOE meeting agendas between May 14, 2013 through July 25, 2015.

### **14. Information Item – Report**

#### **A. Department of Motor Vehicles - Complete Streets Program**

Per the Governor’s request during the November 2015 BOE meeting, a letter was sent to Clark and Washoe counties and Carson City Consolidated Municipality requesting a report on how the Complete Streets Program funds are being utilized. This report is for funds received through March 2017.

#### **B. Complete Streets Program Uses**

Pursuant to NRS 482.480, Subsection 11, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the Department and its agents, and that the money has been distributed as provided in statute. This report is for the period beginning January 1, 2017 and ending March 31, 2017.

## 15. Information Item - Department of Public Safety – Emergency Management – Disaster Relief Account Request

Pursuant to NRS 353.2755, the Division of Emergency Management is notifying the Board of Examiners of its intent to request a recommendation by the Board of Examiners to the Interim Finance Committee for approval of a grant, and/or loans from the Disaster Relief Account to:

- Multiple state and local agencies to cover expenses for storm cleanup and repairs incurred as a result of January 2017 flooding events.

## 16. Public Comment ( No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically include on an agenda as an action item)

## 17. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.

We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov). Supporting materials for this meeting are available at: 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov)

### Agenda Posted at the Following Locations:

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

Notice of this meeting was posted on the Internet: <http://budget.nv.gov/Meetings/> and <https://notice.nv.gov>

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Phone: (775) 684-0222 / Fax: (775) 684-0260  
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### **PUBLIC MEETING NOTICE AND AGENDA**

**Date and Time:** April 11, 2017, 10:00 AM

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

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

### **MINUTES**

#### **MEMBERS PRESENT:**

Governor Brian Sandoval  
Attorney General Adam Laxalt  
Secretary of State Barbara Cegavske  
James R. Wells, Clerk

#### **OTHERS PRESENT:**

Reid Kaiser, Assistant Director for Operations, Department of Transportation  
Cory Hunt, Deputy Director, Governor's Office of Economic Development  
Don Soderberg, Director, Department of Employment, Training and Rehabilitation  
Margi Grein, Executive Officer, State Contractors Board

#### **1. Call to Order / Roll Call**

**Governor:** Good morning ladies and gentlemen, I will call the Board of Examiners Meeting to order. All members are present.

**2. Public Comment** ( No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically include on an agenda as an action item)

**Governor:** We'll move to agenda item number 2 which is Public Comment. Is there any member of the public present here in Carson City that would like to provide public comment to the Board? I hear and see none. Is there anyone present in Las Vegas that would like to provide public comment to the Board? I hear and see none.

**3. Approval of the March 14, 2017 Minutes** (For possible action)

**Governor:** We'll move to agenda item 3 which is the approval of the March 14, 2017 minutes.

**Secretary of State:** I move to approve.

**Attorney General:** Second.

**Governor:** Second by the Attorney General. The motion passes 3-0.

**4. State Vehicle Purchases** (For possible action)

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – State Public Work Division – Buildings and Grounds	1	\$36,658
<b>Total</b>	<b>1</b>	<b>\$36,658</b>

**Clerk:** Item number 4 requests one vehicle from the Department of Administration, Public Works Division, to purchase a new vehicle to provide moving services for state agencies. The vehicle, which is a box van, was included in the legislatively approved budget as an used vehicle. However, an adequate used vehicle was not found and the agency has sufficient other savings to purchase this new vehicle. There were no additional questions.

**Secretary of State:** I move to approve the State Vehicle Purchases as presented in agenda item number 4.

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

**Attorney General:** Second.

**Governor:** Second by the Attorney General. The motion passes 3-0.

**5. Authorization to Contract With a Current and/or Former Employee**  
**(For possible action)**

**A. Department of Administration – Purchasing Division**

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with Cecil McNatt, a former Military Security Officer, to provide uniformed security guard services through AlliedBarton Security Services.

**B. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Tim Mouritsen. Diversified Consulting Services is proposing to engage Mr. Mouritsen to fill the Inspection Level IV position for full administration construction oversight of Project NHP-080-1 (174).

**C. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Ken Oates. HDR Engineering, Inc. is proposing to engage Mr. Oates to fill an Inspector Level IV position to augment NDOT Construction Crew 905 in overseeing NDOT Construction Project SPSR-0439 (003).

**D. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Emmy Rackley. Diversified Consulting Services is proposing to engage Ms. Rackley to fill an Inspector Level IV position in augmenting NDOT Construction Crew 908 in overseeing NDOT Construction Contracts.

**E. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Nick Senrud. Diversified Consulting Services is proposing to engage Mr. Senrud to fill the Office Person position for full administration construction oversight of Project NHP-080-1 (174).

**Governor:** We'll move to agenda item number 5 which is an authorization to Contract with a current and/or former employee.

**Clerk:** Thank you Governor, the first request is from State Purchasing who contracts with Allied Barton Security Services through a Master Services Agreement to provide uniformed security guards to various State agencies. This request is for Allied Barton to use a former employee who left state service in October 2015 to perform these services. Allied Barton also uses these employees on other contracted jobs with non-State of Nevada employers.

The second through fifth requests are from the Nevada Department of Transportation (NDOT) to contract with four former employees who have retired or left state service and are working for companies under contract with the Department. The former employees had no influence or authority over the procurement process for the projects they will be working on.

**Governor:** I have no questions for 5A but I do have questions for 5B, Nevada Department of Transportation. These are pretty straightforward, but as you know, we just held the Board Meeting for the Department of Transportation yesterday. These four contracts are with former employees who have recently retired. I understand that these contractors were not part of the solicitation process and approval process associated with the consultants that they are now working for. Were these former employees on the crews that are now being augmented by the consultants?

**Mr. Kaiser:** No, actually, three of the employees came from District 3, Winnemucca/Elko area and they will be working with Diversified Consulting Services in the job out on I-80, east of Fernley. Mr. Ken Oates is from Reno or District 2, had no connection to the work on USA Parkway and I think that's where he will be going for HDR Engineering, Inc.

**Governor:** This is something that will likely be taken up at the Board of Transportation, but the total amount for consultants is \$186 million. That's a really big number. I asked yesterday, it's bigger than the entire payroll of NDOT for a year. Today is not the day to do it but I'd like you to be thinking about it- we pay \$41.93 for an employee to do it and we're paying \$134.40 for a consultant to do the same work. I think a conversation needs to be had with the amount of money that is going out the door versus what is being done internally. As I said, I was very surprised that we have that amount of money. We approve these consulting contracts piecemeal but we've never had them aggregated and that is a massive number. I know your bandwidth is only so wide and we have a lot of projects going on out there, but again, I've got to get a better feel for what's going on because we see at least two or three of these every month for former employees working for consultants.

**Mr. Kaiser:** Back when the economy was going slow, we did cut our construction crews by one in each district. To fill that space we do have to go hire consultants to manage those projects for us. That was one thing that kind of set us back, now that we do have a good budget and a lot of projects to manage, that kind of did hurt us now that we're looking back at what we did back then.

**Governor:** I have not had an opportunity to look at the budget requests this session in terms of asking for additional positions in those areas. I need to get more information because we are paying triple for what we can do internally - doesn't pencil out.

**Mr. Kaiser:** It's painful for us also. We look at that number and if there are things we can do, we spread our guys out as much as we can. It's just to make sure we do

spend all of our money that we have coming in, that's what we need to do to manage it just to comply with our federal requirements when we build our projects.

**Governor:** There are always two sides to a story and we'll work this out at the Board of Transportation. It just feels like we've been getting a lot of these from NDOT. Rather than paying triple, perhaps we should be asking or the Department should be asking for more positions so we do not have to outsource all of this.

**Mr. Kaiser:** I agree.

**Attorney General:** I move to approve agenda item number 5 as presented.

**Governor:** The Attorney General has moved for approval. Is there a second?

**Secretary of State:** Second.

**Governor:** Second by the Secretary of State. The motion passes 3-0.

**6. Leases (For possible action)**

**Governor:** We'll move to agenda item number 6 Leases.

**Clerk:** Thank you Governor. There are six leases in agenda item 6 for approval by the Board this morning. No additional information has been requested by any of the members. Lease number 2 is retroactive to April 1, 2017. And, number 4, we have received a request from the Department of Health and Human Services, Division of Public and Behavioral Health to defer this lease to the May BOE meeting. So, we would request that number 4 be deferred.

**Governor:** I didn't ask for this to be pulled but as I was reviewing the materials again, on lease number 5 with the Nevada Contractor's Board, it's a 10-year lease. Do we historically enter into leases of that length?

**Clerk:** Governor, there are times where the tenant improvements are such that in order to amortize them over a sufficient amount of time to make the lease not unaffordable then we will go out to that length of time. In general, we don't see them as a 10-year lease. Usually, we try to do the 5-year lease ranges is usually what we see.

**Governor:** Do you have any idea what the length of the prior lease was? Was it a 10-year lease?

**Clerk:** Governor, I do not know what the prior lease length was.

**Governor:** The Board of Contractors is self-funded- they probably don't have it in their lease that clause that it's subject to legislative funding. They have the authority

to go ahead and enter into a lease this long. It just, leases of that length for a Board or Commission is concerning.

**Sarah Bradley, Senior Deputy Attorney General:** The Attorney General's Office does review all leases as to form and we do require that non-appropriation clause just because we don't know what the legislature may do with any agency, so we do ask that the standard clause is included.

**Secretary of State:** I move to approve Lease 1-3, and 5-6 in agenda item number 6.  
**Attorney General:** Second.

**Governor:** Second by the Attorney General. The motion passes 3-0.

7. **Contracts** *(For possible action)*

**Governor:** We'll move to agenda item number 7 Contracts.

**Clerk:** Thank you Governor. There are 38 contracts in agenda item 7 for approval by the Board this morning. Members have requested additional information on the following: Contract Number 32 between the Department of Employment, Training and Rehabilitation and the Governor's Office of Economic Development and Contract Number 38 between the State Contractors Board and the Allison Law Firm.

**Governor:** I have had the benefit of being aware of this contract through the Governor's Office of Economic Development (GOED), at our GOED Board Meeting, but this is a really important contract associated with workforce development in the State. I ask that it be explained in more detail how it works and what we're doing in terms of training individuals for jobs in the new economy.

**Mr. Hunt:** This is a partnership between our two agencies - Department of Employment, Training and Rehabilitation (DETR) and GOED. During the Special Session in 2015, we created the Workforce Innovations for New Nevada (WINN) Fund. At that time, that fund was funded with \$2.5 million of general fund to assist in the development of a workforce development program for up to 4,500 persons, assembly workers, at the Faraday Future automotive plant. That program has also been expanded to provide services to other companies and industries across the State.

We currently have a program in Northern Nevada which has been launched in partnership with Truckee Meadows Community College, Panasonic North America and the Hamilton Company, to provide customized training and workforce development services for the Panasonic Plant and the Hamilton Company. These trainings are customized to the company's needs. They're quick. We are providing scholarships so that Nevadans can get these jobs. That's our goal, that Nevadans have these opportunities to serve in our new Nevada industries.

These funds today before you, the \$800,000 is an additional \$800,000 to that \$2.5 million of General Fund from the Governor's Reserve, funded by the Workforce Investment Opportunity Act. This money will be used to support additional training for advanced manufacturing in northern and southern Nevada, as well as cyber security training programs that we're rolling out, industry controls and automation programs that we're rolling out and some healthcare related programs that we're developing.

**Governor:** Mr. Hunt could you please touch on the association with Panasonic- what we're doing with Panasonic in terms of the number of jobs that are going to be available. There's actually a demand issue here. That is one of the reasons why this is important.

**Mr. Hunt:** Panasonic has expressed that in the coming year and a half they expect to hire between 1,000 and 2,000 people at the giga-factory itself. The scholarships that we've been able to provide are for 345 people so far. You can see that we're chipping away at that with them but it's the tip of the iceberg.

What that is helping to do is, we're not intending to fund every single individual that's going to be employed at the factory, but what we've done is, we've invested in the equipment and curriculum so that these are available to all Nevadans. We've made foundational investments in the advanced manufacturing industry with these funds so that more Nevadans can take part in that training and we can meet that. Right now, what we're trying to do is fill that pipeline and generate interest and demand around these new jobs that can take people from 60-80 hours at their own pace, nights, weekends, whatever the case may be, from say working a minimum wage job without healthcare benefits to starting in a job that's \$13 - \$17 an hour, to a job that pays between \$18 - \$20 an hour with some additional training with benefits, full time. With these funds we're looking to fill that pipeline.

Then in southern Nevada, we're working again on the Faraday Future Program which will start ramping up later this year. In quarter 2 and quarter 3 of this year, we'll start training approximately 350 people for their Phase 1 of their plant. That will be a much higher level skill that we're training for and a higher cost per person. Again, it's building on that. All of these funds will go to develop those projects both north and south.

**Director Soderberg:** We're pretty excited about this. In southern Nevada, as Mr. Hunt talked about, we're moving forward with training for Faraday Future which is one of the initial WINN fund employers. When Mr. Erquiaga testified before the Legislature at the Special Session, he talked about some ancillary benefits and we didn't really know what those would be at the time. The ancillary benefit of the WINN fund efforts is going to be providing advanced manufacturing Career and Technical Education (CTE) at Desert Rose High School, the Southeast Career and Technical Academy; two sites where the College of Southern Nevada will actually be providing the Faraday training.

Because the equipment is there, the Clark County School District will be able to leverage that and so they'll be offering advanced manufacturing CTE training to Mohave High School, Legacy High School, Canyon Springs and West Prep. Essentially, the high schools that are all within North Las Vegas.

Your goal, when you announced the Faraday Project and revitalizing North Las Vegas is being realized by a number of high school students getting this training separate from any partnership with Faraday Future which would allow them to apply for jobs with Faraday Future upon graduation, to apply at other advanced manufacturing employers throughout the State, as well as further their education over in our secondary institutions where they can get more advanced certificates or go for degrees.

**Secretary of State:** I want to thank you both too. I not only enjoy this but the other Commission that I'm on with you, learning so much about our great State. I personally just wanted to thank Mr. Soderberg, Governor. He has reached out to some individuals that have schools that have children with disabilities and he has been very, very instrumental in working with them and looking at the workforce development and what he can do. I just personally wanted to make sure that you were aware of that and thank him so much, they're very happy Mr. Soderberg, so thank you very much for everything that you're doing with them and the response time. They were shocked. So, thank you.

**Governor:** Thank you. We will move to Contract 38, with the Allison Law Firm and the Contractor's Board.

**Attorney General:** It's a large contract, over two years. I'd like to hear a little bit more about how you arrived at needing this outside contract.

**Ms. Grein:** As you may be aware, the Board hires outside counsel for all of its legal needs. We've been doing so since 1941. We are probably the busiest self-funded Board in the State. We currently have, prosecute and investigate over 3,000 cases every year. We maintain counsel as Board counsel, also counsel that prosecutes cases, separate counsel. We have two attorneys that are on staff that act as administrative law judges (ALJ) and also prosecutors.

Mr. Allison's contract will be primarily as Board Counsel. He will represent the Board during hearings, recovery fund meetings, offer legal counsel to the Board and staff, represent the Board in litigation- not the cases that we prosecute but actual litigation. We also use outside counsel on employment matters. Our employees are not part of the State employee group or part of PERS. We're independent at-will employees, so we have different needs other than what State employees have.

Although the cost of the contract may seem a little bit high, we never know when there may be that case that involves extensive litigation. We had one last year that ended up with high legal fees. We did recover those costs from the licensee,

however, that goes as revenue offset, not back to the legal costs. That is why the cost may seem a little bit high.

**Attorney General:** I know we've been through this on this Board with a number of our other State boards and that is inquiring about whether you've looked into actually hiring an inside counsel and bringing someone in permanently. Obviously, that can save costs and then you're looking at more like a \$150,000 or less, for an around the clock employee. A number of the other really large boards have gone that direction in the last few months, as well as reaching out to our office to figure out whether we can supplement in any way to help make that a reality. I know you guys are self-funded and you have your own authority to hire outside counsel, but best I can tell, it's a two-man lawyer shop and they're getting, you know, really, a very, very massive per year contract, \$375,000 a year, that's pretty good money. I just wanted to know whether you guys have looked at that option or were aware of it?

**Ms. Grein:** We have looked at that option and in the past we have had a full-time in-house counsel. We have found it has not worked for our best interests. We have a very high success rate in having our cases upheld when they are challenged and we find that the expertise that we gain from our outside counsel is second to none as far as our outside counsel goes, but thank you for your comments on that. We do have two part-time counsels that we do use for matters, but we have such a high volume of legal matters, we do need that expertise from outside counsel.

**Attorney General:** It's your members' money; it's not taxpayer money, so if you guys think that's the best way to go then okay.

**Governor:** Was that amount capped- the maximum of \$375,000 per year?

**Ms. Grein:** I would have to look at the contract but I believe they would have to go back and ask for an augmentation to the funds, so they watch that carefully on a monthly basis.

**Governor:** Frankly, this has happened with some of the other boards that have outside counsel, if there's a huge amount of money and then that is used up and then there's a request for more on top of that. As I said, I understand and I agree with the Attorney General in terms of you have autonomy in terms of the counsel you retain and the amount you pay, but this is a big dollar amount. It just would concern me that it would cost even more but as the Attorney General says, it comes out of that licensing fee, but in any event, I just want to make sure that in terms of legal fees that are paid that we're good stewards of the money that happens there. Again, that's more of a comment than a question.

**Secretary of State:** I move to approve Contracts 1-38 as noted in agenda item number 7.

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

**Attorney General:** Second.

**Governor:** Second by the Attorney General. The motion passes 3-0.

**8. Master Service Agreements (For possible action)**

**Governor:** We'll move to agenda item number 8 Master Service Agreements.

**Clerk:** Thank you Governor, there is one master service agreement in agenda item 8 for approval by the Board this morning and no additional information has been requested by any of the members.

**Attorney General:** I move to approve Master Service Agreement in agenda item number 8.

**Governor:** The Attorney General has moved for approval. Is there a second?

**Secretary of State:** Second.

**Governor:** Second by the Secretary of State. The motion passes 3-0.

**9. Information Item – Clerk of the Board Contracts**

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from February 22, 2017 through March 20, 2017.

**Clerk:** There were 32 contracts under the \$50,000 threshold approved by the Clerk between February 22, 2017 and March 20, 2017. This item is informational only and no additional information has been requested by any of the members.

**10. Information Item – Report**

**A. Governor's Finance Office – Budget Division**

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of March 13, 2017.

TORT Claim Fund	\$ 6,205,227.33
Statutory Contingency Account	\$ 1,048,569.53
Stale Claims Account	\$ 1,427,701.70

Emergency Account	\$ 279,841.00
Disaster Relief Account	\$ 6,749,890.72
IFC Unrestricted Contingency Fund General Fund	\$ 9,327,408.70 *
IFC Unrestricted Contingency Highway Fund	\$ 1,676,832.35
IFC Restricted Contingency Fund General Fund	\$ 3,429,834.00
IFC Restricted Contingency Highway Fund	\$14,966,311.00 *

\* Pending claims approved at the January 26, 2017 Interim Finance Committee Meeting are deducted from the available balance.

## B. Fiscal Year 2017 – 2<sup>nd</sup> Quarter Overtime Report

**Governor:** We'll move to agenda item number 10 Information Reports.

**Clerk:** Thank you Governor, there are actually two information reports in item number 10. The first report is the balances in the various contingency accounts that are managed by the Board of Examiners and the Interim Finance Committee as of March 13, 2017. One thing to keep in mind on this is as we near the end of FY 2017, there will be a bill introduced in the legislative session to replenish some of these accounts. Those that are getting somewhat lower in balances than we would probably need for the biennium will be replenished. At this point, the IFC, the unrestricted contingency funds, cannot be accessed while the legislature is in session. There is a different mechanism for doing that, so you won't really see that change throughout the rest of the fiscal year. The Statutory Contingency Account Balance, we'll probably need to add a little bit more than we had originally thought when we submitted the Governor's Recommended Budget. The other accounts right now seem to be about where we thought they would be.

**Governor:** We're good through June 30<sup>th</sup>, right?

**Clerk:** Yes.

**Governor:** The balances remain the same and if in terms of what we need to do it, we don't move it all out and then move it back in, we just take the smaller amount to get it to where it needs to be.

**Clerk:** Yes, none of these accounts actually revert, and we augment them with additional appropriations.

**Clerk:** The second report that's in your packet this morning is the overtime report for the second quarter of 2017. Overtime pay and accrued compensatory leave accounted for a total of \$22.5 million or 4.84% of total pay, for the first two-quarters of FY17. That represents a 24% increase from the same period in 2016.

The five agencies with the highest dollar amount of overtime and accrued comp time for the quarter account for 88.6% of the total. Those are the Department of Corrections at \$6,880,216; followed by the Department of Health & Human Services

at \$5,063,861, the Department of Public Safety at \$3,751,766, the Department of Transportation at \$2,244,351 and the Department of Conservation and Natural Resources at \$2,046,850.

At the Department of Corrections, overtime and comp time are driven by the large institutions and medical personnel. Overtime and comp time for the quarter was greatest at the Ely State Prison, almost \$1.3 million, followed by High Desert State Prison at a little over \$1.1 million. Prison Medical at \$828,000. Southern Desert at \$724,000. Northern Nevada Correctional Center at \$695,000, and the Florence McClure Prison at \$565,000. Those six equate to about 76% of the total for the Department of Corrections.

If you look at the first two-quarters of FY16 and compare those same two-quarters for those institutions, Ely State Prison increased by \$426,000 from FY16 to FY17. High Desert actually decreased by a little over \$157,000. Prison Medical increased by \$170,000. Southern Desert increased by \$104,000. Northern Nevada Correctional Center increased by \$184,000, and Florence McClure increased by \$187,000. Lovelock State Prison and Warm Springs Prison also increased by more than \$75,000 between FY16 and 17.

The highest as a percentage of total pay for the quarter is the Department of Veterans Services at 11.76%, followed by the Department of Conservation and Natural Resources at 10.38%, the Department of Corrections at 10.14%, the Department of Public Safety at 9.67% and the Governor's Office at 8.24%. I need to clarify here that the Governor's Office is due to the transition of the Budget Division from the Department of Administration to the Governor's Office in 2015. The overtime that is in the Governor's Office is attributable to the budget analysts creating the Governor's Recommended Budget during the fall of 2016. Previously this amount has been reflected in the Department of Administration.

The top five increases by dollar comparing the first two-quarters of FY16 to FY17 were the Department of Corrections at \$1.4 million more than FY17 than in FY16. The Department of Conservation and Natural Resources was \$713,000 more than FY16. Health & Human Services was \$700,000 more. The Department of Public Safety was \$500,000 more and the Department of Veterans Services \$280,000 more.

Conversely, four Departments decreased their overtime and comp time accrual by more than \$10,000 from the first two-quarters of FY16 to FY17; they were the Department of Wildlife, \$34,000; the Department of Employment, Training and Rehabilitation, \$28,000.;the Gaming Control Board \$25,000; and the Department of the Military at \$16,000. We also look at—because there are some biennial trends, such as the creation of the budget that only occur in odd-numbered fiscal years, so we do look at a two-year time span as well to see if there is consistency or inconsistencies between those two. In looking at that, the Department of Corrections increased almost \$3 million from the first two-quarters of FY15 to the first two-quarters of FY17. For the same period, the Department of Conservation and Natural Resources increased by \$1 million. Health and Human Services increased \$1.4

million. Public Safety increased \$850,000. Veterans Services increased \$151,000. The Department of Wildlife decreased \$2,000. The Department of Employment, Training and Rehabilitation decreased \$134,000. The Gaming Control Board increased \$6,800. The Department of the Military decreased \$3,500.

All in all, we see a continued trend for the Departments of Corrections, Health & Human Services, Public Safety, Conservation and Natural Resources, Transportation, Motor Vehicles and Taxation. We see them on a trend where they're increasing their overtime consistently between the three fiscal years. The Department of Employment, Training and Rehabilitation, we see on the other side, actually having a decrease over the last three fiscal years. Most other agencies don't really show a trend, they show different cycles between the three fiscal years.

**Governor:** As you recall, we added 100 positions to the Department of Corrections, not in this budget but in the previous budget. Why hasn't the overtime gone down if we've been adding positions? It bears mentioning that we're increasing correctional officer pay in this budget because of the turnover in Corrections. I ask for more information on both of those issues.

**Clerk:** Thank you Governor, we had the 100 shift relief factor positions that were added. I think there were 55 — I might get this backwards — 55 in the first year of the biennium and 45 in the second year or vice versa. Most of those have been hired at this point. We would've expected to see some relief from the additional guards that are available to the Department of Corrections. We're still seeing a fairly significant amount of turnover. The turnover really hasn't decreased significantly. If you look at the institutions where the overtime is the highest, those also correlate to the institutions where there's the most turnover. The pay increase that is provided in the Governor's Recommended Budget in 2017 would be effective in July. Again, that's an attempt to kind of normalize some of the salaries compared to the local governments, the competition for these guards, the local Sheriff's offices and jails pay significantly more than the State does, as well as covering 100% of the retirement system. So, we continue to struggle with that particular facet of competition among governments.

The increase in salaries should have an impact on our ability to recruit and retain staff. I believe that as we go forward and get the shift relief guards and have more tenure, I'm hoping to see this start to reverse. As you know, we have also started an audit of the Department of Corrections and one of the things that they're looking at is the shifts and the of posts and whether or not there are things that can be done to minimize the amount of overtime that the Department is generating.

**11. Public Comment** ( No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically include on an agenda as an action item)

**Governor:** Thank you, Mr. Wells. We'll move to agenda item number 11 which is public comment. Is there any member of the public present in Carson City that would

like to provide public comment to the Board? I hear and see none. Any public comment from Las Vegas?

**Las Vegas:** No Governor.

**Governor:** All right. No public comment from Las Vegas.

**Secretary of State:** Governor, I really wanted to tell you how much I appreciate Mr. Wells. My staff and I, as we go over this booklet, have questions and they've been very accommodating and very fast in responding to us. I just wanted to let you know what a good job that he's doing and thank you very much for that.

**Governor:** I agree and see it every day. Mr. Wells and his staff do a great job.

**12. Adjournment** (For possible action)

**Governor:** Agenda item number 12, is there a motion to adjourn?

**Secretary of State:** Moved.

**Governor:** Secretary of State has moved to adjourn. Is there a second?

**Attorney General:** Second.

**Governor:** Second by the Attorney General. The motion passes 3-0. This meeting is adjourned.



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

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

Date: March 21, 2017

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Stacey Johnson, Executive Budget Officer *aj*  
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Commission on Peace Officer Standards and Training, requests approval to purchase one used vehicle in Fiscal Year 2017 in the amount of \$1,325.00.

Additional Information:

The agency seeks approval to purchase one used vehicle to provide training in emergency vehicle operation. The vehicle will be used to familiarize and train individuals to drive safely during pursuits and other advance driving situations.

This request is contained in the agency's 2015 Legislatively Approved Budget, decision unit E711.

Statutory Authority: NRS 334.010.

**STATE VEHICLE PURCHASE**

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

REVIEWED: <i>aj</i>
ACTION ITEM: _____

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
<b>COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING</b>	1	1,325.00
Total:	1	<b>\$1,325.00</b>



STATE OF NEVADA  
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING

5587 Wa Pai Shone Avenue  
Carson City, Nevada 89701  
(775) 687-7678 FAX (775) 687-4911

BRIAN SANDOVAL  
*Governor*

MICHAEL D. SHERLOCK  
*Executive Director*

**MEMO**

**To:** To Whom It May Concern  
**From:** Deputy Director Tim Bunting  
**Date:** March 20, 2017  
**Re:** Replacement Training Vehicle / E711

E711 – This maintenance request replaces one used training vehicle complete with accessories per year. This vehicle will replace one of our higher mileage EVOC vehicles.

Nevada Highway Patrol has this vehicle set aside for us at their maintenance yard, VIN #2FAHP71V48X131551.



NEVADA STATE PURCHASING DIVISION  
 PROPERTY MANAGEMENT PROGRAM  
 515 EAST MUSSER, SUITE 300  
 CARSON CITY, NV 89701

SOLD TO: POST	DATE: 3/10/2017
	VTID CNTL #: 17-572
	INVOICE #: 7038
	PO #:

**EXCESS PROPERTY  
 BILL OF SALE**

DESCRIPTION	STATE ID #	PROPERTY OF	B/A	PRICE
2008 FORD CROWN VIC VIN: 2FAHP71V48X131551	302778	NHP	473025	\$ 1,325.00
ALL ITEMS ON THIS INVOICE ARE SOLD AS IS-WHERE IS				

<i>By signing below, the recipient agent named on this invoice acknowledges receipt of the property listed hereon and understands that the property is subject to the provisions of NAC 333.120, printed on the reverse side of this document.</i>	<b>INV TOTAL:</b>	\$ 1,325.00
PROPERTY SOLD BY: NIKKI PETERSON		
RECEIVED BY:	DATE:	

REMIT TO: ADMINISTRATIVE SERVICES DIVISION 209 E MUSSER ST, #304 CARSON CITY, NV 89701	FOR OFFICE USE ONLY
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CUSTOMER COPY

NEVADA STATE PURCHASING DIVISION  
PROPERTY MANAGEMENT PROGRAM

VEHICLE/EQUIPMENT TURN-IN DOCUMENT

FOR OFFICE USE ONLY
Control#: <u>17-572</u>
BA #: <u>473025</u>

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

**FROM:** Agency Name: Nevada Highway Patrol  
 Address: 555 Wright Way Carson City, NV 89711  
 Phone: (775) 684-4982 Fax: \_\_\_\_\_  
 Property location: Reno  
 Contact: Terry Lukas Phone: (775) 684-4982

**PROCEDURES:**

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

**Vehicle Information:**

Vehicle Type: <u>FORD CROWN VIC UNIT # 08-530</u>	Year: <u>2008</u>
Make: <u>FORD</u>	Model: <u>CROWN VIC</u>
VIN/Serial No.: <u>2FAHP71V48X131551</u>	State LD. No./License No.: <u>302778</u>
Engine: <u>V-8</u>	Odometer: <u>106,579</u>
Transmission: <u>AUTO</u>	Hours: <u>N/A</u>
Fuel Type: <u>GASOLINE</u>	Drive Type: <u>N/A</u>
Exterior Color: <u>BLUE</u>	Interior Color: <u>N/A</u>

**Vehicle Options:**

- Air Conditioning
- Power Steering
- Power Windows
- Power Door Locks
- Tilt Steering Wheel

- Power Seat
- Dual Power Seat
- Driver Air Bag
- Dual Front Air Bags
- ABS Brakes

- AM/FM Radio
- Cassette
- CD Player
- Cruise Control

**Additional Features:**

MILEAGED \_\_\_\_\_

**Known Defects:**

\_\_\_\_\_

**Turned In By:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Agency Approving Authority:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Title Received By:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Title Received By:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<p><b>Office Use Only:</b></p> <p><b>Warehouse Control No.:</b> _____ <b>Budget Account No.:</b> _____</p>
--

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Janet Murphy  
Deputy Director

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

*Budget Division*

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

Date: April 11, 2017  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Jim Rodriguez, Budget Officer *JR*  
Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION –  
BUILDINGS AND GROUNDS**

Agenda Item Write-up:

Pursuant to NRS 334.010, Buildings and Grounds requests approval to replace two vehicles at a cost not to exceed \$15,743 due to the vehicles exceeding their useful service life.

Additional Information:

The agency received legislative approval and funding authority of \$27,000 to purchase three used replacement vehicles in its 2015-17 Leg Approved Budget, decision unit E711. This request is to purchase two of those three vehicles.

The vehicles being replaced are a 1992 Flatbed Roofer's Truck with 226,122 miles and a 2001 Dodge pickup truck with 132,720 miles. These vehicles are high maintenance vehicles and very unreliable.

The agency will replace these vehicles with two vehicles purchased from the Nevada Highway Patrol: a 2008 GMC Pickup Truck with 138,845 for \$7,367 and another GMC Truck with 123,328 miles for \$8,376.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: *[Signature]*  
ACTION ITEM: \_\_\_\_\_

## STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
DEPARTMENT of ADMINISTRATION – STATE PUBLIC WORKS – BUILDINGS AND GROUNDS	2	\$15,743
<b>Total:</b>	<b>2</b>	<b>\$15,743</b>



NEVADA STATE PURCHASING DIVISION  
PROPERTY MANAGEMENT PROGRAM

17-575  
473025

VEHICLE/EQUIPMENT TURN-IN DOCUMENT

**PROCEDURES:**

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

Date: 05/11/2016

Department/Division: 650/NHP 555 WRIGHT WAY CARSON CITY NV 89711

Contact Name: TERRY LUKAS

Phone: 775-684-4982

**Vehicle Information:**

--Vehicle Type: 2008 GMC SIERRA HD UNIT #08-040

Year: 2008

Make: GMC

Model: SIERRA HD

VIN/Serial N VIN # 1GTHK23K18F204823

State LD. No./License No.: 305030

Engine: 6 CYLINDER

Odometer: 138,845

Transmission: X

Hours:

Fuel Type: GAS

Drive Type:

Exterior Color: X

Interior Color: BLE

\$7,367-

**Vehicle Options:**

X  Air Conditioning

X

X  Power Windows

X  Tilt Steering Wheel

X Power Seat

X  Dual Power Seat

x  Driver Air Bag

Dual Front Air Bags

X  ABS Brakes

X  AM/FM Radio

Cassette

CD Player

X  Cruise Control

**Additional Features:**

HIGH MILEAGE 138,845 BAD CONDITION

NEEDS REAR OUTPUT SEAL ON TRANSFER CASE

*Belt Drove Vehicle - Repairs inhouse*

Turned In By:

DATE:

Received By:

DATE:

Title Received By:

DATE:

Title Received By:

DATE:

**Office Use Only:**

Warehouse Control No.:

Budget Account No.:

**NEVADA STATE PURCHASING DIVISION  
PROPERTY MANAGEMENT PROGRAM**

**VEHICLE/EQUIPMENT TURN-IN DOCUMENT**

FOR OFFICE USE ONLY

Control#: 17-577  
BA #: 473025

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

**FROM:** Agency Name: Nevada Highway Patrol  
Address: 556 Wright Way Carson City, NV 89711  
Phone: (775) 684-4823 Fax \_\_\_\_\_  
Property location: \_\_\_\_\_  
Contact: John Budden Phone: (775) 684-4823

**PROCEDURES:**

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

**Vehicle Information:**

Vehicle Type: <b>2008 GMC SIERRA K25</b>	Year: <b>2008</b>
Make: <b>GMC</b>	Model: <b>SIERRA K25</b>
VIN/Serial No.: <b>1GTHK23K48F205464</b>	State I.D. No./License No.: <b>305020</b>
Engine: <b>V-8</b>	Odometer: <b>123,328</b>
Transmission: <b>AUTO</b>	Hours: <b>N/A</b>
Fuel Type: <b>GASOLINE</b>	Drive Type: <b>N/A</b>
Exterior Color: <b>BLUE</b>	Interior Color: <b>N/A</b>

\$8,376

**Vehicle Options:**

- Air Conditioning
- Power Steering
- Power Windows
- Power Door Locks
- Tilt Steering Wheel

- Power Seat
- Dual Power Seat
- Driver Air Bag
- Dual Front Air Bags
- ABS Brakes

- AM/FM Radio
- Cassette
- CD Player
- Cruise Control

**Additional Features:**

HIGH MILEAGE, BAD CONDITION

**Known Defects:**

Bdla drove - repairs in house

**Turned In By:**

**DATE:**

**Agency Approving  
Authority:**

**DATE:**

**Received By:**

**DATE:**

**Title Received By:**

**DATE:**

**Title Received By:**

**DATE:**

**Office Use Only:**

**Warehouse Control No.:**

**Budget Account No.:**

**Betty M. Badgett**

---

**From:** Nikki Peterson  
**Sent:** Thursday, March 23, 2017 10:02 AM  
**To:** Betty M. Badgett  
**Subject:** RE: Excess Vehicles: 17-577 & 17-575  
**Attachments:** B-G.pdf

The VTIDs are attached.

The truck with VIN ending with -04823 is \$7,367

The truck with VIN ending with -05464 is \$8,376.

The truck prices are written on the bottom of the VTID.

**From:** Betty M. Badgett  
**Sent:** Tuesday, March 21, 2017 3:03 PM  
**To:** Nikki Peterson  
**Subject:** RE: Excess Vehicles: 17-577 & 17-575

No worries, you get better.

Betty Badgett  
Program Officer  
SPWD/B&G Section  
515 E Musser St  
Carson City, NV 89701  
775 684-1801

***Just remember, if we get caught, you're deaf and I don't speak English.***

**From:** Nikki Peterson  
**Sent:** Tuesday, March 21, 2017 7:55 AM  
**To:** Betty M. Badgett  
**Subject:** RE: Excess Vehicles: 17-577 & 17-575

I wasn't able to get to the forms yesterday and I am out sick today. I will get those to you as soon as I can, but it might be tomorrow at the soonest. Sorry-I've got the crud that has been going around the office.

**From:** Betty M. Badgett  
**Sent:** Monday, March 20, 2017 10:37 AM  
**To:** Nikki Peterson  
**Cc:** Marty N. Phillips  
**Subject:** Excess Vehicles: 17-577 & 17-575

Hi Nikki,

Marty looked at three vehicles this morning. He would like 17-577 & 17-575. The other one the condition was pretty bad.

Could I get the vehicle turn-in on these and the cost of each?

I will have the keys returned to you today.

Thanks so much,

Betty Badgett  
Program Officer  
SPWD/B&G Section  
515 E Musser St  
Carson City, NV 89701  
775 684-1801

***Just remember, if we get  
caught, you're deaf and I  
don't speak English.***

## Department of Administration Administrative Services Division Purchase Order Requisition

Requested by: <b>BETTY BADGETT</b>	Date: <b>4/3/2017</b>
Requesting Agency Number and Name: <b>082-SPWD/B&amp;G SECTION</b>	
Vendor/Supplier:	Ship To:
Name: <b>STATE PURCHASING EXCESS VEHICLES</b>	Address: <b>515 E MUSSER ST</b>
Address: <b>515 E MUSSER ST</b>	Address:
Address:	City, State, Zip: <b>CARSON CITY NV 89701</b>
City, State, Zip: <b>CARSON CITY NV 89701</b>	Attention: <b>BETTY BADGETT</b>
Vendor Contact Person: <b>NIKKI PETERSON</b>	
Vendor Phone No.: <b>684-0170</b>	
Vendor E-Mail: <b>n.peterson@admin.nv.gov</b>	
Vendor Fax No.:	

QTY	DESCRIPTION	UNIT COST	AMOUNT
1	2008 GMC SIERRA	\$7,367.00	\$7,367.00
1	2008 GMC SIERRA K25	\$8,376.00	\$8,376.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
Total from Page 2			\$0.00
Subtotal:			\$15,743.00
Shipping and Handling:			\$0.00
<b>TOTAL:</b>			<b>\$15,743.00</b>

Note: Materials purchased by the State of Nevada are exempt from sales tax (per Nevada Revised Statutes Section 372.325).			
Purchase is Pursuant to Good-Of-The-State Contract:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If Yes, Good-Of-The-State Contract Number
Vendor/Supplier Quote Attached:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Approved Purchase in Agency Budget	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Justification (specify):			
Budget Account	1349	Category	5
Job		Org	
Function		DU	E711
Requestor Signature:			Date:
Division Administrator or Designee (print name):	GUSTAVO NUNEZ		
Division Administrator or Designee (signature):			Date: <b>4/3/2017</b>
NPAS Obligation Number (ASD use only):			
State Purchasing RXQ No. (ASD use only):			Date:

Published on *ASD Business Site* (<http://adminsvs-ads1.admin-ad.state.nv.us>)

[Home](#) > [Printer-friendly](#) > Printer-friendly

## VEHICLE PURCHASE REQ AND BOE REQUEST

Mon, 04/03/2017 - 3:32pm — [bbadgett](#) <sup>[1]</sup>

**Vendor:** NV STATE PURCHASING DIVISION

**PO Manager:** Sue Sands

**Agency:** 082 Buildings and Grounds

**Vendor Selection:** >= \$5,000, RXQ required

**Budget Account:** 1349 Buildings and Grounds

**Account Coding:** B/A 1349 / Cat 05 / GL 8380 / Org 49FM / Amount \$15,743.00

**Amount:** \$15,743.00

**Budget Approval:** Approved

**Status:** Pending approval

**Attachment(s):**  [SIGNED REQUEST AND BACKUP.pdf](#) <sup>[2]</sup>

 [Copy of ASD402.xls](#) <sup>[3]</sup>

**Budget Approval Date:**

Tuesday, April 4, 2017 - 11:30am

**Approving Analyst:**

vrutledge

**Source URL:** <http://adminsvs-ads1.admin-ad.state.nv.us/node/2476627>

### Links:

[1] <http://adminsvs-ads1.admin-ad.state.nv.us/user/257>

[2] <http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/SIGNED%20REQUEST%20AND%20BACKUP.pdf>

[3] [http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/Copy%20of%20ASD402\\_0.xls](http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/Copy%20of%20ASD402_0.xls)



Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Janet Murphy  
Deputy Director

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

***Budget Division***

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

Date: April 14, 2017

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Paul Nicks, Executive Budget Officer   
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION, FLEET SERVICES DIVISION**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Administration, Fleet Services Division requests approval to purchase two replacement vehicles not to exceed \$53,945.

Additional Information:

The division seeks approval to replace two vehicles, not to exceed \$53,945 due to accidents resulting in a total loss of the vehicles. This authorization will be funded with accident recovery funds and from the agency's reserves.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: JM  
ACTION ITEM: \_\_\_\_\_

Brian Sandoval  
Governor



Patrick Cates  
Director

Lee-Ann Easton  
Deputy Director

Keith Wells  
Administrator

**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
FLEET SERVICES DIVISION**

750 E. King Street  
Carson City, Nevada 89701-4768  
Phone: (775) 684-1880 | Fax: (775) 684-1888  
Website: [www.fleetservices.nv.gov](http://www.fleetservices.nv.gov)

DATE: April 14, 2017

TO: Paul Nicks, Budget Analyst 5

FROM: Keith Wells, Administrator 

SUBJECT: BOE Agenda Request

Attached is a Board of Examiners request to replace two vehicles which were totaled in accidents. Funding will be provided by using agency reserves and insurance recovery monies.

Attachments:

- BOE Vehicle Purchase Request Approval Form
- Replacement Vehicle Quote for Vehicle ID 29E891
- Replacement Vehicle Quote for Vehicle ID 425YSC
- Accident Report Vehicle ID 29E891
- Accident Report Vehicle ID 425YSC



**Fleet Services Division Accident Recovery Vehicle Purchase -  
 Vehicles Totalled In FY2017. Authority Requested for FY2018 Due to Vehicle  
 Order Cut Off Timeline**

Order ID	B/A	Agency	Loc	Make	Model	Del Loc	Dealer	Options	O/Cost	I/Cost	Total	QTY	Replaces
FS004	3740	DPS - P & P	Reno	Ford	Interceptor	CCMP	Jones West	65U,153,43D, 68Z,17T,65L, 87R, 53M, 52H, 18D,593, 595, 76R, 16D, 63V	2,000.00	27,489.00	29,489.00	1	29E891
FS005	1033	AG	Vegas	Ford	Fusion	LVMP	Jones West	60R	0.00	24,456.00	24,456.00	1	425YSC
											<b>Quantity</b>	<b>2</b>	
											<b>53,945.00</b>		



**STATE OF NEVADA**  
 Department of Public Safety  
 Vehicle Damage Notification

Page 2 of

AD/ACCIDENT NUMBER	170202663	UNIT NUMBER	
OTHER VEHICLE DESCRIPTION(S) (IF APPLICABLE)			
LICENSE PLATE		VIN	1J8GW58NX4C104888
YEAR	2004	MAKE	JEEP
MODEL	GRAND CHEROKEE	UNIT NUMBER	N/A
NAME		OLN/STATE	
ADDRESS			
INSURANCE CARRIER	USAA	POLICY NUMBER	
INSURANCE ADDRESS	1-800-531-8722		
LICENSE PLATE		VIN	
YEAR		MAKE	
MODEL		UNIT NUMBER	
NAME		OLN/STATE	
ADDRESS			
INSURANCE CARRIER		POLICY NUMBER	
INSURANCE ADDRESS			
LICENSE PLATE		VIN	
YEAR		MAKE	
MODEL		UNIT NUMBER	
NAME		OLN/STATE	
ADDRESS			
INSURANCE CARRIER		POLICY NUMBER	
INSURANCE ADDRESS			
LICENSE PLATE		VIN	
YEAR		MAKE	
MODEL		UNIT NUMBER	
NAME		OLN/STATE	
ADDRESS			
INSURANCE CARRIER		POLICY NUMBER	
INSURANCE ADDRESS			

**FOR OFFICIAL USE ONLY**  
**FOR OFFICIAL USE ONLY**

Department of Public Safety  
Vehicle Damage Notification

Page 3 of

CAD/ACCIDENT NUMBER	UNIT NUMBER
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	OLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	OLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	OLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	OLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	OLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	OLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	OLN/STATE
ADDRESS	

**FOR OFFICIAL USE ONLY**



9800 Fredericksburg Road  
 San Antonio, TX 78288

STATE OF NEVADA  
 750 E KING ST  
 CARSON CITY NV 89701

March 16, 2017

Reference: Total Loss Settlement

Dear Sir or Madam,

This letter confirms our conversation on March 16, 2017 notifying you that your vehicle referenced below is a total loss.

Claim #:	008842266-22
Date of loss:	February 28, 2017
VIN:	1C3LC46RX7N545044

The settlement figure of \$7,058.45 is represented as follows:

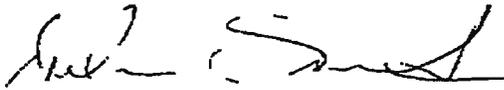
Vehicle's actual cash value	\$	6,488.00
State sales tax	\$	501.20
Transfer fee	\$	8.25
Title fee	\$	21.00
Registration fee	\$	33.00
License plate fee	\$	7.00

A check for \$7,058.45 will be sent separately.

As we discussed today, the settlement amount for the total loss will be issued once we have receive the signed title to the vehicle and have picked up the vehicle. We will have our local salvage yard, Copart, contact you to go over the details of the vehicle pick up. I have attached a sample title and overnight FedEx shipping label for you to mail in the signed title. Please include with the title a company letterhead with the name and position of the individual that will be signing the title, a business card is also acceptable. Once the title is received it can take 3 business days to process then we will mail the check to: 2550 TERMINAL WAY, RENO, Nevada, United States, 89502-6918.

If you have questions, please call us at 1-800-531-USAA (8722).

Sincerely,



Julian M Siordia  
AUTO SECURITY AND RECOVERY - TOTAL LOSS  
United Services Automobile Association  
PO Box 33490  
San Antonio, TX 78265  
Phone: 1-210-531-8722 ext. 61212  
Fax: 1-800-531-8669

Enc: FEDEX SHIPPING LABEL  
SAMPLE TITLE

MAIL DIRECT

03292.3R7FT.JSS1407403334.01.01.3168  
STATE OF NEVADA  
750 E KING ST  
CARSON CITY, NV 89701

RECEIVED  
FLEET SERVICES  
CARSON CITY  
2017 MAR 27 PM 12:18

United Services Automobile Association  
PO Box 33490  
San Antonio, TX 78265

INVOICE #: USAA-66220088415242814920  
USAA #: 008842266  
LOSS RPT #: 22  
LOSS DATE: 02/28/2017  
POLICYHOLDER:  
[REDACTED]

LOB: AUT  
CLAIMS REP: 09008-31  
CHECK #: 0017889494  
CHECK DATE: 03/21/2017

EXPLANATION OF PAYMENT	TOTAL PAYMENT AMOUNT
TOTAL LOSS Payment under Property Damage Liability Coverage State of Nevada, 2007 CHRYSLER SEBRING 4D	\$**7,058.45

18439-1013

93868-0215

FACE OF DOCUMENT HAS A COLORED BACKGROUND. THE BACK CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT ANGLE TO VIEW.



United Services Automobile Association  
PO Box 33490  
San Antonio, TX 78265

51-24/119 CT

0017889494

DATE  
03/21/2017

CHECK AMOUNT  
\$\*\*7,058.45

PAY \*\*Seven Thousand Fifty-Eight and 45/100 s\*\*

TO STATE OF NEVADA  
THE  
ORDER  
OF:

USAA #: 008842266 / LR #: 22

NATURE OF PAYMENT:  
TOTAL LOSS Payment under Property Damage Liability Coverage State of Nevada, 2007 CHRYSLER SEBRING 4D  
BANK OF AMERICA - HARTFORD, CT

VOID 180 DAYS FROM ISSUE DATE

*Steve Parker*  
AUTHORIZED SIGNATURE

⑈0017889494⑈ ⑆011900445⑆ 2240015665⑈

**STANDARD PAGE/COST MATRIX ~ BID #8477 POLICE VEHICLES~ UPDATED 20160927**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		1.2, SUV, 4DR, 4WD, 5-6PASS	
<b>Specify MANUFACTURER, MODEL NAME, YEAR &amp; BODY MODEL CODE:</b>		<b>Base Price for RENO/CARSON CITY</b>	<b>Base Price for LAS VEGAS</b>
2017 FORD UTILITY POLICE INTERCEPTOR (K8A)		AWD / \$27,489	AWD / \$27,825
<b>State vehicle miles per gallon (MPG):</b> 16 CITY / 21 HWY			
<b>State manufactures warranty:</b> 3 YRS/36000 MILES			
<b>Specify alternate fuel engine size and emission rating:</b> 3.7L V6 TIVCT FFV			
<b>Includes Minimum Standard Equipment Listed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:			
<b>Exterior Color: List available colors: (CC=CLEARCOAT; M=METALLIC)</b>			
ARIZONA BEIGE CC/M	E3	LIGHT BLUE M	LN
MEDIUM BROWN M	BU	ULTRA BLUE M	MM
MEDIUM TITANIUM M	YG	INGOT SILVER CC/M	UX
DARK TOREADOR RED CC/M	JL	SILVER GRAY CC/M	TN
KODIAK BROWN M	J1	EBONY CC	UA
NORSEA BLUE M	KR	OXFORD WHITE CC	YZ
DARK BLUE	LK	STERLING GRAY CC/M	UJ
BLUE JEANS M	N1	SMOKESTONE M	HG
ROYAL BLUE	LM	SHADOW BLACK	G1
<b>Seats, Cloth: List available colors:</b>			
BLACK			
<b>GVW: NA#</b>		<b>WHEELBASE: 114" / LENGTH: 197"</b>	
<small>(When Applicable)</small>		<small>(When Applicable)</small>	

*Accident Replacement  
Replaces ID 296891  
Order ID FS004*

**OPTION PACKAGE PAGE ~ BID #8477 POLICE VEHICLES**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> (i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)	1.2, SUV, 4DR, 4WD, 5-6PASS
<b>Option Package Name/Code:</b>	SEE ATTACHED ORDER GUIDE
<b>List Equipment Features Below:</b>	

# 2017 UTILITY POLICE INTERCEPTOR POLICE INTERCEPTOR CONTENT

## Unique Utility Police Interceptor Features Include:

### MODEL/SERIES/AVAILABILITY

- 2 Available Models
  - 3.7L V6 TI-VCT FFV AWD
  - 3.5L V6 EcoBoost® AWD
- 1 Available Series
  - 500A

### MECHANICAL

- AWD Drivetrain – Standard for enhanced handling precision and unsurpassed traction on wet or dry surfaces
- 3.7L TI-VCT V6 FFV High efficient Police Calibrated (V6 displacement technology is optimal for long days spent idling or on the job)
- Brakes – Police calibrated high performance system. 4-Wheel heavy-duty disc w/heavy-duty front and rear calipers
- Rotors – large mass for high thermal capacity and calipers with large swept area.
- Electric Power-Assist Steering (EPAS) – Heavy-Duty
- Transmission – 6-speed automatic, exclusively police calibrated for maximum acceleration and faster closing speeds
- Alternator – Heavy-Duty 220 Amp
- Battery – Heavy-Duty 750 CCA
- Cooling System – Heavy-duty, large high volume radiator, Engine oil cooler and transmission oil cooler
- Engine Hour Meter
- Powertrain mounts – Heavy-Duty.
- Wheels
  - Heavy-duty steel, vented with center cap
  - Full size spare tire w/TPMS

### INTERIOR FEATURES

- Cargo Area – Spacious area for police equipment
- Column Shifter
- Flooring – Heavy-duty vinyl, offers ease of cleaning, long term durability
- Pedals – Power-adjustable
- Seats
  - Front – Police grade cloth – 6-way power-adjustable Manual lumbar, seatback foam designed to comfortably accommodate a utility belt
  - Built-in steel intrusion plates in both front-seatbacks
  - 2<sup>nd</sup> Row – Police grade vinyl, offer easy care for cleaning
  - Liftgate access with manual lock cylinder
- Simple Fleet Key (w/o microchip, easy to replace)
- Speedometer – Certified, digital readout in message center and analog gauge
- Universal equipment tray atop instrument panel (ideal for radar and other police equipment)

### POLICE UPFIT FRIENDLY

- Consistent 9-inch space between driver and passenger seats for aftermarket consoles
  - Console mounting plate
  - Dash pass-thru opening for aftermarket wiring
  - Headliner – Easy to drop
  - Integrated LED police flashers (Available)
  - Taillamps – Integrated police flashers (Available)
  - ★ Two (2) 50 amp battery ground circuits – power distribution junction block (repositioned behind 2<sup>nd</sup> row passenger seat floorboard).
- Note:** Now standard on the Police Interceptor Utility

### TECHNOLOGY

- BLIS® – Blind Spot Monitoring with Cross-traffic Alert (Available)
- Ford SYNC® – Hands-free communications with programmable steering wheel-mounted controls (Available)
- Rear Video Camera with Washer (Standard)
- Reverse Sensing (Available)
- Unique Steering Wheel (with up to 4-remappable configurations – Available)

### COMMONALITY

- Commonality of parts between the Sedan and Utility Interceptors include: Front brake calipers, rear brake calipers, wheels, battery, 220 amp alternator, PTU, RDU and front-seats.
- Maintenance Components – Oil filter, air filter, spark plugs, front and rear brake pads, front and rear brake rotors and tires.

### SAFETY/SECURITY HIGHLIGHTS

- AdvanceTrac® w/RSC® (Roll Stability Control™) police tuned gyroscopic sensors work seamlessly with the ABS
- Ballistic Door-Panels (National Institute of Justice (NIJ) certified to stop Type III, IV and all lesser NIJ rounds) (Available)
- Exterior Key Locks – Driver, passenger side and liftgate
- 75-mph Rear End Crash Tested  
(Note: The full-size spare tire secured in the factory location is necessary to achieve police-rated 75 mph rear impact crash-test performance attributes)

### WARRANTY

- 3 Year / 36,000 Miles Bumper / Bumper

### FORD POLICE INTERCEPTOR EXTENDED SERVICE PLAN Powertrain CARE PROTECTION

- 5-year/100,000-mile Powertrain CARE Extended Service Plan (zero deductible) on ALL 2017MY Police Interceptors – Sedan and Utility (Standard)

### NEW FOR 2017

- Police Engine Idle feature (47A) Available
- Police Silent Mode (43L) Available
- Global Lock / Unlock feature (18D) Available
- Front Interior Visor Light Bar (96W) Available
- Two (2) 50 amp battery ground circuits – power distribution junction block – Now standard

### LATEST ORDER GUIDE UPDATES

- Clarification to Dark Car Feature (43D) and Police Silent Mode (43L)
- Front Interior Visor Light Bar (96W) requires Rear Console Plate (85R)

### Product Changes and Features Availability

Features, options and package content subject to change. Please check [www.fmcdealer.com](http://www.fmcdealer.com) or Dealer eStore for the most current information.

★ = New for this model year

# 2017 UTILITY POLICE INTERCEPTOR STANDARD EQUIPMENT

The following items are std. 2017MY UTILITY POLICE INTERCEPTOR vehicle:

**MECHANICAL**

- Alternator – 220-Amp
- Axle Ratio – 3.65 (AWD)
- Battery – H.D. maintenance-free 78A/750-CCA
- Brakes – 4-Wheel Heavy-Duty Disc w/H.D. Front and Rear Calipers
- Column Shifter
- Drivetrain – All-Wheel-Drive
- Electric Power-Assist Steering (EPAS) – Heavy-Duty
- Engine – 3.7L V6 Ti-VCT
- Engine Hour Meter
- Engine Oil Cooler
- Fuel Tank – 18.6 gallons
- Suspension – independent front & rear
- Transmission – 6-speed automatic

**EXTERIOR**

- Antenna, Roof-mounted
- Cladding – Lower bodyside cladding (Black)
- Deflector Plate – Undercarriage deflector plate protect the underbody, powertrain and chassis components (Standard on EcoBoost® Only)
- Door Handles – Black (MIC)
- Exhaust True Dual
- Front-Door-Lock Cylinders (Front Driver / Passenger / Liftgate – Lock cylinder repositioned into decklid appliqué trim)
- Glass – 2<sup>nd</sup> Row, Rear Quarter and Liftgate Privacy Glass
- Grille – Black
- Headlamps – LED Low Beam; Incandescent (Halogen) High Beam
- Liftgate – Manual 1-Piece – Fixed Glass w/Door-Lock Cylinder
- Mirrors – Black Caps (MIC), Power Electric Remote, Manual Folding with Integrated Spotter (integrated blind spot mirrors not included when equipped with BLIS®)
- Spare – Full size 18" Tire w/TPMS
- Spoiler – Painted Black
- Tailgate Handle – Painted Black
- Tail lamps – LED
- Tires – 245/55R18 A/S BSW
- Wheel-Lip Molding – Black (MIC)
- Wheels – 18" x 8.0 painted black steel with wheel hub cover
- Windshield – Acoustic Laminated

**INTERIOR/COMFORT**

- Cargo Hooks
- Climate Control – Single-Zone Manual
- Door-Locks
  - Power
  - Rear-Door Handles and Locks Operable
- Floor – Flooring – Heavy-Duty Thermoplastic Elastomer
- Glove Box – Locking/non-illuminated
- Grab Handles – (1 – Front-passenger side, 2-Rear)
- Liftgate Release Switch located in overhead console (45 second timeout feature)
- Lighting
  - Overhead Console with sunglass holder
  - 1<sup>st</sup> row task lights (driver and passenger)
  - Dome Lamp – 1<sup>st</sup> row (red/white)
  - 2<sup>nd</sup>/3<sup>rd</sup> row overhead map light
- Mirror – Day/night Rear View
- Particulate Air Filter
- Power-Adjustable Pedals (Driver Dead Pedal)
- Powerpoints – (2) First Row
- Rear-window Defrost
- Scuff Plates – Front & Rear

**INTERIOR/COMFORT (continued)**

- Seats
  - 1<sup>st</sup> Row Police Grade Cloth Trim, Dual Front Buckets
  - 1<sup>st</sup> Row – Driver 6-way Power track (fore/aft. Up/down, tilt with manual recline, 2-way manual lumbar)
  - 1<sup>st</sup> Row – Passenger 2-way manual track (fore/aft. with manual recline)
  - Built-in steel intrusion plates in both driver/passenger seatbacks
  - 2<sup>nd</sup> Row Vinyl, 60/40 Split Bench Seat (manual fold-flat, no tumble) – fixed seat track
- Speed (Cruise) Control
- Speedometer – Calibrated (includes digital readout)
- Steering Wheel – Manual / Tilt, Urethane wheel finish w/Silver Painted Bezels) with Speed Controls and Redundant Audio Controls
- Sun visors, color-keyed, non-illuminated
- Universal Top Tray – Center of I/P for mounting aftermarket equipment
- Windows, Power, 1-touch Up/Down Front Driver/Passenger-Side with disable feature

**SAFETY/SECURITY**

- AdvanceTrac® w/RSC® (Roll Stability Control™) w/Hydraulic Brake Assist
- Airbags, 2<sup>nd</sup> generation driver & front-passenger, side seat, Roll Curtain Airbags and Safety Canopy®
- Anti-Lock Brakes (ABS) with Traction Control
- Belt-Minder® (Front Driver / Passenger)
- Child-Safety Locks (capped)
- Individual Tire Pressure Monitoring System (TPMS)
- LATCH (Lower Anchors and Tethers for Children) system on rear outboard seat locations
- Seat Belts, Pretensioner/Energy-Management System w/adjustable height in 1<sup>st</sup> Row
- SOS Post-Crash Alert System™

**FUNCTIONAL**

- Audio
  - AM/FM / CD / MP3 Capable / Clock / 6 speakers
  - 4.2" Color LCD Screen Center-Stack "Smart Display"
  - 5-way Steering Wheel Switches, Redundant Controls
- Note: Radio does "not" include USB Port or Aux. Audio Input Jack
- Note: USB Port and Aux. Audio Input Jack requires SYNC® (53M)
- Easy Fuel® Capless Fuel-Filler
- Front door tether straps (driver/passenger)
- Power pigtail harness
- Rearview Camera with Washer viewable in 4" centerstack – OR – Rear View Camera viewable in rear view mirror 87R (No charge option)
- Recovery Hook, Rear Only
- Simple Fleet Key (w/o microchip, easy to replace)
- Two-way radio pre-wire
- ★ Two (2) 50 amp battery ground circuits – power distribution junction block (repositioned behind 2<sup>nd</sup> row passenger seat floorboard)
- Windows – Rear Defroster
- Wipers – Front Speed-Sensitive Intermittent; Rear Dual Speed Wiper

## 2017 UTILITY POLICE INTERCEPTOR EQUIPMENT GROUP

PROPRIETARY

Series	Option Code	Police Interceptor
Utility Police Interceptor AWD (incl. D&D)	<b>K8A</b>	<b>S</b>
3.7L V6 TI-VCT FFV with 6-Speed Automatic Transmission	<b>99R / 44C</b>	<b>S</b>
3.5L V6 EcoBoost® – (131mph Top Speed)	<b>99T / 44C</b>	<b>\$3103</b>
<b>EQUIPMENT GROUP</b>		
<b>Interior Upgrade Package</b> – 1 <sup>st</sup> and 2 <sup>nd</sup> Row Carpet Floor Covering – Cloth Seats – Rear – Center Floor Console less shifter w/unique Police console finish plate – Includes Console – Top Plate – Finish 3 (incl. 2 cup holders) – Floor Mats, front and rear (carpeted) – Deletes the standard console mounting plate (85D) <b>Note:</b> Not available with options: 67G, 67H, 67U	<b>65U</b>	<b>\$371</b>
<b>Front Headlamp / Police Interceptor Housing Only</b> – Pre-drilled hole for side marker police use, does not include LED installed lights (eliminates need to drill housing assemblies) – Pre-molded side warning LED holes with standard sealed capability (does not include LED installed lights) <b>Note:</b> Not available with options: 66A and 67H	<b>86P</b>	<b>\$119</b>
<b>Front Headlamp Lighting Solution</b> – Includes base LED Low beam/Incandescent (Halogen) High beam headlamp with High Beam Wig-wag function and two (2) white rectangular LED side warning lights – Includes pre-wire for grille LED lights, siren and speaker (60A) – Wiring, LED lights included. Controller "not" included <b>Note:</b> Not available with option: 67H <b>Note:</b> Recommend using Cargo Wiring Upfit Package (67G) or Ultimate Wiring Package (67U)	<b>66A</b>	<b>\$809</b>
<b>Tail Lamp / Police Interceptor Housing Only</b> – Pre-existing holes with standard twist lock sealed capability (does not include LED installed lights) (eliminates need to drill housing assemblies) <b>Note:</b> Not available with options: 66B and 67H	<b>86T</b>	<b>\$58</b>
<b>Tail Lamp Lighting Solution</b> – Includes base LED lights plus two (2) rear integrated hemispheric lighthouse white LED side warning lights in taillamps – LED lights only. Wiring, controller "not" included <b>Note:</b> Not available with option: 67H <b>Note:</b> Recommend using Cargo Wiring Upfit Package (67G) or Ultimate Wiring Package (67U)	<b>66B</b>	<b>\$404</b>
<b>Rear Lighting Solution</b> – Includes two (2) backlit flashing linear high-intensity LED lights (driver's side red / passenger side blue) mounted to inside liftgate glass – Includes two (2) backlit flashing linear high-intensity LED lights (driver's side red / Passenger side blue) installed on inside lip of liftgate (lights activate when liftgate is open) – LED lights only. Wiring, controller "not" included <b>Note:</b> Not available with option: 67H <b>Note:</b> Recommend using Cargo Wiring Upfit Package (67G) or Ultimate Wiring Package (67U)	<b>66C</b>	<b>\$433</b>
<b>Cargo Wiring Upfit Package</b> – Rear console plate (85R) – contours through 2 <sup>nd</sup> row; channel for wiring – Wiring overlay harness with lighting and siren interface connections – Vehicle Engine Harness: o Two (2) light connectors – supports up to six (6) LED lights (engine compartment) o Two (2) grille light connectors o One (1) 10-amp siren/speaker circuit (engine to cargo area) – Whelen Lighting PCC8R Control Head – Whelen PCC8R Light Relay Center (mounted behind 2 <sup>nd</sup> row seat) – Light Controller / Relay Center Wiring (jumper harness) – Whelen Specific Cable (console to cargo area) Connects PCC8R to Control Head – Pre-wiring for grille LED lights, siren and speaker (60A) – Does "not" include LED lights o Recommend Police Wire Harness Connector Kits 47C and 21P <b>Note:</b> Not available with options: 65U, 67H and 67U	<b>67G</b>	<b>\$1272</b>
<b>Ready for the Road Package:</b> <b>All-In Complete Package – Includes Police Interceptor Packages: 66A, 66B, 66C, plus</b> – Whelen Cencom Light Controller Head with dimmable backlight – Whelen Cencom Relay Center / Siren / Amp w/Traffic Advisor (mounted behind 2 <sup>nd</sup> row seat) – Light Controller / Relay Cencom Wiring (wiring harness) w/additional input/output pigtails – High current pigtail – Whelen Specific WECAN Cable (console to cargo area) connects Cencom to Control Head – Pre-wiring for grille LED lights, siren and speaker (60A) – Rear console plate (85R) – contours through 2 <sup>nd</sup> row; channel for wiring – Grille linear LED Lights (Red / Blue) and harness – 100-Watt Siren / Speaker – Hidden Door-Lock Plunger / Rear-Door Handles Inoperable (52P) <b>Note:</b> Not available with options: 66A, 66B, 66C, 67G, 67U and 65U	<b>67H</b>	<b>\$3244</b>

★ = New for this model year

P = Included in Equipment Group, S = Standard Equipment, O = Optional

## 2017 UTILITY POLICE INTERCEPTOR EQUIPMENT GROUP

EQUIPMENT GROUP		
<b>(Continued)</b>		
<b>Ultimate Wiring Package</b> Includes the following: - Rear console mounting plate (85R) – contours through 2 <sup>nd</sup> row; channel for wiring - Pre-wiring for grille LED lights, siren and speaker (60A) - Wiring harness 1P to rear cargo area (overlay) <ul style="list-style-type: none"> <li>o Two (2) light cables – supports up to six (6) LED lights (engine compartment/grille)</li> <li>o One (1) 10-amp siren/speaker circuit engine cargo area</li> </ul> - Rear hatch/cargo area wiring – supports up to six (6) rear LED lights - Does "not" include LED lights, side connectors or controller <ul style="list-style-type: none"> <li>o Recommend Police Wire Harness Connector Kits 47C and 21P</li> </ul> Note: Not available with options: 65U, 67G, 67H	67U	\$524
<b>Police Wire Harness Connector Kit – Front</b> For connectivity to Ford PI Package solutions includes: <ul style="list-style-type: none"> <li>• (2) Male 4-pin connectors for siren</li> <li>• (5) Female 4-pin connectors for lighting/siren/speaker</li> <li>• (1) 4-pin IP connector for speakers</li> <li>• (1) 4-pin IP connector for siren controller connectivity</li> <li>• (1) 8-pin sealed connector</li> <li>• (1) 14-pin IP connector</li> </ul> Note: See Upfitters guide for further detail <a href="http://www.fordpoliceinterceptorupfit.com">www.fordpoliceinterceptorupfit.com</a>	47C	\$100
<b>Police Wire Harness Connector Kit – Rear</b> For connectivity to Ford PI Package solutions includes: <ul style="list-style-type: none"> <li>• (1) 2-pin connector for rear lighting</li> <li>• (1) 2-pin connector</li> <li>• (6) Female 4-pin connectors</li> <li>• (6) Male 4 pin connectors</li> <li>• (1) 10-pin connector</li> </ul> Note: See Upfitters guide for further detail <a href="http://www.fordpoliceinterceptorupfit.com">www.fordpoliceinterceptorupfit.com</a>	21P	\$123
<b>KEY EXTERIOR OPTIONS</b>		
Engine Block Heater	41H	\$86
License Plate Bracket – Front	153	<del>N/A</del>
<b>Lamps/ Lighting</b>		
Auto Headlamp	86L	\$109
Dark Car Feature – Courtesy lamps disabled when any door is opened Note: Not available with Daytime Running Lamps (942)	43D	<del>\$19</del>
★Police Silent Mode – When activated, courtesy lamps and Daytime Running Lamps disabled (user configurable) Note: Daytime Running Lamps do <u>not</u> disable where required by law Note: Requires Daytime Running Lamps (942)	43L	\$19
Daytime Running Lamps	942	\$19
Dome Lamp – Red/White in Cargo Area	17T	<del>\$42</del>
Front Warning Auxiliary LED Lights (Driver side – Red / Passenger side – Blue) Note: Requires 60A	21L	\$524
Forward Indicator Pocket Warning LED Lights – Warn, Park, Turn (Driver side – Red / Passenger side – Blue) Note: Requires 60A	21W	\$607
Front Interior Visor Light Bar (LED) – Super low-profile warning LED light bar fully integrated into the top of the windshield near the headliner. (Red/Red or Blue/Blue operation. White "take down" and "scene" capabilities) Note: Requires Rear Console Plate (85R)	96W	\$1059
Pre-wiring for grille LED lights, siren and speaker	60A	\$49P-66A / P-67G / P-67H / P-67U
Rear Quarter Glass Side Marker LED Lights (Driver side – Red / Passenger side – Blue)	63L	\$549
Side Marker LED – Sideview Mirrors (Driver side – Red / Passenger side – Blue) – Located on backside of exterior mirror housing – LED lights only. Wiring, controller "not" included. Note: Requires 60A Note: Recommend using Cargo Cargo Wiring Upfit Package (67G), Ready for the Road Package (67H) or Ultimate Wiring Package (67U)	63B	\$276
<b>Spot Lamp Prep Kits</b>		
Spot Lamp Prep Kit, Driver Side Note: Does not include spot lamp housing and bulb	51P	\$132
Spot Lamp Prep Kit, Dual Side Note: Does not include spot lamp housing and bulbs	51W	\$266
<b>Spot Lamp – Incandescent Bulb:</b>		
Driver Only	51Y	\$204
Dual (driver and passenger)	51Z	\$334
<b>Spot Lamp – LED Bulb:</b>		
Driver Only (Unity)	51R	\$375
Driver Only (Whelen)	51T	\$399
Dual (driver and passenger) (Unity)	51S	\$589
Dual (driver and passenger) (Whelen)	51V	\$632

★ = New for this model year

## 2017 UTILITY POLICE INTERCEPTOR EQUIPMENT GROUP

EQUIPMENT GROUP		
<b>Body</b>		
Glass – Solar Tint 2 <sup>nd</sup> Row, Rear Quarter and Liftgate Window (Deletes Privacy Glass)	92G	\$114
Glass – Solar Tint 2 <sup>nd</sup> Row Only, Privacy Glass on Rear Quarter and Liftgate Window	92R	\$81
Roof Rack Side Rails – Black	68Z	<del>\$248</del>
Deflector Plate (Standard on EcoBoost® engine)	76D	\$318
<b>VINYL WRAP OPTIONS</b>		
<b>Two-Tone Vinyl Package #1</b> <ul style="list-style-type: none"> <li>Roof Vinyl</li> <li>RH/LH Front-Doors Vinyl</li> <li>RH/LH Rear-Doors Vinyl</li> <li>White (YZ) Only</li> </ul> Note: Not available with the following options: 91C, 91D, 91E, 91F, 91G, 91H, 91J	91A	\$797
<b>Two-Tone Vinyl Package #3</b> <ul style="list-style-type: none"> <li>Roof Vinyl</li> <li>RH/LH Front-Doors Only Vinyl</li> <li>White (YZ) Only</li> </ul> Note: Not available with the following options: 91A, 91D, 91E, 91F, 91G, 91H, 91J	91C	\$665
<b>Two-Tone Vinyl – Roof</b> <ul style="list-style-type: none"> <li>Roof Vinyl</li> <li>White Only</li> </ul> Note: Not available with the following options: 91A, 91C	91H	\$466
<b>Two-Tone Vinyl – RH/LH Front-Doors</b> <ul style="list-style-type: none"> <li>White Only</li> </ul> Note: Not available with the following options: 91A, 91C, 91D, 91E, 91F, 91G	91J	\$290
<b>Vinyl Word Wrap – POLICE “non-reflective”</b> <ul style="list-style-type: none"> <li>White (YZ) lettering located on LH/RH sides of vehicle</li> </ul> Note: Not available with the following options: 91A, 91C, 91E, 91F, 91G, 91J	91D	\$755
<b>Vinyl Word Wrap – POLICE “reflective”</b> <ul style="list-style-type: none"> <li>Black lettering located on LH/RH sides of vehicle</li> </ul> Note: Not available with the following options: 91A, 91C, 91D, 91F, 91G, 91J	91E	\$755
<b>Vinyl Word Wrap – POLICE “reflective”</b> <ul style="list-style-type: none"> <li>White lettering located on LH/RH sides of vehicle</li> </ul> Note: Not available with the following options: 91A, 91C, 91D, 91E, 91G, 91J	91F	\$755
<b>Vinyl Word Wrap – SHERIFF “non-reflective”</b> <ul style="list-style-type: none"> <li>White lettering located on LH/RH sides of vehicle</li> </ul> Note: Not available with the following options: 91A, 91C, 91D, 91E, 91F, 91J	91G	\$755
<b>Wheels</b>		
Wheel Covers (18" Full Face Wheel Cover) Note: Only available with the standard Police wheel, not available with 64E	65L	<del>\$58</del>
18" Painted Aluminum Wheel Note: Spare wheel is an 18" conventional (Police) black steel wheel	64E	\$451
<b>Audio / Video</b>		
Rear View Camera (Includes Electrochromic Rear View Mirror – Video is displayed in rear view mirror) Note: This option would replace the camera that comes standard in the 4" center stack area. Note: Camera can only be displayed in the 4" center stack (std) "OR" the rear view mirror (87R)	87R	N/C
SYNC® Basic (Voice-Activated Communication System) – Includes single USB port and single auxillary audio input jack	53M	<del>\$280</del>
Remappable (4) switches on steering wheel (less SYNC®)	61R	\$148
Remappable (4) switches on steering wheel (with SYNC®)	61S	\$148
<b>Doors / Locks (Select only one)</b>		
Hidden Door-Lock Plunger w/Rear-door handles operable <sup>1</sup>	52H	<del>\$132</del>
Hidden Door-Lock Plunger w/Rear-door handles inoperable <sup>1</sup>	52P	\$153 / P-67H
Rear-Door Handles Inoperable / Locks Operable <sup>1</sup>	68L	\$33
Rear-Door Handles Inoperable / Locks Inoperable <sup>1</sup>	68G	\$33
*Global Lock / Unlock feature (Door-panel switches will lock/unlock all doors and rear liftgate. Eliminates the overhead console liftgate unlock switch)	18D	N/C
<b>Windows</b>		
Windows – Rear-window power delete, operable from front driver side switches	18W	\$24
<b>Flooring / Seats</b>		
1 <sup>st</sup> and 2 <sup>nd</sup> row carpet floor covering (includes floor mats, front and rear)	16C	\$119 / P-65U
2 <sup>nd</sup> Row Cloth Seats	88F	Incl. / P-65U
Power passenger seat (6-way) w/manual recline and lumbar	87P	\$309
Front Console Plate – Delete Note: Not available with option: 67G, 67H, 67U, 85R	85D	N/C / P-65U
Rear Console Plate Note: Not available with option: 65U, 85D	85R	\$33 / P-67G / P-67H / P-67U

<sup>1</sup> Options 68L, 68G, 52H and 52P not available in any combination

\* = New for this model year

## 2017 UTILITY POLICE INTERCEPTOR EQUIPMENT GROUP

PROPRIETARY

EQUIPMENT GROUP		
<b>Keys (Note: Not compatible with Remote Keyless Entry - 595)</b>		
Keyed Alike - 1435x	59E	\$49
Keyed Alike - 1284x	59B	\$49
Keyed Alike - 0135x	59D	\$49
Keyed Alike - 0576x	59F	\$49
Keyed Alike - 1111x	59J	\$49
Keyed Alike - 1294x	59C	\$49
Keyed Alike - 0151x	59G	\$49
<b>Safety &amp; Security</b>		
Ballistic Door-Panels (Level III) - Driver Front-Door Only <sup>2</sup>	90D	\$1506
Ballistic Door-Panels (Level III) - Driver & Pass Front-Doors <sup>2</sup>	90E	\$3012
Ballistic Door-Panels (Level IV+) - Driver Front-Door Only <sup>3</sup>	90F	\$2294
Ballistic Door-Panels (Level IV+) - Driver & Pass Front-Door Only <sup>3</sup>	90G	\$4588
BLIS® - Blind Spot Monitoring with Cross-traffic Alert (Requires 54Z) Note: Includes manual fold-away mirrors, w/heat, w/o memory, w/o puddle lamps	55B / 54Z	\$517
Lockable Gas Cap for Easy Fuel® Capless Fuel-Filler	19L	\$19
Mirrors - Heated Sideview	549	\$58
Perimeter Anti-Theft Alarm - Activated by Hood, Door or Liftgate - Requires Key Fob (595)	593	<del>\$114</del>
★ Police Engine Idle feature - This feature allows you to leave the engine running and prevents your vehicle from unauthorized use when outside of your vehicle. Allows the key to be removed from ignition while vehicle remains idling.	47A	\$248
Remote Keyless-Entry Key Fob (w/o Keypad, less PATS) Note: Not available with Keyed Alike	595	<del>\$248</del>
Reverse Sensing	76R	<del>\$261</del>
<b>Misc</b>		
Aux Air Conditioning Note: Not available with Cargo Storage Vault (63V)	17A	\$579
Badge Delete - Deletes the "Police Interceptor" badging on rear liftgate - Deletes the "Interceptor" badging on front hood (EcoBoost®)	16D	<del>NC</del>
Cargo Storage Vault (includes lockable door and compartment light) Note: Not available with Aux Air Conditioning (17A)	63V	<del>\$232</del>
Scuff Guards - Protective wrap edging located on front edge of both rear-doors - Top surface of rear bumper (help protect the upper surface from paint damage that can occur while loading and unloading of cargo)	55D	\$86
My Speed Fleet Management - Allows dealer or fleet administrator to lower the maximum vehicle speed and the maximum audio system volume using a Ford authorized IDS diagnostic service tool - Allows the VMAX speed to be set in 5mph increments (between 90 - 131 mph) Note: See Uplifter's Guide for further detail <a href="http://www.fordpoliceinterceptorupfit.com">www.fordpoliceinterceptorupfit.com</a>	43S	\$58
Noise Suppression Bonds (Ground Straps)	60R	<del>\$95</del>
Enhanced PTU Cooler - Power Transfer Unit - Recommended Usage: EVOC Training; Continuous / Extended Track Usage Note: This PTU Cooler is not required for day to day patrol usage Note: Requires the 3.5L V6 EcoBoost® Engine (99T)	52B	\$2779
100 Watt Siren/Speaker (includes bracket and pigtail)	18X	\$283P-67H

<sup>2</sup> Tested and meets the requirements of NIJ Standard 0108.01 Level III:  
 • 7.62 x 51 mm 9.7g M80 (.308 Winchester 150gr)  
 Per LAPD requirements, they're also designed to withstand special threat rounds:  
 • 7.62 x 39 mm MSC 7.9g (Type 56)  
 • 5.56 x 45 mm M193 3.36g  
 • 5.56 x 45mm M855 4g

<sup>3</sup> Tested and meets the requirements of NIJ Standard 0108.01 Level IV:  
 • .30-06 M2 AP 166gr (7.62 x 63 APM2 10.8g)  
 Designed to withstand special threat rounds:  
 • 7.62 x 54R LPS 9.65g  
 • 7.62 x 51 mm M61 9.75g (.308 Winchester 150.5gr)  
 In addition, Level IV+ includes all of the NIJ Level III and LAPD rounds listed in footnote 2.

★ = New for this model year

P = Included in Equipment Group, S = Standard Equipment, O = Optional



State of Nevada  
**VEHICLE ACCIDENT REPORT**  
**Agency Form**

For State Use Only:	
State Claim No.	_____
Budget Acct. No.	_____
Coverage	_____
Adjuster	_____

**INSTRUCTIONS:** (If you need more space, attach a separate sheet of paper)

- Complete as much information as possible at the scene.
- REPORT all accidents involving third parties, whether or not there is damage or injury.
- Cooperate with investigating officer(s) and the State's adjuster(s).
- Notify Attorney General's Office ASAP if there is an injury. Tel.: (775) 684-1263; Fax: (775) 684-1275

Sent original to AG's Office  
**WITHIN 48 HOURS**

Claims Manager, Office of the Attorney General,  
 100 N. Carson Street, Carson City, NV 89701

Sent copy to Risk Management  
**WITHIN 48 HOURS**

Risk Management, 201 S. Roop Street, Suite 201,  
 Carson City, NV 89701

Date of Accident 2/13/2017 Time <sup>(00:30)</sup> 12:30 A.M. Location of Accident RESIDENCE

**OUR INFORMATION:**

Driver's Name [REDACTED] Agency ATTORNEY GENERAL  
 #3900

Office Address 555 E. WASHINGTON AVE LV NV 89101 Bus. phone (702) 486-3138

Driver's Lic. No. [REDACTED] State NV Expiration Date [REDACTED]

Contact Person [REDACTED] Title [REDACTED] Phone [REDACTED]

Is this a MOTOR POOL vehicle?  Yes  No Vehicle ID No. (VIN) 3FAHP07188R173005

Plate No. 425 45C Year 2008 Make FORD Model FUSION SE

Location of Vehicle [REDACTED]

Describe damage to State vehicle:  Windshield damage only; no other party involved

REAR OF VEHICLE L & R REAR QUARTER PANELS, UNDERCARRIAGE DAMAGE

THEIR INFORMATION: Self-insurance card provided to driver/owner?  Yes  No  
 TC-1 Claim form provided to driver/owner?  Yes  No (<http://ag.state.nv.us>)

OWNER'S NAME \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ City/State \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Phone No. \_\_\_\_\_

Plate No. \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

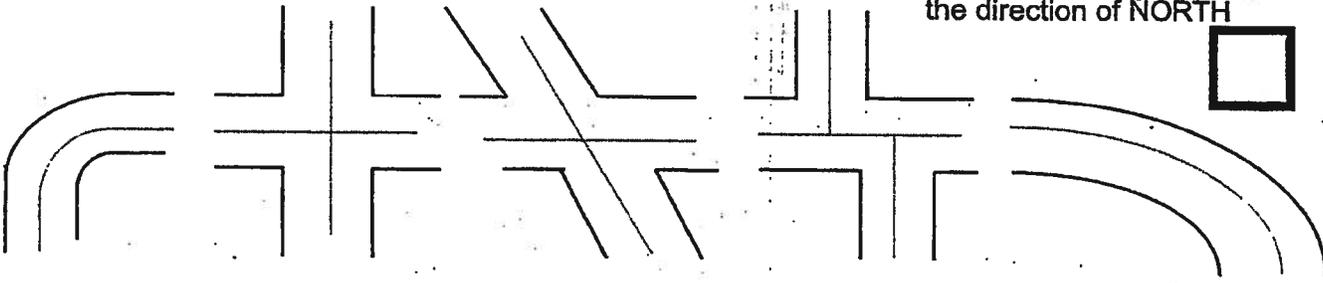
Describe damage to other vehicle and any injuries reported \_\_\_\_\_

EXPLAIN WHAT HAPPENED: VEHICLE PARKED ON THE STREET IN FRONT OF RESIDENCE. AT APPROXIMATELY 12:30<sup>(030)</sup> A.M. ON FEB 13, 2017 SOMEONE REAR ENDED THE VEHICLE AND ACCORDING TO MY NEIGHBOR, FLED THE SCENE. I CALLED LVMPD AT APPROXIMATELY 12:35 A.M., TO REPORT THE HIT & RUN.

Accident Reported to (NHR, Metro, Reno P.D., etc.) LVMPD Report # 17021300008  
 Citations Issued?  No  Yes If "Yes," explain \_\_\_\_\_

Complete the following diagram showing direction and positions of automobiles involved. Clearly designate point of contact.

Indicate by arrow the direction of NORTH 



\_\_\_\_\_ path before accident    - - - - path after accident    + + + + Railroad    ◆ Stop Sign    ○ Stop Light    ↑ Pedestrian

WITNESSES:  Witness card given/statement taken

Name	Address	Phone
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

PERSONS INJURED: (If injured person is a State Employee, complete a Worker's Compensation Claim Form.)

Name	Address	Phone

Agency Information:  Damage estimates attached     Estimates will follow

State Driver's Signature [REDACTED] Date 2/13/2017  
 Reviewed by Safety Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed by Department Head \_\_\_\_\_ Date \_\_\_\_\_

**COLLISION BAY**  
Like it Never Happened...  
1911 LOSEE RD STE 110, NORTH LAS VEGAS, NV  
89030  
Phone: (702) 654-6830  
FAX: (702) 654-6759

Workfile ID: 717638dd  
Federal ID: 46-2729989  
Resale Number: 1015682251-001

**Preliminary Estimate**

**Customer: STATE OF NEVADA**

Written By: OMAR VASQUEZ

Insured: STATE OF NEVADA  
Type of Loss:  
Point of Impact:

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
STATE OF NEVADA  
7060 LA CIENEGA STREET  
LAS VEGAS, NV 89119  
(702) 486-7050 Business

**Inspection Location:**  
COLLISION BAY  
1911 LOSEE RD STE 110  
NORTH LAS VEGAS, NV 89030  
Repair Facility  
(702) 654-6830 Business

**Insurance Company:**

**VEHICLE**

2008 FORD Fusion SE FWD 4D SED 6-3.0L Gasoline SMPI

VIN: 3FAHP07188R173005  
License:  
State:

Interior Color:  
Exterior Color:  
Production Date:

Mileage In:  
Mileage Out:  
Condition:

Vehicle Out:  
Job #:

**POWER**

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Power Driver Seat

**DECOR**

Dual Mirrors  
Body Side Moldings  
Tinted Glass  
Console/Storage

**CONVENIENCE**

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Alarm  
Message Center  
Steering Wheel Touch Controls  
Telescopic Wheel

**RADIO**

AM Radio  
FM Radio  
Stereo  
Search/Seek  
Auxiliary Audio Connection  
CD Changer/Stacker  
**SAFETY**  
Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Front Side Impact Air Bags

Head/Curtain Air Bags

**SEATS**

Cloth Seats  
Bucket Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Fog Lamps  
Power Trunk/Gate Release

Get live updates at [www.carwise.com/e/37MaYz](http://www.carwise.com/e/37MaYz)

**Preliminary Estimate**

**Customer: STATE OF NEVADA**

2008 FORD Fusion SE FWD 4D SED 6-3.0L Gasoline SMPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>EXHAUST SYSTEM</b>					
2	Repl	Muffler & pipe w/o chrome tip	6E5Z5230BA	1	1,017.84 m	1.2	
3		<b>QUARTER PANEL</b>					
4	Repl	LT Quarter panel	6E5Z5427841AA	1	2,114.53	16.0	3.0
5		Add for Clear Coat					1.2
6		<b>REAR BODY &amp; FLOOR</b>					
7	Repl	Rear body panel	6E5Z5440320AA	1	309.38	Incl.	1.6
8		Overlap Major Adj. Panel					-0.4
9		Add for Clear Coat					0.2
10		Add for Inside					0.8
11		Deduct for Overlap				-1.5	
12	Repl	Rear floor pan	6E5Z5411215AA	1	356.25 s	15.0	2.5
13	Repl	LT Side rail assy	6E5Z54101A15AA	1	795.20 s	9.0	1.0
14		Overlap Major Non-Adj. Panel					-0.2
15		Deduct for Overlap				-1.5	
16	R&I	RT Side trim panel w/o audiopile system				Incl.	
17	R&I	LT Side trim panel w/o audiopile system				Incl.	
18	Repl	Rear trim panel	6E5Z5411318AAA	1	276.55	Incl.	
19		<b>TRUNK LID</b>					
20	Repl	Trunk lid w/o spoiler	6E5Z5440110AA	1	701.88	2.1	2.3
21		Overlap Major Adj. Panel					-0.4
22		Add for Clear Coat					0.4
23		Add for Underside(Complete)					1.2
24	Repl	Weatherstrip	AE5Z5443720A	1	88.82	Incl.	
25	Repl	RT Hinge	7E5Z5442700A	1	43.98	0.5	0.3
26		Add for Clear Coat					0.1
27	Repl	LT Hinge	7E5Z5442701A	1	60.07	0.5	0.3
28		Add for Clear Coat					0.1
29	Repl	RT Strut cylinder w/o spoiler	7E5Z54406A10B	1	41.03	0.2	
30	Repl	LT Strut cylinder w/o spoiler	7E5Z54406A10B	1	41.03	0.2	
31	Repl	Lock assy to 9/06	6E5Z5443200D	1	100.12	Incl.	
32	Repl	Hardware kit license plate	6C3Z17A386AA	1	11.92		
33	Repl	License molding painted	6E5Z5442512BPTM	1	200.33	Incl.	0.8
34		Add for Clear Coat					0.2
35	Repl	Nameplate "SE"	6E5Z5442528B	1	10.93	0.2	
36	Repl	Nameplate "FUSION"	6E5Z5442528A	1	13.52	0.2	
37		<b>REAR LAMPS</b>					
38		O/H bumper assy				2.5	
39	Repl	LT Tail lamp assy	6E5Z13405B	1	114.85	Incl.	
40	R&I	RT Tail lamp assy				Incl.	
41		<b>REAR BUMPER</b>					

**Preliminary Estimate**

**Customer: STATE OF NEVADA**

2008 FORD Fusion SE FWD 4D SED 6-3.0L Gasoline SMPI

42	** <>	Repl	A/M CAPA Bumper cover 3.0 Liter	8E5Z17K835HAPTM	1	363.00	Ind.	3.0
43			Overlap Major Non-Adj. Panel					-0.2
44	*		Add for Clear Coat					0.6
45		Repl	Absorber	6E5Z17787AA	1	87.13	Ind.	
46		Repl	Impact bar (HSS)	6E5Z17906AA	1	224.70	Ind.	
47		Repl	RT Side support	6E5Z17D948A	1	38.97	Ind.	
48		Repl	LT Side support	6E5Z17D995A	1	45.52	Ind.	
49		Repl	RT Bumper cover clip	3M8Z16K262A	1	9.26		
50		Repl	LT Bumper cover clip	3M8Z16K262A	1	9.26		
51		Repl	Bumper cover bolt type 1	N806034S438	1	3.13		
52		Repl	Bumper cover bolt type 2	W505153S439	1	1.27		
53		Repl	Bumper cover nut type 1	W708319S300	1	3.65		
54		Repl	Bumper cover nut type 2	W711412S300	1	1.39		
55		Repl	RT Impact bar stud	N808889S101	1	1.06		
56		Repl	LT Impact bar stud	N808889S101	1	1.06		
57		Repl	RT Impact bar nut	N621940S424	1	1.06		
58		Repl	LT Impact bar nut	N621940S424	1	1.06		
59		Repl	RT Impact bar screw	N811479S424	1	1.00		
60		Repl	LT Impact bar screw	N811479S424	1	1.00		
61	#	Subl	Hazardous waste removal		1	5.00 T		
62	#	Repl	Cover Car		1	10.00 T	0.3	
63	#		Color tint / color match		1			0.5
64	#	Rpr	Color sand and buff				1.0	
65	#	Repl	Flex additive		1	8.00 T		
66	#	Rpr	Setup & measure				2.0 F	
67	#		Frame repair		1		4.0 F	
68	#	Rpr	Rough pull				2.0 F	
<b>SUBTOTALS</b>						<b>7,114.75</b>	<b>53.9</b>	<b>18.9</b>

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			7,091.75
Body Labor	45.9 hrs @	\$ 30.00 /hr	1,377.00
Paint Labor	18.9 hrs @	\$ 30.00 /hr	567.00
Frame Labor	8.0 hrs @	\$ 65.00 /hr	520.00
Paint Supplies	18.9 hrs @	\$ 28.00 /hr	529.20
Miscellaneous			23.00
<b>Subtotal</b>			<b>10,107.95</b>
<b>Grand Total</b>			<b>10,107.95</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>10,107.95</b>

**Preliminary Estimate**

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**Customer: STATE OF NEVADA**

2008 FORD Fusion SE FWD 4D SED 6-3.0L Gasoline SMPI

**ESTIMATE OF REPAIR:**

The Estimate of Repair includes parts, labor, diagnosis, and any applicable taxes. If, on further inspection, additional parts or repairs are needed, you will be contacted for authorization. We are not responsible for loss or damage to your vehicle from fire, theft, accidents or any cause beyond our control. All tests will be made by our employees at your risk.

**POWER OF ATTORNEY:**

I do hereby appoint the aforementioned business as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange for deposit to the aforementioned business' account for credit on my account for repairs on my vehicle which has been released and accepted.

ACCEPTED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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## Preliminary Estimate

**Customer: STATE OF NEVADA**

2008 FORD Fusion SE FWD 4D SED 6-3.0L Gasoline SMPI

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide DE2JP06, CCC Data Date 2/14/2017, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (\*) or Double Asterisk (\*\*) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2017 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

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D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

### OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Bind=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

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**Preliminary Estimate**

**Customer: STATE OF NEVADA**

2008 FORD Fusion SE FWD 4D SED 6-3.0L Gasoline SMPI

**PARTS SUPPLIER LIST**

<b>Line</b>	<b>Supplier</b>	<b>Description</b>	<b>Price</b>
42	Keystone-Complete-B-North Las Vegas 3370 E LONE MOUNTAIN RD STE D NORTH LAS VEGAS NV 89081 (800) 551-5331 (702) 789-4000	#FO1100593PP A/M CAPA Bumper cover 3.0 Liter	\$ 363.00

**NEVADA STATE COLLISION CENTER**

401 W. BONANZA ROAD, LAS VEGAS, NV 89106

Phone: (702) 798-8828

Workfile ID:

be45538b

Federal ID:

88-0431006

**Preliminary Estimate**

**Customer: dept of admin fleet services--425ysc**

**Job Number:**

Insured: dept of admin fleet services--425ysc

Policy #:

Claim #:

Type of Loss:

Date of Loss:

Days to Repair: 0

Point of Impact:

**Owner:**

dept of admin fleet services--425ysc

**Inspection Location:**

NEVADA STATE COLLISION CENTER

401 W. BONANZA ROAD

LAS VEGAS, NV 89106

Repair Facility

(702) 798-8828 Business

**Insurance Company:**

**VEHICLE**

2008 FORD Fusion SE FWD 4D SED 6-3.0L Gasoline SMPI BLUE

VIN: 3FAHP07188R173005

Interior Color:

Mileage In:

Vehicle Out:

License:

Exterior Color: BLUE

Mileage Out:

State:

Production Date:

Condition:

Job #:

**TRANSMISSION**

Automatic Transmission

**POWER**

Power Steering

Power Brakes

Power Windows

Power Locks

Power Mirrors

Power Driver Seat

**DECOR**

Dual Mirrors

Body Side Moldings

Tinted Glass

Console/Storage

**CONVENIENCE**

Air Conditioning

Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger

Keyless Entry

Alarm

Message Center

Steering Wheel Touch Controls

Telescopic Wheel

**RADIO**

AM Radio

FM Radio

Stereo

Search/Seek

Auxiliary Audio Connection

CD Changer/Stacker

**SAFETY**

Drivers Side Air Bag

Passenger Air Bag

Anti-Lock Brakes (4)

4 Wheel Disc Brakes

Front Side Impact Air Bags

Head/Curtain Air Bags

**SEATS**

Cloth Seats

Bucket Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Fog Lamps

Power Trunk/Gate Release

**Preliminary Estimate**

**Customer: dept of admin fleet services--425yc**

**Job Number:**

2008 FORD Fusion SE FWD 4D SED 6-3.0L Gasoline SMPI BLUE

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>REAR BUMPER</b>					
2		O/H rear bumper				2.5	
3	Repl	Bumper cover 3.0 Liter	8E5Z17K835HAPTM	1	443.53	Incl.	3.0
4		Add for Clear Coat					1.2
5	Repl	RT Bumper cover clip	3M8Z16K262A	1	9.26		
6	Repl	LT Bumper cover clip	3M8Z16K262A	1	9.26		
7	Repl	Bumper cover bolt type 1	N806034S438	1	3.13		
8	Repl	Bumper cover bolt type 2	W505153S439	1	1.27		
9	Repl	RT Side support	6E5Z17D948A	1	38.97	Incl.	
10	Repl	LT Side support	6E5Z17D995A	1	45.52	Incl.	
11	Repl	Absorber	6E5Z17787AA	1	87.13	Incl.	
12	Repl	Impact bar (HSS)	6E5Z17906AA	1	224.70	Incl.	
13	Repl	RT Impact bar stud	N808889S101	1	1.06		
14	Repl	LT Impact bar stud	N808889S101	1	1.06		
15	Repl	Reverse sensor retainer inner	8E5Z15K861BA	1	12.92		
16	Repl	Reverse sensor retainer outer	8E5Z15K861AAPTM	1	62.15		
17		<b>REAR LAMPS</b>					
18	Repl	LT Tail lamp assy	6E5Z13405B	1	114.85	Incl.	
19	Repl	LT Stop lamp bulb	6E5Z13466AC	1	2.72	Incl.	
20	Repl	LT Tail lamp assy nut	W701567S437	1	1.00		
21		<b>TRUNK LID</b>					
22	Repl	Trunk lid w/o spoiler	6E5Z5440110AA	1	701.88	2.1	2.3
23		Add for Underside(Complete)					1.2
24		Add for Clear Coat					0.2
25	Repl	Weatherstrip	AE5Z5443720A	1	88.82	Incl.	
26	Repl	RT Hinge	7E5Z5442700A	1	43.98	0.5	0.3
27	Repl	LT Hinge	7E5Z5442701A	1	60.07	0.5	0.3
28	Repl	RT Strut cylinder w/o spoiler	7E5Z54406A10B	1	41.03	0.2	
29	Repl	LT Strut cylinder w/o spoiler	7E5Z54406A10B	1	41.03	0.2	
30	Repl	Lock assy to 9/06	6E5Z5443200D	1	100.12	Incl.	
31	Repl	License molding painted	6E5Z5442512BPTM	1	200.33	Incl.	0.8
32		<b>REAR BODY &amp; FLOOR</b>					
33	Repl	Rear body panel	6E5Z5440320AA	1	309.38	Incl.	1.6
34		Overlap Major Adj. Panel					-0.4
35		Add for Inside					0.8
36		Add for Clear Coat					0.2
37	Repl	Striker	BE5Z5443252A	1	37.70	Incl.	
38	Repl	Rear floor pan	6E5Z5411215AA	1	356.25 s	15.0	2.5
39	Repl	RT Side rail assy	9E5Z5410456C	1	363.65 s	9.0	1.0
40		Overlap Major Non-Adj. Panel					-0.2
41		Deduct for Overlap				-1.5	
42	Repl	LT Side rail assy	9E5Z5410457C	1	291.67 s	9.0	1.0

**Preliminary Estimate**

**Customer: dept of admin fleet services--425yc**

**Job Number:**

2008 FORD Fusion SE FWD 4D SED 6-3.0L Gasoline SMPI BLUE

43		Overlap Major Non-Adj. Panel							
44		Deduct for Overlap							-0.2
45	Repl	Latch cover	6E5Z5463874AAA	1	20.13				-1.5
46	Repl	Rear trim panel	6E5Z5411318AAA	1	276.55			Incl.	
47	<b>QUARTER PANEL</b>								
48	Repl	LT Quarter panel	6E5Z5427841AA	1	2,114.53			16.0	3.0
49		Overlap Major Adj. Panel							-0.4
50		Deduct for Overlap						-1.5	
51	<b>REAR DOOR</b>								
52	*	Rpr	LT Door assy					0.5	2.3
53		Overlap Major Adj. Panel							-0.4
54	*	Clear Coat							0.0
55	#	TOTAL LOSS TOTAL LOSS—		1					
56	#	EXPECTED HIDDEN DAMAGE		1					
<b>SUBTOTALS</b>					<b>6,105.65</b>			<b>51.0</b>	<b>20.1</b>

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			6,105.65
Body Labor	51.0 hrs @	\$ 34.00 /hr	1,734.00
Paint Labor	20.1 hrs @	\$ 34.00 /hr	683.40
Paint Supplies	22.5 hrs @	\$ 24.00 /hr	540.00
Body Supplies	53.0 hrs @	\$ 5.00 /hr	265.00
<b>Subtotal</b>			<b>9,328.05</b>
<b>Grand Total</b>			<b>9,328.05</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>9,328.05</b>

**\*\*IN BUSINESS SINCE '92\*\***

**FIBERGLASS REPAIR & FABRICATION  
ALUMINUM AND MIG WELDING  
BODY DAMAGE AND PAINTING**

**THANK YOU FOR LETTING US SERVE YOU**

## Preliminary Estimate

**Customer: dept of admin fleet services--425ysc**

**Job Number:**

2008 FORD Fusion SE FWD 4D SED 6-3.0L Gasoline SMPI BLUE

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Date: 2/24/2017 10:49 AM  
 Estimate ID: Walk-In  
 Estimate Version: 0  
 Preliminary  
 Profile ID: \* LASVE ALL PART TYP

# SOUTHWEST AUTO BODY

4135 SOBB AVE, LAS VEGAS, NV 89118  
 (702) 263-2626  
 Fax: (702) 263-3232  
 Email: Info@southwestautoshop.com

Damage Assessed By: Eleazar Meza  
 Classification: Drive-In

Type of Loss: Property Damage  
 Deductible: NONE  
 Claim Number: WALK-IN

Insured: Dale Duyan  
 Owner: Dale Duyan

Mitchell Service: 910574

Description: 2008 Ford Fusion SE  
 Body Style: 4D Sed  
 VIN: 3FAHP07188R173005

Drive Train: 3.0L Inj 6 Cyl 6A FWD

OEM/ALT: A  
 Options: CD CHANGER, PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW  
 POWER STEERING, REAR WINDOW DEFOGGER, AIR CONDITION, CRUISE CONTROL  
 TILT STEERING COLUMN, AM/FM STEREO, DRIVER AIRBAG  
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., FOG LIGHTS  
 ALUM/ALLOY WHEELS, TIRE INFLATION/PRESSURE MONITOR, ANTI-THEFT SYSTEM, CD PLAYER  
 POWER ADJUSTABLE EXTERIOR MIRROR, AUTOMATIC TRANSMISSION, TRIP COMPUTER  
 FIRST ROW BUCKET SEAT, CLOTH SEAT, SIDE AIRBAGS  
 SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION, MP3 PLAYER  
 DRIVER SEAT WITH POWER LUMBAR SUPPORT, KEYLESS ENTRY SYSTEM  
 STEERING WHEEL AUDIO CONTROLS

Search Code: LASVEGAS1

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
<u>Rear Door</u>							
1	001765	REF	BLEND	L Rear Door Outside			C 0.9
2	001773	BDY	REMOVE/INSTALL	L Rear Otr Door Belt Moulding			0.6 #
3	001330	BDY	REMOVE/INSTALL	L Rear Door Adhesive Moulding	Existing		0.2 r
4	001775	BDY	REMOVE/INSTALL	L Rear Door Trim Panel			INC
5	001784	BDY	REMOVE/INSTALL	L Rear Otr Door Handle			0.3
<u>Roof</u>							
6	001787	BDY	REMOVE/INSTALL	L Roof Drip Moulding			0.3
<u>Special/Manual Entry</u>							
7	900500	BDY *	ADD'L LABOR OP	COVER VEHICLE FOR REFINISHING - INCLUDES LAB Sublet		10.00 *	0.0*
8	900500	REF *	REFINISH/REPAIR	FLEX ADDITIVE	** A/M	8.00 *	0.0*
9	900500	BDY *	ADD'L LABOR OP	MASK WINDSHIELD	Existing		0.5*
10	900500	BDY *	REMOVE/REPLACE	SEAM SEALER	** A/M	12.00 *	0.0*
<u>Back Window</u>							
11	001792	GLS	REMOVE/INSTALL	Back Window			0.3 #
<u>Special/Manual Entry</u>							
12	900500	FRM *	REPAIR	UNI-BODY PULL	Existing		1.0*
13	900500	FRM *	REPAIR	TIE DOWN & MEASURE	Existing		1.0*
<u>Quarter Panel</u>							
14	001476	BDY	REMOVE/REPLACE	L Quarter Outer Panel	6E5Z 5427841 AA	2,114.53	18.0 #
15		REF	REFINISH	L Quarter Panel Outside			C 2.5
16		REF	REFINISH	L Quarter Panel Edge			C 0.5

ESTIMATE RECALL NUMBER: 02/22/2017 14:13:07 Walk-In

Mitchell Data Version: OEM: JAN\_17\_V0208  
 MAPP: JAN\_17\_V0212  
 Software Version: 7.1.213

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Date: 2/24/2017 10:49 AM  
 Estimate ID: Walk-In  
 Estimate Version: 0  
 Preliminary  
 Profile ID: \* LASVE ALL PART TYP

Line #	Code	Description	Part / Material	Quantity	Unit Price	Total Price	Notes
17	REF	REFINISH	L Add For Pillar				
18	001478	BDY REMOVE/REPLACE	L Quarter Vent Grille				
19	BDY	REMOVE/INSTALL	Rear Bumper Assy				
20	001480	BDY REPAIR	L Quarter Inner Panel				
21			Attempt to Repair	-S			
22	001482	BDY REMOVE/REPLACE	L Quarter Drain Trough				
23	003132	BDY REMOVE/INSTALL	L Upr Quarter Trim Panel				
			<u>Luggage Lid</u>				
24	001513	BDY REMOVE/REPLACE	Luggage Lid Panel				
25	REF	REFINISH	Luggage Lid Outside				
26	REF	REFINISH	Luggage Lid Underside				
27			Line Markup %25.00				
28	001533	BDY REMOVE/REPLACE	Luggage Lid Adhesive Nameplate				
29	001534	BDY REMOVE/REPLACE	Luggage Lid Adhesive Nameplate				
			<u>Rear Lamps</u>				
30	001656	BDY REMOVE/REPLACE	L Rear Combination Lamp				
			<u>Rear Bumper</u>				
31	BDY	OVERHAUL	Rear Bumper Assy				
32	001678	BDY REMOVE/REPLACE	Rear Bumper Cover				
33	REF	REFINISH	Rear Bumper Cover				
34	001686	BDY REMOVE/REPLACE	R Rear Bumper Reinforcement				
35	001687	BDY REMOVE/REPLACE	L Rear Bumper Reinforcement				
36	001690	BDY REMOVE/REPLACE	Rear Bumper Impact Absorber				
37	001691	BDY REMOVE/REPLACE	Rear Bumper Impact Bar				
38	REF	REFINISH	Rear Impact Bar				
			<u>Additional Costs &amp; Materials</u>				
39	936012	ADD'L COST	Hazardous Waste Disposal				
			<u>Special/Manual Entry</u>				
40	900500	GLS * REMOVE/REPLACE	URETHANE KIT				
			<u>Additional Operations</u>				
41	REF	ADD'L OPR	Clear Coat				
42	933005	BDY ADD'L OPR	Restore Corrosion Protection				
			<u>Additional Costs &amp; Materials</u>				
43		ADD'L COST	Paint/Materials				

\* - Judgment Item  
 # - Labor Note Applies  
 \*\* A/M Certified - Non-Original Equipment Manufacturer Replacement Part, Certified  
 \*\* A/M - Non-Original Equipment Manufacturer Replacement Part  
 C - Included in Clear Coat Calc  
 r - CEG R&R Time Used For This Labor Operation

PARTSCO  
 4280 WEST WINDMILL LN.  
 LAS VEGAS  
 NV 89139  
 (702) 998-8888

KEYSTONE PP  
 3370 E. LONE MTN. RD. #D  
 N. LAS VEGAS  
 NV 89081  
 (800) 551-5331 (702) 247-1313

37	** FO1106341DSC	198.00	30	** FO2818123C	98.00
			32	** FO1100593PP	363.00

ESTIMATE RECALL NUMBER: 02/22/2017 14:13:07 Walk-In

Mitchell Data Version: OEM: JAN\_17\_V0208

MAPP: JAN\_17\_V0212

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Software Version: 7.1.213

Recycler Information Section:

LKQ-Keystone- Nevada  
 2221 Losee Rd.  
 North Las Vegas NV 89081  
 702-789-4000;702-649-9265

24 2007 Ford Fusion LID & GATE VA 230.00  
 Part Number: \$VZ196  
 Description:V6 SE w/spoiler, SPOILER,

Disclaimer: Recycled part pricing may represent either actual pricing (the price at which the recycler is willing to sell the part for in its existing condition) or undamaged pricing (the price at which the recycler would sell the part if it was in undamaged condition).  
 If you are unsure, please contact the automotive recycler.  
 Some parts located for this quote may be interchangeable but may not be an exact match. If you are unsure, please contact the automotive recycler.

All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep.

### Estimate Totals

						II. Part Replacement Summary	
						Amount	
<b>I. Labor Subtotals</b>							
	<u>Units</u>	<u>Rate</u>	<u>Add'l Labor Amount</u>	<u>Sublet Amount</u>	<u>Totals</u>		
Body	29.5	44.00	15.00	10.00	1,323.00	Taxable Parts 39.00	
Refinish	14.0	44.00	0.00	0.00	616.00	Non-Taxable Parts 3,362.60	
Glass	0.3	40.00	0.00	0.00	12.00	Parts Adjustments 57.50	
Frame	2.0	45.00	0.00	0.00	90.00	Total Replacement Parts Amount 3,459.10	
Non-Taxable Labor					2,041.00		
Labor Summary					45.8		
					2,041.00		
<b>III. Additional Costs</b>						<b>IV. Adjustments</b>	
						Amount	
Taxable Costs					3.50	Insurance Deductible 0.00	
Non-Taxable Costs					448.00	Customer Responsibility 0.00	
Total Additional Costs					451.50		
Paint Material Method: Rates							
Init Rate = 32.00 , Init Max Hours = 99.9, Addl Rate = 0.00							
						<b>I. Total Labor: 2,041.00</b>	
						<b>II. Total Replacement Parts: 3,459.10</b>	
						<b>III. Total Additional Costs: 451.50</b>	
						<b>Gross Total: 5,951.60</b>	
						<b>IV. Total Adjustments: 0.00</b>	
						<b>Net Total: 5,951.60</b>	

ESTIMATE RECALL NUMBER: 02/22/2017 14:13:07 Walk-In

Mitchell Data Version: OEM: JAN\_17\_V0208

MAPP:JAN\_17\_V0212

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This is a preliminary estimate.  
Additional changes to the estimate may be required for the actual repair.

Point(s) of Impact

6 Rear Center (P)

This is a damage assessment only - Not an authorization to repair-based on damage visible or certain at the time it was written.

If frame or unibody repair is included on this estimate, the amount shown includes time or allowance for measuring before, during and after those repairs.

The owner of the vehicle may select the repair facility of his/her choice.

To ensure proper and prompt payment for additional damage discovered during the course of repairs, contact Progressive for supplement handling procedures.

Progressive honors the prevailing labor market rate in your area for your property. If you choose a shop that charges in excess of the prevailing labor market rates, you will be responsible for the difference.

Lifetime guarantee for sheet metal and plastic body parts

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in the estimate fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

Date: 2/24/2017 10:49 AM  
Estimate ID: Walk-In  
Estimate Version: 0  
Preliminary  
Profile ID: \* LASVE ALL PART TYP

This guarantee does not cover normal wear and tear or damage caused by improper maintenance, neglect, abuse or subsequent accident. This guarantee is limited to arranging for the selection of repair parts that will return your vehicle to its pre-loss condition. Accordingly, Progressive will not be liable for any indirect, incidental or consequential damages that result from the installation or use of these parts.

#### Part Type Terms and Abbreviations

NEW and OEM or part number displayed - These refer to a new, original equipment manufacturer part.

A/M Certified: This refers to a new, certified non-original equipment manufacturer replacement part.

A/M: This refers to a new, non-original equipment manufacturer replacement part.

Recycled: This refers to a used OEM part.

Remanufactured and Recond. and Recore: These refer to recycled OEM parts that have been rebuilt or refurbished.

OEM Surplus Part: This refers to new OEM parts, that are excess inventory from the Original Equipment Manufacturer.

Recovered OE - This refers to parts removed from a new vehicle for various reasons.

Repair shop's authorized representative's signature indicating agreement on cost to return the vehicle to pre-loss condition

#### Event Log

File Created:	02/21/2017 06:10:39 PM
Estimate Started:	02/22/2017 01:58:44 PM
Estimate Printed:	02/22/2017 02:14:57 PM
Estimate Committed:	Estimate not committed
Estimate Uploaded:	Estimate not uploaded

ESTIMATE RECALL NUMBER: 02/22/2017 14:13:07 Walk-In

Mitchell Data Version: OEM: JAN\_17\_V0208

MAPP:JAN\_17\_V0212

Copyright (C) 1994 - 2017 Mitchell International  
All Rights Reserved

Software Version: 7.1.213

Page 5 of 5

## Lyn Letarti

---

**From:** DeAnna Guthrie  
**Sent:** Monday, February 27, 2017 8:33 AM  
**To:** Lyn Letarti  
**Subject:** RE: possible total

Lyn,  
Per Kelly Blue Book, this car is considered a total. Please proceed with salvage sale for claim # 17-248.

**DeAnna Guthrie | Program Officer**  
Nevada Department of Administration | Risk Management Division  
T: (775)687-3189 | F: (775)687-3195 | E:[dguthrie@admin.nv.gov](mailto:dguthrie@admin.nv.gov)  
[www.risk.nv.gov](http://www.risk.nv.gov)

**From:** Lyn Letarti  
**Sent:** Monday, February 27, 2017 7:42 AM  
**To:** DeAnna Guthrie <[dguthrie@admin.nv.gov](mailto:dguthrie@admin.nv.gov)>  
**Subject:** FW: possible total

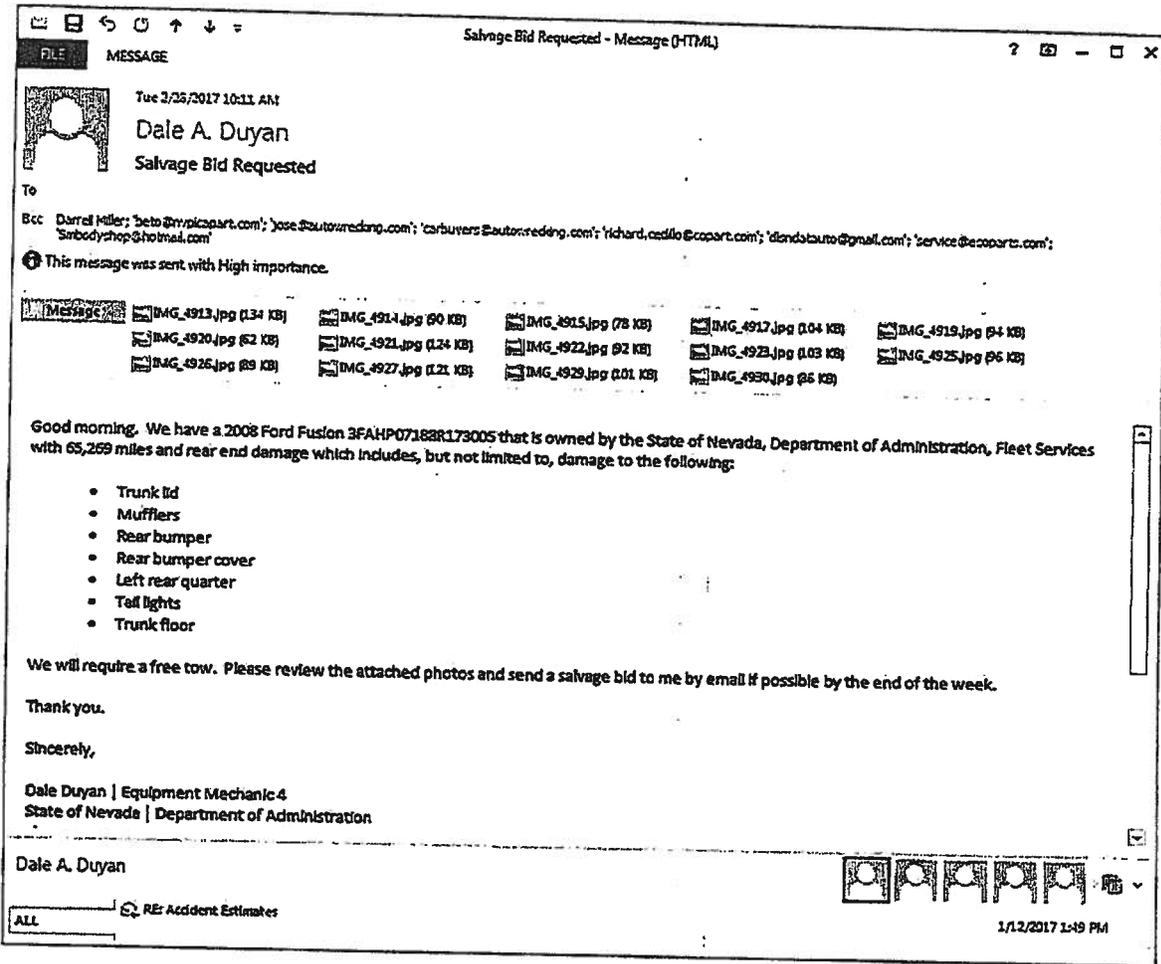
Deanna,  
Here is the third repair quote. Can I get an answer on if this is a total so we can move forward with it? Thanks.

Lyn Letarti | Administrative Assistant IV  
Fleet Services Division - Carson City  
V: (775) 684-1880 | Fax: (775) 684-1888  
Email: [LCLetarti@admin.nv.gov](mailto:LCLetarti@admin.nv.gov)

**From:** Lyn Letarti  
**Sent:** Wednesday, February 22, 2017 9:27 AM  
**To:** DeAnna Guthrie <[dguthrie@admin.nv.gov](mailto:dguthrie@admin.nv.gov)>  
**Subject:** possible total

Deanna,  
Please run the numbers on this vehicle as it may be a total. I am attaching the two quotes we have gotten so far.  
425YSC  
2008 Ford Fusion 65025 miles

Lyn Letarti | Administrative Assistant IV  
State of Nevada | Department of Administration  
Fleet Services Division - Carson City  
V: (775) 684-1880 | Fax: (775) 684-1888  
Email: [LCLetarti@admin.nv.gov](mailto:LCLetarti@admin.nv.gov)  
Reservations: [www.fleetservices.nv.gov](http://www.fleetservices.nv.gov)



①	B&R	\$500.00	JOSH
②	LKQ	\$550.00	DARRELL
③	B&R	\$225.00	JEFF
④	COPART	\$400.00	DANIEL

**Dale A. Duyan**

**From:** Darrell Miller <ddmiller@LKQCORP.com>  
**Sent:** Tuesday, February 28, 2017 10:21 AM  
**To:** Dale A. Duyan  
**Subject:** RE: Salvage Bid Requested

\$550 on this one just getting to be common ( meaning parts on shelf not selling )

Cust P.O.#:		Expires On:		
#	Year	Model	Part	Description
1	2008	FORD FUSION	REP	
GUID:	DMG:	Cond:	Src Broker	WLen: 0 WAmt: \$0.00
Notes:	Side: -- Yard: --		IC#: --	

PRD - 715 - (LKQ) - VEHICLE BID ACCOUNT -- Webpage Dialog

 Quote has been saved! Your Quote Number is:6673203

Darrell Miller  
W3 District Procurement Manager LKQ Corporation ( Nasdaq LKQ )  
3486 Recycle Road Rancho Cordova Ca 95670  
(W) 916-431-3512 (F) 877-808-7369 (Cisco 8-792-3512)

**From:** Dale A. Duyan [mailto:DADuyan@admin.nv.gov]  
**Sent:** Tuesday, February 28, 2017 10:11 AM  
**Subject:** Salvage Bid Requested  
**Importance:** High

Good morning. We have a 2008 Ford Fusion 3FAHP07188R173005 that is owned by the State of Nevada, Department of Administration, Fleet Services with 65,269 miles and rear end damage which includes, but not limited to, damage to the following:

- Trunk lid
- Mufflers
- Rear bumper
- Rear bumper cover
- Left rear quarter
- Tail lights
- Trunk floor

We will require a free tow. Please review the attached photos and send a salvage bid to me by email if possible by the end of the week.

Thank you.

Sincerely,

Dale Duyan | Equipment Mechanic 4  
State of Nevada | Department of Administration  
Fleet Services Division - Las Vegas  
7060 La Cienega Street, Las Vegas, Nevada 89119  
Phone: (702) 486-7050 | Fax: (702) 486-7042  
Email: [daduyan@admin.nv.gov](mailto:daduyan@admin.nv.gov)  
Reservations: [Vegasfleet@admin.nv.gov](mailto:Vegasfleet@admin.nv.gov)  
Website: [www.fleetservices.nv.gov](http://www.fleetservices.nv.gov)

New to Fleet Services? Please visit our website for complete information on [Forms](#), [Current Events](#), [Rental Procedures](#), and [Making reservations online](#).

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**Dale A. Duyan**

---

**From:** Josh Vincent <Josh.Vincent@autowrecking.com>  
**Sent:** Tuesday, February 28, 2017 10:14 AM  
**To:** Dale A. Duyan  
**Subject:** RE: Salvage Bid Requested

\$500  
Bid #13000

**From:** Dale A. Duyan [mailto:DADuyan@admin.nv.gov]  
**Sent:** Tuesday, February 28, 2017 10:11 AM  
**Subject:** Salvage Bid Requested  
**Importance:** High

Good morning. We have a 2008 Ford Fusion 3FAHP07188R173005 that is owned by the State of Nevada, Department of Administration, Fleet Services with 65,269 miles and rear end damage which includes, but not limited to, damage to the following:

- Trunk lid
- Mufflers
- Rear bumper
- Rear bumper cover
- Left rear quarter
- Tail lights
- Trunk floor

We will require a free tow. Please review the attached photos and send a salvage bid to me by email if possible by the end of the week.

Thank you.

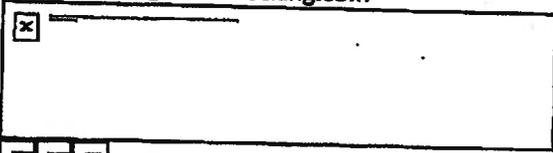
Sincerely,

Dale Duyan | Equipment Mechanic 4  
State of Nevada | Department of Administration  
Fleet Services Division - Las Vegas  
7060 La Cienega Street, Las Vegas, Nevada 89119  
Phone: (702) 486-7050 | Fax: (702) 486-7042  
Email: [daduyan@admin.nv.gov](mailto:daduyan@admin.nv.gov)  
Reservations: [Vegasfleet@admin.nv.gov](mailto:Vegasfleet@admin.nv.gov)  
Website: [www.fleetservices.nv.gov](http://www.fleetservices.nv.gov)

New to Fleet Services? Please visit our website for complete information on Forms, Current Events, Rental Procedures, and Making reservations online.

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Josh Vincent | Director of Vehicle Acquisition  
B & R Auto Wrecking  
1052 Goldfish Farm Rd  
Albany OR 97321  
541-936-3011 (Office) | 888-830-8495(fax)  
Josh.Vincent@autowrecking.com



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## Dale A. Duyan

---

**From:** Jeff Dyer <Jeff.Dyer@autowrecking.com>  
**Sent:** Tuesday, February 28, 2017 10:41 AM  
**To:** Dale A. Duyan  
**Subject:** RE: Salvage Bid Requested

Our salvage bid is 225.00 including tow in las vegas area.

---

**From:** Dale A. Duyan [mailto:DADuyan@admin.nv.gov]  
**Sent:** Tuesday, February 28, 2017 10:11 AM  
**Subject:** Salvage Bid Requested  
**Importance:** High

Good morning. We have a 2008 Ford Fusion 3FAHP07188R173005 that is owned by the State of Nevada, Department of Administration, Fleet Services with 65,269 miles and rear end damage which includes, but not limited to, damage to the following:

- Trunk lid
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- Left rear quarter
- Tail lights
- Trunk floor

We will require a free tow. Please review the attached photos and send a salvage bid to me by email if possible by the end of the week.

Thank you.

Sincerely,

Dale Duyan | Equipment Mechanic 4  
State of Nevada | Department of Administration  
Fleet Services Division - Las Vegas  
7060 La Cienega Street, Las Vegas, Nevada 89119  
Phone: (702) 486-7050 | Fax: (702) 486-7042  
Email: [daduyan@admin.nv.gov](mailto:daduyan@admin.nv.gov)  
Reservations: [Vegasfleet@admin.nv.gov](mailto:Vegasfleet@admin.nv.gov)  
Website: [www.fleetservices.nv.gov](http://www.fleetservices.nv.gov)

New to Fleet Services? Please visit our website for complete information on Forms, Current Events, Rental Procedures, and Making reservations online.

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Jeff Dyer | Vehicle Acquisition Specialist

B & R Auto Wrecking

20011 MERIDIAN AVE E

GRAHAM WA 98338

1624 (Office)

Jeff.Dyer@autowrecking.com



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**Dale A. Duyan**

---

**From:** Daniel Ryan <daniel.ryan@copart.com>  
**Sent:** Tuesday, February 28, 2017 1:27 PM  
**To:** Dale A. Duyan  
**Subject:** Your Offer From Copart

**2/28/2017**

Dear Dale Duyan,

Thank you for contacting CopartDirect, where we make selling your car fast and hassle-free.

Based on the information you've provided on the condition of your vehicle, we are happy to provide you with the following purchase offer:

**Copart Vehicle Purchase Offer: USD 400.00**

**Including Pickup!**

**Offer Expires:**

**Confirmation/Lot#:**

**Name: Dale Duyan**

**Vehicle Year: 2008**

**Vehicle Make: FORD**

**Vehicle Model: Fusion**

**Miles: 65,269**

**VIN:**

**Is It Registered?**

**Vehicle is titled to:**

**Title Type:**

**Ever been in an accident?**

**Conditions Noted**

**Exterior: rear end damage, trunk bumper,**

**Interior: good**

**Mechanical:**

Sincerely,

Daniel Ryan

877-498-0848 x 8686

[www.copartdirect.com](http://www.copartdirect.com)

***CHANGING THE WAY PEOPLE SELL CARS!***

Copart is a publicly traded company [NASDAQ: CPRT] that has been in business for over 30 years and has over 170 locations worldwide. We remarket over 1.5 million vehicles per year to registered buyers in over 100 countries.

We are a Top Performer on Deloitte's "The Exceptional 100" Top Companies and have been on Forbes "Top 200 Small Businesses" more than 10 years in a row.



LKQ Corporation  
Local Disbursement Account  
3370 East Lone Mountain Road  
North Las Vegas, NV 89081

Bank of America N.A.  
07004800819

1725009396

3/14/2017

PAY TO THE ORDER OF FLEET SERVICES DIVISION

\$ \*\*550.00

Five Hundred Fifty Only\*\*\*\*\*

DOLLARS

FLEET SERVICES DIVISION  
7060 LA CIENEGA ST  
LAS VEGAS, NV 89119

MEMO

VIN#3FAHPD7188R173005/\$VOO1324/2008-FOR-FUSIO

  
AUTHORIZED SIGNATURE

⑈ 1725009396 ⑈ ⑆ 071923284 ⑆ 8765018223 ⑈

LKQ Corporation  
FLEET SERVICES DIVISION  
1000-50140 CROWING

3/14/2017

1725009396

550.00

2/13/17  
FLEET SERVICES  
CARSON CITY

2017 MAR 20 AM 11:42

Checking

VIN#3FAHPD7188R173005/\$VOO1321/2008 FOR F

550.00

**STANDARD PAGE ~ BID #8475 FLEET VEHICLES ~ UPDATED 20160822**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		1.2, SEDAN, INTERMEDIATE, 4DR, 5PASS, FWD	
<b>Specify MANUFACTURER, MODEL NAME, YEAR &amp; BODY MODEL CODE:</b>		<b>Base Price for RENO/CARSON CITY</b>	<b>Base Price for LAS VEGAS</b>
2017 FORD FUSION (P0G)		\$18,713	\$19,063
2017 FORD FUSION AWD (P0T)		\$24,106	\$24,456
<b>State vehicle miles per gallon (MPG): 17 CITY - 24 HWY</b>			
<b>State manufactures warranty: 3 YRS/36000 MILES</b>			
<b>Specify alternate fuel engine size and emission rating: 2.5L I4</b>			
<b>Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:</b>			
<b>Exterior Color: List available colors: (CC=CLEARCOAT; CC/M=CLEARCOAT/METALLIC)</b>			
OXFORD WHITE	YZ	BRONZE FIRE	H9
TECTONIC	HI	DEEP IMPACT BLUE	J4
GUARD	HN	MAGNETIC	J7
SHADOW BLACK	G1	RUBY RED METALLIC	RR
INGOT SILVER	UX	WHITE PLATINUM METALLIC	UG
<b>Seats, Cloth: List available colors:</b>			
DUNE	BLACK		
<b>GVW: NA#</b> <small>(When Applicable)</small>		<b>WHEELBASE: 107"</b> <small>(When Applicable)</small>	

**OPTION PACKAGE PAGE ~ BID #8475 FLEET VEHICLES**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		1.2, SEDAN, INTERMEDIATE, 4DR, 5PASS, FWD	
<b>Option Package Name/Code:</b>	SE		\$ INCL.
<b>List Equipment Features Below:</b> INCL. PL, PW, PM, A/C, TILT, CRUISE, KEYLESS ENTRY			

**OPTION PACKAGE PAGE ~ BID #8475 FLEET VEHICLES**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		1.2, SEDAN, INTERMEDIATE, 4DR, 5PASS, FWD	
		<b>DEDUCT AMOUNT</b>	
ABS Brake System	\$ INCL.		\$-
Air Conditioning	\$ INCL.		\$-
Cruise Control	\$ INCL.		\$-
Diesel Engine	\$ NA		\$-
Engine Block Heater		\$30	\$-
AWD (incl. 2.0L EcoBoost)		\$5,340	

Four Wheel Drive (4x4)	\$ NA	\$-
Heavy Duty Alternator (140A)	\$ NA	\$-
Hitch Receiver	\$ NA	\$-
Integrated Trailer Brake (3/4 ton only)	\$ NA	\$-
Keyless Entry w/Fob (must have power door locks)	\$ INCL.	\$-
Limited Slip Differential	\$ NA	\$-
Paint, Metallic	\$ OPTIONAL N/C	\$-
Power Mirrors	\$ INCL.	\$-
Power Locks	\$ INCL.	\$-
Power Seats (DRIVER'S SIDE ONLY)	\$ INCL.	\$-
Power Windows	\$ INCL.	\$-
Radio; AM/FM Stereo, Cassette Player, CD	\$ INCL.	\$-
Rear Window Wiper	\$ NA	\$-
Seats, Vinyl	\$ NA	
Vinyl Colors:		
Skid Plate	\$ NA	\$-
Tilt Steering	\$ INCL.	\$-
Tire, Spare, Full Size	\$ NA	\$-
Trailer Tow Mirrors	\$ NA	\$-
Trailer Tow Package	\$ NA	\$-
Other:		

Delivery can take 90-120 days post order.

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

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Janet Murphy  
Deputy Director

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

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

Date: March 30, 2017

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Katrina Nielsen, Executive Branch Budget Officer  
Budget Division

A handwritten signature in blue ink that reads "Katrina Nielsen".

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Purchasing Division requests authority to contract with Richard Linnenbrink, a former Parole and Probation Officer, to provide uniformed security guard services through Allied Universal Security Services.

Additional Information:

Richard Linnenbrink was employed by the Nevada Department of Public Safety from November 2006 through February 2017, and possesses the appropriate law enforcement experience required by agencies utilizing the contract with Allied Universal Security Services. There are not sufficient Capitol Police officers to provide uniformed security guard services to all agencies that require security services.

Statutory Authority:

NRS 333.705 (1)

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

Brian Sandoval  
Governor



Patrick Cates  
Director

Jeffrey Haag  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Purchasing Division*

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

March 30, 2017

**MEMORANDUM**

To: Katrina Nielsen

From: Annette Morfin, Purchasing Officer *am*

Subject: CETS Contract 14094 – Allied Universal Security Services  
RFP 2030 – Uniformed Security Guards

Please find attached a copy of the "Authorization to Contract with a Former Employee for Richard Linnenbrink who Allied Universal Security Services wants to hire. Allied Universal Security Services is aware he would not be able to start with them until approval of BOE on May 9, 2017.

Richard Linnenbrink recently left state service and is within the two (2) year window.

If you have any questions, please contact me at 684-0185 or [amorfin@admin.nv.gov](mailto:amorfin@admin.nv.gov)

## Authorization to Contract with a Former Employee

<b>Former Employee Name:</b>	<u>Richard Linnenbrink</u>
<b>Former Employee ID number:</b>	<u>37692</u>
<b>Former Job Title:</b>	<u>Parole and Probation Officer</u>
<b>Former Employing Agency:</b>	<u>Nevada Department of Public Safety</u>
<b>Former Class and Grade:</b>	<u>Grade 39 Step 5</u>
<b>Employment Dates:</b>	<u>11-2006 to 02-2017</u>
<b>Contracting Agency:</b>	<u>Allied Universal Security Services</u>

Please check which of the following applies:

Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-i below.

Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.

a. Summarize scope of contract work.	This contract provides uniformed security guards to various State agencies. They may be armed or un-armed guards depending on the agency's needs. It also provides for Vehicle Patrols, as well as, Random Marked Vehicle Stops.
b. Document former job description.	Ensure safety and security in an institutional setting.
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	Yes, these are individuals with law enforcement training.  No, there is no clause in the contract for the transfer of the specialized knowledge of the contracting agency and a time frame for the transfer.
d. Explain why existing State employees within your agency cannot perform this function.	Capitol Police does not have the resources to perform this service for all agencies needing this type of service.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and	No

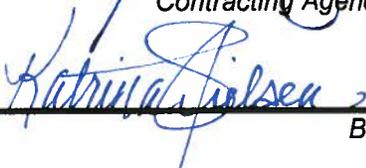
why this would not violate NAC 284.750.	
f. List contractor's hourly rate.	\$16.50
g. List the range of comparable State employee rates.	\$24.03-\$34.25 per hour
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?	Not Applicable
i. Document justification for hiring contractor.	There are a limited number of individuals available with the appropriate law enforcement experience.

Comments:

 3-30-17

---

*Contracting Agency Head's Signature and Date*

 3/31/17

---

*Budget Analyst*

---

*Clerk of the Board of Examiners*

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Janet Murphy  
Deputy Director

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

*Budget Division*

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

Date: April 11, 2017

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Jim Rodriguez, Budget Officer   
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF PUBLIC SAFETY – OFFICE OF TRAFFIC SAFETY –  
MOTORCYCLE SAFETY PROGRAM**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety – Office of Traffic Safety requests authority to contract with three current state employees to provide Certified Motorcycle Safety Instructor Training services: Howard Aronstein and Joanne Lighthart both with the State Gaming Board (SGCB) and Chris LaPrairie with the Nevada Highway Patrol (NHP).

Additional Information:

Howard Aronstein is currently employed by the SGCB as an Electronic Lab Engineer and Joanne Lighthart is currently employed by the SGCB as a Program Manager. As required by the Nevada Motorcycle Safety Program, both Howard Aronstein and Joanne Lighthart are Motorcycle Safety Foundation certified Instructor/Trainers and certified Quality Assurance Specialists. Chris La Prairie is currently employed as a Sergeant with the Nevada Highway Patrol and is an experienced motorcycle Safety Foundation Certified Instructor.

The program hours for these contracted positions do not conflict with the employees current regular work schedules as assigned by their respective full-time employers. The motorcycle training and quality assurance duties will be performed outside the contractors standard work hours and will not interfere with the employee's state employment duties and responsibilities. Events / duties will only be scheduled for Friday nights, Saturdays and Sundays. Additionally, none of these state employees' assigned duties include activities or responsibilities associated



Brian Sandoval  
Governor



**Office of Traffic Safety**

107 Jacobsen Way  
Carson City, Nevada 89711-0525  
Telephone (775) 684-7470 Fax (775) 684-7482  
Website: [ots.nv.gov](http://ots.nv.gov) Email: [tsafety@dps.state.nv.us](mailto:tsafety@dps.state.nv.us)

James M. Wright  
Director

Jackie Muth  
Deputy Director

Amy Davey  
Administrator

**MEMORANDUM**

DATE: March 3, 2017

TO: Jim Rodriguez, Executive Branch Budget Officer  
Governor's Finance Office

THROUGH: Melissa Carr, Administrative Services Officer  
Department of Public Safety, Director's Office

FROM: Amy Davey, Administrator *Amy Davey*

RE: Item Submission for the April Board of Examiner Agenda

**RECEIVED**

MAR 03 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

.....

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety, Office of Traffic Safety requests authority to contract with three current State of Nevada employees to teach motorcycle safety classes and quality assurance services for the Nevada Rider Motorcycle Safety Program.

The Program Administrator and the Administrative Assistant are the only two full-time employees for the Nevada Rider Motorcycle Safety Program and thus rely on contracted instructors to fulfill the education and quality assurance services on a part-time basis. Both the educational and quality assurance services are performed on weekends and, therefore, will not interfere with the employees' regular work schedules.

Further explanations and justifications are provided in the attached applications for the Authorization to Contract with a Current Employee and additional testimony may be provided at the Board of Examiner meeting. Please do not hesitate to contact with any questions or concerns regarding this request. Thank you.

cc: Susan Hohn, Budget Analyst, DPS-Director's Office

## Authorization to Contract with a Current Employee

**Employee Name:** Howard Aronstein  
**Employee ID number:** 00529  
**Job Title:** Electronic Lab Engineer  
**Current Agency:** State Gaming Control Board – Technology Division  
**Current class and grade:** UNCLASSIFIED / N/A  
**Employment Dates:** August 29, 1994 to Present (still employed)  
**Contracting Agency:** Office of Traffic Safety – Nevada Rider Motorcycle Safety Program

Please check which of the following applies:

- Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.
- Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.

a. Summarize scope of contract work.	Provide Quality Assurance services for the Nevada Rider Motorcycle Safety Program.
b. Document the employee's current job description.	Provide technical expertise to determine if gaming products hardware, software and mathematical expectations meet state requirements for use in Nevada casinos.
c. Explain how this differs from current State duties.	The Nevada Rider Motorcycle Safety Program is tasked with providing oversight on all motorcycle safety training in the State. The work is very specialized and requires a specific certifications from the Motorcycle Safety Foundation.
d. Explain why existing State employees within your agency cannot perform this function.	The Program Administrator of the Nevada Rider Motorcycle Safety Program and the Administrative Assistant are the only two full time employees working in the Nevada Rider Motorcycle Safety Program. The Administrator is the only full time State employee with a certification to provide Quality Assurance in the State. All other Quality Assurance Specialists are contracted.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so; explain relationship and why this would not violate NAC 284.750.	No relationship.
f. List contractor's hourly rate.	Wages are \$125 per Quality Assurance Visit.
g. List the range of comparable State employee rates.	No comparable State employee rates are available.

h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent.	N/A
i. Identify the date and time the contract work will be performed.	Quality Assurance duties are typically performed on Saturdays and Sundays. The work is assigned on an as needed basis so specific weekends/dates are not available.
j. Identify the State employee's work schedule.	80 hour work schedule in a two week period: Week #1 – Monday to Thursday 7:30AM to 5:00PM. Friday off. Week #2 – Monday to Thursday 7:30AM to 5:00PM. Friday 7:30 AM to 4:00PM.
k. Document the controls that will be in place to ensure contract work will not occur during State work or sick time.	I already have approval by the Chairman of the Gaming Control Board to conduct motorcycle classes on the weekends only. Nevada Rider will schedule Quality Assurance assignments on the weekends instead of teaching assignments as needed. These weekend assignments were approved with an understanding that there will be no conflict with State Gaming Control Board work schedules. Accepted and agreed upon now for nearly 14 years without any conflict of work schedule.
l. Document the justification for hiring contractor.	Mr. Aronstein is an experienced Motorcycle Safety Foundation (MSF) certified instructor and is also certified as a Quality Assurance Specialist.

Comments:

*Amy Davey* 2/24/17  
Contracting Agency Head's Signature and Date

*[Signature]* 2/1/17  
Current Employee's Agency Head's Signature and Date

*[Signature]* 4-11-17  
Budget Analyst

\_\_\_\_\_  
Clerk of the Board of Examiners

## Authorization to Contract with a Current Employee

**Employee Name:** Joanne Lighthart  
**Employee ID number:** 05372  
**Job Title:** Programming Manager  
**Current Agency:** Nevada Gaming Control Board  
**Current class and grade:** \_\_\_\_\_  
**Employment Dates:** 11/09/1987 - current  
**Contracting Agency:** Office of Traffic Safety – Nevada Rider Motorcycle Safety Program

Please check which of the following applies:

Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.

Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.

a. Summarize scope of contract work.	Provide Quality Assurance services for the Nevada Rider Motorcycle Safety Program.
b. Document the employee's current job description.	Oversees software development and implementation for the Board.
c. Explain how this differs from current State duties.	The Nevada Rider Motorcycle Safety Program is tasked with providing oversight on all motorcycle safety training in the State. The work is very specialized and requires a specific certifications from the Motorcycle Safety Foundation.
d. Explain why existing State employees within your agency cannot perform this function.	The Program Administrator of the Nevada Rider Motorcycle Safety Program and the Administrative Assistant are the only two full time employees working in the Nevada Rider Motorcycle Safety Program. The Administrator is the only full time State employee with a certification to provide Quality Assurance in the State. All other Quality Assurance Specialists are contracted.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so; explain relationship and why this would not violate NAC 284.750.	No relationship.
f. List contractor's hourly rate.	Wages are \$125 per Quality Assurance Visit.
g. List the range of comparable State employee rates.	No comparable State employee rates are available.
h. Justify contract rate if it exceeds the maximum	N/A

employee/employer rate paid for a comparable State position by more than 10 percent.	
i. Identify the date and time the contract work will be performed.	Quality Assurance duties are typically performed on Saturdays and Sundays. The work is assigned on an as needed basis so specific weekends/dates are not available.
j. Identify the State employee's work schedule.	Monday – Friday 7:00 – 5:00.
k. Document the controls that will be in place to ensure contract work will not occur during State work or sick time.	Quality assurance visits require onsite presence so I cannot do that work while in the office. Calling in sick in order to perform a QA visit would be unethical so it's something I will not do. My retirement date will be in October 2017 so there will be a minimum number of QA visits between now and retirement.
l. Document the justification for hiring contractor.	Ms. Lighthart is an experienced Motorcycle Safety Foundation (MSF) certified instructor and is also certified as an MSF Quality Assurance Specialist.

Comments:

*Amy Dweyer*

2-24-17

Contracting Agency Head's Signature and Date

*AKSA*

3/1/17

Current Employee's Agency Head's Signature and Date

*Jim Bo*

4-11-17

Budget Analyst

Clerk of the Board of Examiners

## Authorization to Contract with a Current Employee

**Employee Name:** Chris LaPrairie  
**Employee ID number:** 09917  
**Job Title:** Sergeant  
**Current Agency:** Nevada Highway Patrol  
**Current class and grade:** \_\_\_\_\_  
**Employment Dates:** 08/04/98 to present  
**Contracting Agency:** Office of Traffic Safety – Nevada Rider Motorcycle Safety Program

Please check which of the following applies:	
<input checked="" type="checkbox"/> Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.	
a. Summarize scope of contract work.	Motorcycle Safety Foundation certified Instructor teaching classes for the public in Elko, Winnemucca or Hawthorne.
b. Document the employee's current job description.	Supervisor for sworn law enforcement
c. Explain how this differs from current State duties.	No other agency or department conducts motorcycle instructor training in the State. The work is very specialized and requires a specific certification from the Motorcycle Safety Foundation.
d. Explain why existing State employees within your agency cannot perform this function.	The Program Administrator of the Nevada Rider Motorcycle Safety Program and the Administrative Assistant are the only two full time employees working in the Nevada Rider Motorcycle Safety Program. The Administrator is the only full time State employee with certification to teach motorcycle safety classes. All other instructors are contracted.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so; explain relationship and why this would not violate NAC 284.750.	No relationship.
f. List contractor's hourly rate.	Wages are per class. Class rates vary depending on the city where classes are taught. The rate for approximately 35 hours of work (including travel) is \$500
g. List the range of comparable State employee rates.	No comparable State employee rates are available.
h. Justify contract rate if it	N/A

exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent.	
i. Identify the date and time the contract work will be performed.	Instructing duties are performed Friday nights, Saturdays and Sundays. The work is assigned on an as needed basis so specific weekends/dates are not available.
j. Identify the State employee's work schedule.	Monday-Friday 9-5
k. Document the controls that will be in place to ensure contract work will not occur during State work or sick time.	MSF training occurs during my regular assigned days off.
l. Document the justification for hiring contractor.	Mr. LaPrarie is an experienced Motorcycle Safety Foundation certified instructor.

Comments:

*Amy Davey, Office of Traffic Safety*

*Jan M. White*

*2/16/2017*

Contracting Agency Head's Signature and Date

*[Signature]*

*2/24/17*

Current Employee's Agency Head's Signature and Date

*[Signature]*

*4-11-17*

Budget Analyst

Clerk of the Board of Examiners



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

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

Date: April 11, 2017

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Jim Rodriguez, Budget Officer *JR*  
Governor's Finance Office, Budget Division

Subject: BUDGET DIVISION HIGHLIGHT  
BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

**DEPARTMENT OF PUBLIC SAFETY – GENERAL SERVICES DIVISION –  
SERENITY SIMPSON**

Reason for submittal:

Pursuant to NRS 333.705, the Department of Public Safety, General Services Division requests the authority to contract with a former State of Nevada employee, Serenity Simpson to function as the department's dedicated account manager and manage the state's Record Management / Computer-Aided Dispatch system.

Brief history:

Using federal ARRA funds, the Nevada Department of Public Safety contracted with Spillman Technologies, Inc., in October 2010 for a computer-aided dispatch and records management system (CAD/RMS) for the department and for several Nevada criminal justice agencies that didn't have a CAD/RMS or who wanted to replace their existing CAD/RMS. In total, approximately 22 Nevada criminal justice agencies participate in the shared system with the Department of Public Safety.

Spillman Technologies is the owner/vendor of the Department's Record Management / Computer-Aided Dispatch system and the contract with Spillman has been extended to June 30, 2020. As part of the ongoing contract requirements, Spillman is required to provide a dedicated account manager for the system. Spillman's previous account manager has been reassigned by the company and their effort to

find a replacement manager has proven unfruitful. Both the department and the Spillman see Ms. Simpson as a good fit to fill the position. Ms. Simpson is currently employed by the State as the department's CAD/RMS system state administrator, and upon approval of this request, will terminate employment with the department and be working for Spillman Technologies.

If the proposal to have Ms. Simpson fill Spillman's on-site support position is approved, the DPS indicates that agency has other individuals within the Department that can readily step in and assume her state administrator function and be successful in that role.

The Department indicates that it and 22 other agencies depend heavily the Spillman CAD/RMS system to operate 24x7. The agency asserts that given the criticality of this system, it is imperative that the department has a dedicated support person on site that understands participating agencies' needs and can respond effectively and expediently to those needs.

Concerns/Issues:

None identified.

Recommendation:

Given the inability of Spillman to find a viable internal candidate to fill the required on-site support position, approving the department's request to place Ms. Simpson into that position appears the most appropriate course of action to follow. Recommend approval

REVIEWED: 
ACTION ITEM: _____

**Brian Sandoval**  
Governor



**James M. Wright**  
Director

**Jackie Muth**  
Deputy Director

### Director's Office

555 Wright Way  
Carson City, Nevada 89711-0525  
Telephone (775) 684-4808 • Fax (775) 684-4809

## Memorandum

**DATE:** 4/4/17

**TO:** Jim Rodriguez, Executive Budget Office  
Governor's Finance Office

**THROUGH:** Melissa Carr, Administrative Services Officer 1  
Department of Public Safety, Director's Office

**FROM:**  Julie Butler, Administrator  
Department of Public Safety, General Services Division

**SUBJECT:** Item Submission for the May 2017 Board of Examiners Agenda

**RECEIVED**

APR 07 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety, General Services Division, requests authority to contract with a former State of Nevada employee, Serenity Simpson. Ms. Simpson is currently employed by the State and, upon approval of this request, will be working for Spillman Technologies.

Spillman's intent is to have Ms. Simpson be the Department of Public Safety's dedicated account manager to manage the State's Records Management / Computer-Aided Dispatch system. The Department of Public Safety's contract with Spillman has been extended until June 30, 2020, and Spillman is required to provide the Department with a dedicated account manager. This contract is expected to continue for many years, as it is in the best interests of the State with the amount of funds that have been invested into the system. The previous manager has taken a different assignment within the company, and Spillman's efforts to replace the previous account manager have been unsuccessful. The position requires someone with specialized knowledge of DPS operations.

The Department supports this request as Ms. Simpson has been crucial to the smooth operation of the system for over five years. Ms. Simpson played no role in the contract procurement process.

Thank you for your consideration of this request.

## Authorization to Contract with a Former Employee

Former Employee Name:	<u>Serenity Simpson</u>
Former Employee ID number:	<u>07570</u>
Former Job Title:	<u>Program Officer III</u>
Former Employing Agency:	<u>DPS General Services Division</u>
Former Class and Grade:	<u>35-10</u>
Employment Dates:	<u>3/23/1998 to present</u>
Contracting Agency:	<u>Spillman, Inc.</u>

Please check which of the following applies:

- Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-i below.
- Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.

<p>a. Summarize scope of contract work.</p>	<p>Ms. Simpson will be hired by Spillman, Inc. to provide direct support to the Nevada Department of Public Safety and approximately 22 other law enforcement agencies that are part of the contract with Spillman for Computer-Aided-Dispatch (CAD) and Records Management System (RMS) services. The Spillman CAD-RMS is a proprietary system that requires a dedicated support person to respond to participating agencies' needs. Participating agencies make requests of the designated support person to make changes to the CAD/RMS when new geographic locations are plotted, to add new call natures to the system, to create customized reports, and to change the underlying data when errors occur. The dedicated support person maintains system security, including assisting participating agencies with adding, modifying and deleting users, adjusting user privileges, configuring login parameters, tailoring user scripts, maintaining code tables, maintaining the application parameters, protecting the data, defining data entry standards, establishing incident reporting methods, and setting up new terminals for access to the system.</p>
<p>b. Document former job description.</p>	<p>As a Program Officer III, Ms. Simpson had four areas of responsibility. She was the Center Manager for the Elko Communications Center; she managed the General Services Division's Warrants Unit, whose staff data enter warrants into State and National systems and coordinate extraditions on behalf of several Nevada courts; she was the Department's Terminal Agency Coordinator, ensuring compliance with State and FBI rules and regulations for the use of Criminal History Record Information; and she was the Department's Spillman Administrator, assisting DPS agencies in working with the Spillman CAD-RMS, maintaining and/or revising policies and procedures for</p>

	system use, adding/deleting system users, modifying user permissions, and serving as back-up to the Spillman contracted support person.
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	Yes, the former employee is being hired because of her specialized knowledge of the shared Spillman CAD-RMS for the State of Nevada and using agencies.  The question of specialized knowledge transfer is not applicable to this scenario. As part of the Spillman contract, Spillman has always provided DPS with a dedicated employee to maintain the system. In this case, the best person Spillman has would be Ms. Simpson because of her system knowledge and personal contacts with the other agencies that share in the DPS contract.
d. Explain why existing State employees within your agency cannot perform this function.	Existing State employees do not have the in-depth knowledge that Ms. Simpson has acquired through the past five (5) years of being the Department's Spillman Administrator. There are others within the Department who have some knowledge of the Department's Spillman Administrator functions, but not to the level that Ms. Simpson has acquired as being the Department's primary Spillman support for the past five years.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.	Ms. Simpson is not related by blood or marriage to any of the Spillman employees.
f. List contractor's hourly rate.	The price for a dedicated manager, to the State, is already included in the DPS/Spillman Contract.
g. List the range of comparable State employee rates.	NA
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?	
i. Document justification for hiring contractor.	DPS is already contracted with Spillman and is only requesting that a former employee be approved to work for our contracted vendor. There will be no additional costs to the State for this specialized manager that will be dedicated to the State of Nevada.

Comments:

The dedicated Spillman support person for the State of Nevada's shared CAD-RMS contract relocated in June 2016, thereby severing his ties to the Nevada shared CAD-RMS. Spillman then provided a different employee, based out of Utah, for statewide support of DPS and the other agencies on the shared contract. DPS and statewide users have not been happy with the responsiveness of the Spillman support person since he started in July 2016. DPS has several documented complaints of the new person's lack of knowledge of the system and lack of overall responsiveness. Because this is such a critical position and due to Ms. Simpson's familiarity with the system and the needs of the shared users, it is the logical choice for Ms. Simpson to resign her employment with the State of Nevada and work for Spillman as the dedicated State of Nevada support person for DPS and employees on the shared contract.

*Julia Butler* 3/30/17  
Contracting Agency Head's Signature and Date

*Jan Boelen* 4-11-17  
Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Janet Murphy  
Deputy Director

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

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

Date: April 4, 2017

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Nikki Hovden, Executive Branch Budget Officer   
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT HEALTH AND HUMAN SERVICES –  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES –  
PROVIDER AGREEMENT FORM**

Agenda Item Write-up:

**The Division of Welfare and Supportive Services requesting Board of Examiners' approval of the following provider agreement form to enable them to enter into an agreement with providers of:**

- Domestic Violence/Substance Abuse

Additional Information:

This provider agreement will be used to enlist the services of agencies providing services to Temporary Assistance for Needy Families (TANF) eligible participants on behalf of division. This agreement is not for provision of services to the state, but rather for services to the TANF participants. The division has established standard billing rates for each type of services provided. Payment is limited to available funding as determined by the division and the budget. The allocated funding is provided under BA3230, Category 49, Non-profit Contracts.

Upon approval, it will be annotated as being pre-approved the Deputy Attorney General, Department of Health and Human Services Director, and the Board of Examiners (BOE). This form will be sent to each provider for signature, returned and then signed by the division's

Administrator for final approval. Any proposed amendments to the form will be resubmitted to BOE. The process will allow multiple providers to enter into contracts quickly and provide flexibility in service referrals and provide a greater array of services throughout the state.

Note: Board Of Examiners' and Deputy Attorney General's Provider Agreement approval applies to form only.

<p><b>REVIEWED:</b> _____</p> <p><b>ACTION ITEM:</b> _____</p>
--

BRIAN SANDOVAL  
Governor



RICHARD WHITLEY, MS  
Director

STEVE H. FISHER  
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

1470 College Parkway  
Carson City, NV, 89706  
Telephone (775) 684-0500 • Fax (775) 684-0614  
<http://dwss.nv.gov>

March 29, 2017

To: Nikki Hovden, Budget Analyst

Through: Richard Whitley, Director *EE for RW*

From: Steve H. Fisher, Administrator

RE: Form Contract for Domestic Violence/Substance Abuse Providers

RECEIVED

APR 23 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

The Division of Welfare and Supportive Services (DWSS) is requesting Board of Examiner (BOE) approval of the attached form contract for the Domestic Violence and Substance Abuse (DV/SA) services provided to Temporary Assistance for Needy Families (TANF) eligible participants on behalf of DWSS. This contract is not for provision of services to the state, but rather for services to our TANF participants. DWSS has established standard billing rates for each type of services provided to TANF eligible participants. Payment is limited to available funding as determined by DWSS and the budget. The allocated funding for all providers will be provided under budget account 3230, category 49, and fiscal integrity will be maintained by ensuring funding availability at the time of encumbrance.

The Division currently contracts with 11 Domestic Violence and 11 Substance Abuse providers statewide. Nearly half of the DV/SA providers are anticipated to receive payments in excess of \$2,000.00 each SFY. Pre-approval of the form contract will eliminate the need to submit each individual contract to BOE, thereby expediting the provision of service to the public, and will allow DWSS administration to augment and/or de-augment allocated funding based on the number of families served by each vendor without having to process numerous amendments through the BOE.

Upon approval of the form contract, it will be annotated as being pre approved by the Deputy Attorney General, Department of Health and Human Services Director, and the State of Nevada Board of Examiners (BOE). The form contract will be sent to each provider for signature, returned and then signed by the DWSS Administrator for final approval. Any proposed amendments to the form contract will be resubmitted to the BOE for approval.

The form contract will become effective July 1, 2017, upon Board of Examiners approval, anticipated to be May 9, 2017.

If you have any questions, please contact Michele Lynn, DWSS Contract Manager, at 775-684-0678.

*Working for the Welfare of ALL Nevadans*

**MASTER INDEPENDENT  
CONTRACTOR  
AGREEMENT**

**FOR BOE APPROVAL**

**PROVIDER AGREEMENT CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR**

A Contract Between the State of Nevada  
Acting By and Through Its

Department of Health and Human Services  
Division of Welfare and Supportive Services  
1470 College Parkway  
Carson City NV 89706

and

Independent Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

WHEREAS, NRS 333.700 authorizes elective officers, heads of departments, boards, commissions or institutions to engage, subject to the approval of the Board of Examiners, services of persons as independent contractors; and

WHEREAS, it is deemed that the service of Contractor is both necessary and in the best interests of the State of Nevada;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by the Nevada State Board of Examiners.

2. DEFINITIONS. "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307. "Independent Contractor" means a person or entity that performs services and/or provides goods for the State under the terms and conditions set forth in this Contract. "Fiscal Year" is defined as the period beginning July 1 and ending June 30 of the following year. "Current State Employee" means a person who is an employee of an agency of the State. "Former State Employee" means a person who was an employee of any agency of the State at any time within the preceding 24 months.

3. CONTRACT TERM. This Contract shall be effective subject to Board of Examiner's approval and from approval of both parties thru **June 30, 2027**, (not to exceed the end of the tenth (10<sup>th</sup>) fiscal year from the date of approval), unless sooner terminated by either party as specified in paragraph ten (10).

4. NOTICE. Unless otherwise specified, termination shall not be effective until **30** calendar days after a party has served written notice of termination for default, or notice of termination without cause upon the other party. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address specified above.

5. INCORPORATED DOCUMENTS. The parties agree that this Contract, inclusive of the following attachments, specifically describes the scope of work. This Contract incorporates the following attachments in descending order of constructive precedence:

- ATTACHMENT A: INSURANCE SCHEDULE
- ATTACHMENT B: DOMESTIC VIOLENCE SCOPE OF WORK
- ATTACHMENT C: SUBSTANCE ABUSE SCOPE OF WORK
- ATTACHMENT D: DOMESTIC VIOLENCE BILLING CODES AND RATES

ATTACHMENT E: SUBSTANCE ABUSE BILLING CODES AND RATES  
ATTACHMENT F: BILLING TEMPLATE

A Contractor's Attachment shall not contradict or supersede any State specifications, terms or conditions without written evidence of mutual assent to such change appearing in this Contract.

6. CONSIDERATION. The parties agree that Contractor will provide the services specified in paragraph five (5) at a cost as specified in ATTACHMENTS D and E. For all independent contractors providing services under this Contract, cumulative payments in any Fiscal Year shall not exceed the Legislatively approved budget amount. The State does not agree to reimburse Contractor for expenses unless otherwise specified in the incorporated attachments. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

7. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations specified.

8. BILLING SUBMISSION: TIMELINESS. The parties agree that timeliness of billing is of the essence to the contract and recognize that the State is on a fiscal year. All billings for dates of service prior to July 1 must be submitted to the State no later than the third Friday in July of the same calendar year. A billing submitted after the third Friday in July, which forces the State to process the billing as a stale claim pursuant to NRS 353.097, will subject the Contractor to an administrative fee not to exceed one hundred dollars (\$100.00). The parties hereby agree this is a reasonable estimate of the additional costs to the State of processing the billing as a stale claim and that this amount will be deducted from the stale claim payment due to the Contractor.

9. INSPECTION & AUDIT.

a. Books and Records. Contractor agrees to keep and maintain under generally accepted accounting principles (GAAP) full, true and complete records, contracts, books, and documents as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all state and federal regulations and statutes.

b. Inspection & Audit. Contractor agrees that the relevant books, records (written, electronic, computer related or otherwise), including, without limitation, relevant accounting procedures and practices of Contractor or its subcontractors, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location of Contractor where such records may be found, with or without notice by the State Auditor, the relevant state agency or its contracted examiners, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives. All subcontracts shall reflect requirements of this paragraph.

c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained a minimum three (3) years, and for five (5) years if any federal funds are used pursuant to the Contract. The retention period runs from the date of payment for the relevant goods or services by the State, or from the date of termination of the Contract, whichever is later. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. CONTRACT TERMINATION.

a. Termination Without Cause. Any discretionary or vested right of renewal notwithstanding, this Contract may be terminated upon written notice by mutual consent of both parties, or unilaterally by either party without cause.

b. State Termination for Non-appropriation. The continuation of this Contract beyond the current biennium is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. The State may terminate this Contract, and Contractor waives any and all claim(s) for damages, effective immediately upon receipt of written notice (or any date specified therein) if for any reason the Contracting Agency's funding from State and/or federal sources is not appropriated or is withdrawn, limited, or impaired.

c. Cause Termination for Default or Breach. A default or breach may be declared with or without termination. This Contract may be terminated by either party upon written notice of default or breach to the other party as follows:

- i. If Contractor fails to provide or satisfactorily perform any of the conditions, work, deliverables, goods, or services called for by this Contract within the time requirements specified in this Contract or within any granted extension of those time requirements; or
  - ii. If any state, county, city or federal license, authorization, waiver, permit, qualification or certification required by statute, ordinance, law, or regulation to be held by Contractor to provide the goods or services required by this Contract is for any reason denied, revoked, debarred, excluded, terminated, suspended, lapsed, or not renewed; or
  - iii. If Contractor becomes insolvent, subject to receivership, or becomes voluntarily or involuntarily subject to the jurisdiction of the bankruptcy court; or
  - iv. If the State materially breaches any material duty under this Contract and any such breach impairs Contractor's ability to perform; or
  - v. If it is found by the State that any quid pro quo or gratuities in the form of money, services, entertainment, gifts, or otherwise were offered or given by Contractor, or any agent or representative of Contractor, to any officer or employee of the State of Nevada with a view toward securing a contract or securing favorable treatment with respect to awarding, extending, amending, or making any determination with respect to the performing of such contract; or
  - vi. If it is found by the State that Contractor has failed to disclose any material conflict of interest relative to the performance of this Contract.
- d. Time to Correct. Termination upon a declared default or breach may be exercised only after service of formal written notice as specified in paragraph four (4), and the subsequent failure of the defaulting party within fifteen (15) calendar days of receipt of that notice to provide evidence, satisfactory to the aggrieved party, showing that the declared default or breach has been corrected.
- e. Winding Up Affairs Upon Termination. In the event of termination of this Contract for any reason, the parties agree that the provisions of this paragraph survive termination:
- i. The parties shall account for and properly present to each other all claims for fees and expenses and pay those which are undisputed and otherwise not subject to set off under this Contract. Neither party may withhold performance of winding up provisions solely based on nonpayment of fees or expenses accrued up to the time of termination;
  - ii. Contractor shall satisfactorily complete work in progress at the agreed rate (or a pro rata basis if necessary) if so requested by the Contracting Agency;
  - iii. Contractor shall execute any documents and take any actions necessary to effectuate an assignment of this Contract if so requested by the Contracting Agency;
  - iv. Contractor shall preserve, protect and promptly deliver into State possession all proprietary information in accordance with paragraph twenty-one (21).

11. REMEDIES. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including, without limitation, actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall include, without limitation, one hundred and twenty-five dollars (\$125.00) per hour for State-employed attorneys. The State may set off consideration against any unpaid obligation of Contractor to any State agency in accordance with NRS 353C.190. In the event that the Contractor voluntarily or involuntarily becomes subject to the jurisdiction of the Bankruptcy Court, the State may set off consideration against any unpaid obligation of Contractor to the State or its agencies, to the extent allowed by bankruptcy law, without regard to whether the procedures of NRS 353C.190 have been utilized.

12. LIMITED LIABILITY. The State will not waive and intends to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Liquidated damages shall not apply unless otherwise specified in the incorporated attachments. Damages for any State breach shall never exceed the amount of funds appropriated for payment under this Contract, but not yet paid to Contractor, for the fiscal year budget in existence at the time of the breach. Damages for any Contractor breach shall not exceed one hundred and fifty percent (150%) of the contract maximum "not to exceed" value. Contractor's tort liability shall not be limited.

13. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

14. INDEMNIFICATION. To the fullest extent permitted by law Contractor shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses,

including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of Contractor, its officers, employees and agents.

**15. INDEPENDENT CONTRACTOR.** Contractor is associated with the State only for the purposes and to the extent specified in this Contract, and in respect to performance of the contracted services pursuant to this Contract, Contractor is and shall be an independent contractor and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for the State whatsoever with respect to the indebtedness, liabilities, and obligations of Contractor or any other party. Contractor shall be solely responsible for, and the State shall have no obligation with respect to: (1) withholding of income taxes, FICA or any other taxes or fees; (2) industrial insurance coverage; (3) participation in any group insurance plans available to employees of the State; (4) participation or contributions by either Contractor or the State to the Public Employees Retirement System; (5) accumulation of vacation leave or sick leave; or (6) unemployment compensation coverage provided by the State. Contractor shall indemnify and hold State harmless from, and defend State against, any and all losses, damages, claims, costs, penalties, liabilities, and expenses arising or incurred because of, incident to, or otherwise with respect to any such taxes or fees. Neither Contractor nor its employees, agents, nor representatives shall be considered employees, agents, or representatives of the State. The State and Contractor shall evaluate the nature of services and the term of the Contract negotiated in order to determine "independent contractor" status, and shall monitor the work relationship throughout the term of the Contract to ensure that the independent contractor relationship remains as such. To assist in determining the appropriate status (employee or independent contractor), Contractor represents as follows:

		<u>Contractor's Initials</u>	
		YES	NO
1.	Does the Contracting Agency have the right to require control of when, where and how the independent contractor is to work?	_____	_____
2.	Will the Contracting Agency be providing training to the independent contractor?	_____	_____
3.	Will the Contracting Agency be furnishing the independent contractor with worker's space, equipment, tools, supplies or travel expenses?	_____	_____
4.	Are any of the workers who assist the independent contractor in performance of his/her duties employees of the State of Nevada?	_____	_____
5.	Does the arrangement with the independent contractor contemplate continuing or recurring work (even if the services are seasonal, part-time, or of short duration)?	_____	_____
6.	Will the State of Nevada incur an employment liability if the independent contractor is terminated for failure to perform?	_____	_____
7.	Is the independent contractor restricted from offering his/her services to the general public while engaged in this work relationship with the State?	_____	_____

**16. INSURANCE SCHEDULE.** Unless expressly waived in writing by the State, Contractor, as an independent contractor and not an employee of the State, must carry policies of insurance and pay all taxes and fees incident hereunto. Policies shall meet the terms and conditions as specified within this Contract along with the additional limits and provisions as described in the insurance schedule, incorporated hereto by attachment. The State shall have no liability except as specifically provided in the Contract.

The Contractor shall not commence work before:

- 1) Contractor has provided the required evidence of insurance to the Contracting Agency of the State, and
- 2) The State has approved the insurance policies provided by the Contractor.

Prior approval of the insurance policies by the State shall be a condition precedent to any payment of consideration under this Contract and the State's approval of any changes to insurance coverage during the course of performance shall constitute an ongoing condition subsequent this Contract. Any failure of the State to timely approve shall not constitute a waiver of the condition.

**Insurance Coverage:** The Contractor shall, at the Contractor's sole expense, procure, maintain and keep in force for the duration of the Contract insurance conforming to the minimum limits as specified in the insurance schedule, incorporated hereto by attachment. Unless specifically stated herein or otherwise agreed to by the State, the required insurance shall be in effect prior to the commencement of work by the Contractor and shall continue in force as appropriate until:

1. Final acceptance by the State of the completion of this Contract; or
2. Such time as the insurance is no longer required by the State under the terms of this Contract;

Whichever occurs later.

Any insurance or self-insurance available to the State shall be in excess of, and non-contributing with, any insurance required from Contractor. Contractor's insurance policies shall apply on a primary basis. Until such time as the insurance is no longer required by the State, Contractor shall provide the State with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. If at any time during the period when insurance is required by the Contract, an insurer or surety shall fail to comply with the requirements of this Contract, as soon as Contractor has knowledge of any such failure, Contractor shall immediately notify the State and immediately replace such insurance or bond with an insurer meeting the requirements.

**General Requirements:**

- a. **Additional Insured:** By endorsement to Contractor's general liability insurance policy, the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307 shall be named as additional insureds for all liability arising from the Contract.
- b. **Waiver of Subrogation:** Each insurance policy shall provide for a waiver of subrogation against the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307, for losses arising from work/materials/equipment performed or provided by or on behalf of the Contractor.
- c. **Cross-Liability:** All required liability policies shall provide cross-liability coverage as would be achieved under the standard ISO separation of insureds clause.
- d. **Deductibles and Self-Insured Retentions:** Insurance maintained by Contractor shall apply on a first dollar basis without application of a deductible or self-insured retention unless otherwise specifically agreed to by the State. Such approval shall not relieve Contractor from the obligation to pay any deductible or self-insured retention. Any deductible or self-insured retention shall not exceed fifty thousand dollars (\$50,000.00) per occurrence, unless otherwise approved by the Risk Management Division.
- e. **Policy Cancellation:** Except for ten (10) days notice for non-payment of premium, each insurance policy shall be endorsed to state that without thirty (30) days prior written notice to the State of Nevada, c/o Contracting Agency, the policy shall not be canceled, non-renewed or coverage and /or limits reduced or materially altered, and shall provide that notices required by this paragraph shall be sent by certified mailed to the address shown on page one (1) of this contract:
- f. **Approved Insurer:** Each insurance policy shall be:
  - 1) Issued by insurance companies authorized to do business in the State of Nevada or eligible surplus lines insurers acceptable to the State and having agents in Nevada upon whom service of process may be made; and
  - 2) Currently rated by A.M. Best as "A-VII" or better.

**Evidence of Insurance:**

Prior to the start of any Work, Contractor must provide the following documents to the contracting State agency:

- 1) **Certificate of Insurance:** The Acord 25 Certificate of Insurance form or a form substantially similar must be submitted to the State to evidence the insurance policies and coverages required of Contractor. The certificate must name the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307 as the certificate holder. The certificate should be signed by a person authorized insurer to bind coverage on its behalf. The state project/contract number; description and contract effective dates shall be noted on the certificate, and upon renewal of the policies listed Contractor shall furnish the State with replacement certificates as described within Insurance Coverage, section noted above.

**Mail all required insurance documents to Division of Welfare and Supportive Services as identified on page one of the contract.**

- 2) **Additional Insured Endorsement:** An Additional Insured Endorsement (CG 20 10 11 85 or CG 20 26 11 85), signed by an authorized insurance company representative, must be submitted to the State to evidence the endorsement of the State as an additional insured per General Requirements, subsection a above.

3) Schedule of Underlying Insurance Policies: If Umbrella or Excess policy is evidenced to comply with minimum limits, a copy of the underlying Schedule from the Umbrella or Excess insurance policy may be required.

Review and Approval: Documents specified above must be submitted for review and approval by the State prior to the commencement of work by Contractor. Neither approval by the State nor failure to disapprove the insurance furnished by Contractor shall relieve Contractor of Contractor's full responsibility to provide the insurance required by this Contract. Compliance with the insurance requirements of this Contract shall not limit the liability of Contractor or its subcontractors, employees or agents to the State or others, and shall be in addition to and not in lieu of any other remedy available to the State under this Contract or otherwise. The State reserves the right to request and review a copy of any required insurance policy or endorsement to assure compliance with these requirements.

17. COMPLIANCE WITH LEGAL OBLIGATIONS. Contractor shall procure and maintain for the duration of this Contract any state, county, city or federal license, authorization, waiver, permit, qualification or certification required by statute, ordinance, law, or regulation to be held by Contractor to provide the goods or services required by this Contract. Contractor will be responsible to pay all taxes, assessments, fees, premiums, permits, and licenses required by law. Real property and personal property taxes are the responsibility of Contractor in accordance with NRS 361.157 and NRS 361.159. Contractor agrees to be responsible for payment of any such government obligations not paid by its subcontractors during performance of this Contract. The State may set-off against consideration due any delinquent government obligation in accordance with NRS 353C.190.

18. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

19. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

20. ASSIGNMENT/DELEGATION. To the extent that any assignment of any right under this Contract changes the duty of either party, increases the burden or risk involved, impairs the chances of obtaining the performance of this Contract, attempts to operate as a novation, or includes a waiver or abrogation of any defense to payment by State, such offending portion of the assignment shall be void, and shall be a breach of this Contract. Contractor shall neither assign, transfer nor delegate any rights, obligations or duties under this Contract without the prior written consent of the State.

21. STATE OWNERSHIP OF PROPRIETARY INFORMATION. Any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under the Contract), or any other documents or drawings, prepared or in the course of preparation by Contractor (or its subcontractors) in performance of its obligations under this Contract shall be the exclusive property of the State and all such materials shall be delivered into State possession by Contractor upon completion, termination, or cancellation of this Contract. Contractor shall not use, willingly allow, or cause to have such materials used for any purpose other than performance of Contractor's obligations under this Contract without the prior written consent of the State. Notwithstanding the foregoing, the State shall have no proprietary interest in any materials licensed for use by the State that are subject to patent, trademark or copyright protection.

22. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents received from Contractor may be open to public inspection and copying. The State has a legal obligation to disclose such information unless a particular record is made confidential by law or a common law balancing of interests. Contractor may label specific parts of an individual document as a "trade secret" or "confidential" in accordance with NRS 333.333, provided that Contractor thereby agrees to indemnify and defend the State for honoring such a designation. The failure to so label any document that is released by the State shall constitute a complete waiver of any and all claims for damages caused by any release of the records.

23. CONFIDENTIALITY. Contractor shall keep confidential all information, in whatever form, produced, prepared, observed or received by Contractor to the extent that such information is confidential by law or otherwise required by this Contract

24. FEDERAL FUNDING. In the event federal funds are used for payment of all or part of this Contract:

- a. Contractor certifies, by signing this Contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to the regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67, § 67.510, as published as pt. VII of the May 26, 1988, Federal Register (pp. 19160-19211), and any relevant program-specific regulations. This provision shall be required of every subcontractor receiving any payment in whole or in part from federal funds.
- b. Contractor and its subcontractors shall comply with all terms, conditions, and requirements of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999, inclusive, and any relevant program-specific regulations.
- c. Contractor and its subcontractors shall comply with the requirements of the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions.)

25. LOBBYING. The parties agree, whether expressly prohibited by federal law, or otherwise, that no funding associated with this contract will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:

- a. Any federal, state, county or local agency, legislature, commission, counsel or board;
- b. Any federal, state, county or local legislator, commission member, counsel member, board member, or other elected official; or
- c. Any officer or employee of any federal, state, county or local agency; legislature, commission, counsel or board.

26. WARRANTIES.

- a. General Warranty. Contractor warrants that all services, deliverables, and/or work product under this Contract shall be completed in a workmanlike manner consistent with standards in the trade, profession, or industry; shall conform to or exceed the specifications set forth in the incorporated attachments; and shall be fit for ordinary use, of good quality, with no material defects.
- b. System Compliance. Contractor warrants that any information system application(s) shall not experience abnormally ending and/or invalid and/or incorrect results from the application(s) in the operating and testing of the business of the State.

27. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract. Contractor acknowledges that as required by statute or regulation this Contract is effective only after approval by the State Board of Examiners and only for the period of time specified in the Contract. Any services performed by Contractor before this Contract is effective or after it ceases to be effective are performed at the sole risk of Contractor.

28. NOTIFICATION OF UTILIZATION OF CURRENT OR FORMER STATE EMPLOYEES. Contractor has disclosed to the State all persons that the Contractor will utilize to perform services under this Contract who are Current State Employees or Former State Employees. Contractor will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this contract without first notifying the Contracting Agency of the identity of such persons and the services that each such person will perform, and receiving from the Contracting Agency approval for the use of such persons.

29. ASSIGNMENT OF ANTITRUST CLAIMS. Contractor irrevocably assigns to the State any claim for relief or cause of action which the Contractor now has or which may accrue to the Contractor in the future by reason of any violation of state of Nevada or federal antitrust laws in connection with any goods or services provided to the Contractor for the purpose of carrying out the Contractor's obligations under this Contract, including, at the State's option, the right to control any such litigation on such claim for relief or cause of action. Contractor shall require any subcontractors hired to perform any of Contractor's obligations under this Contract to irrevocably assign to the State, as third party beneficiary, any right, title or interest that has accrued or which may accrue in the future by reason of any violation of state of Nevada or federal antitrust laws in connection with any goods or services provided to the subcontractor for the purpose of carrying out the subcontractor's obligations to the Contractor in pursuance of this Contract, including, at the State's option, the right to control any such litigation on such claim or relief or cause of action.



**INSURANCE SCHEDULE**

**INDEMNIFICATION CLAUSE:**

Contractor shall indemnify, hold harmless and, not excluding the State's right to participate, defend the State, its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against all liabilities, claims, actions, damages, losses, and expenses including without limitation reasonable attorneys' fees and costs, (hereinafter referred to collectively as "claims") for bodily injury or personal injury including death, or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State.

**INSURANCE REQUIREMENTS:**

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, his agents, representatives, employees or subcontractors and Contractor is free to purchase additional insurance as may be determined necessary.

A. **MINIMUM SCOPE AND LIMITS OF INSURANCE:** Contractor shall provide coverage with limits of liability not less than those stated below. An excess liability policy or umbrella liability policy may be used to meet the minimum liability requirements provided that the coverage is written on a "following form" basis.

1. **Commercial General Liability – Occurrence Form**

Policy shall include bodily injury, property damage and broad form contractual liability coverage.

- General Aggregate \$2,000,000
- Products – Completed Operations Aggregate \$1,000,000
- Personal and Advertising Injury \$1,000,000
- Each Occurrence \$1,000,000

a. The policy shall be endorsed to include the following additional insured language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor".

2. **Worker's Compensation and Employers' Liability**

Workers' Compensation	Statutory
Employers' Liability	
Each Accident	\$100,000
Disease – Each Employee	\$100,000
Disease – Policy Limit	\$500,000

a. Policy shall contain a waiver of subrogation against the State of Nevada.

## ATTACHMENT A

- b. This requirement shall not apply when a contractor or subcontractor is exempt under N.R.S., **AND** when such contractor or subcontractor executes the appropriate sole proprietor waiver form.

- B. **ADDITIONAL INSURANCE REQUIREMENTS:** The policies shall include, or be endorsed to include, the following provisions:
  - 1. On insurance policies where the State of Nevada is named as an additional insured, the State of Nevada shall be an additional insured to the full limits of liability purchased by the Contractor even if those limits of liability are in excess of those required by this Contract.
  - 2. The Contractor's insurance coverage shall be primary insurance and non-contributory with respect to all other available sources.
- C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided or canceled except after thirty (30) days prior written notice has been given to the State, except when cancellation is for non-payment of premium, then ten (10) days prior notice may be given. Such notice shall be sent directly to **Contract Manager, Division of Welfare and Supportive Services, 1470 College Parkway, Carson City NV 89706.**
- D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with insurers duly licensed or authorized to do business in the state of Nevada and with an "A.M. Best" rating of not less than A- VII. The State in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.
- E. **VERIFICATION OF COVERAGE:** Contractor shall furnish the State with certificates of insurance (ACORD form or equivalent approved by the State) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and any required endorsements are to be received and approved by the State before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract or to provide evidence of renewal is a material breach of contract.

All certificates required by this Contract shall be sent directly to **Contract Manager, Division of Welfare and Supportive Services, 1470 College Parkway, Carson City NV 89706.** The State project/contract number and project description shall be noted on the certificate of insurance. The State reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time.
- F. **SUBCONTRACTORS:** Contractors' certificate(s) shall include all subcontractors as additional insureds under its policies **or** Contractor shall furnish to the State separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.
- G. **APPROVAL:** Any modification or variation from the insurance requirements in this Contract shall be made by the Attorney General's Office or the Risk Manager, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

## **DOMESTIC VIOLENCE SCOPE OF WORK**

The DIVISION OF WELFARE & SUPPORTIVE SERVICES (DWSS) and the CONTRACTOR agree to partner in providing domestic violence services to pending and eligible Temporary Assistance for Needy Families (TANF) participants, targeting victims and their families. Contractor can provide and may be paid for services as set forth in the Division's "Domestic Violence Billing Code Rates".

Specifically DWSS and CONTRACTOR agree to the following:

### **I. CONTRACTOR AGREES TO:**

- a. Contractor is responsible for coordinating with the DWSS case manager upon receipt of a Participant Verification Form (PVF) as a referral from DWSS. If a TANF applicant or ongoing client is already in a domestic violence shelter or in counseling without having gone through the referral process (receipt of a PVF), the Contractor may contact the DWSS case manager and provide a Release of Information to identify whether or not the client may be eligible for domestic violence services under TANF. The DWSS case manager will not provide a Participant Verification Form (PVF) for a client until the pending or ongoing TANF client and the DWSS case manager have completed the required DWSS assessments.
- b. Contractor agrees to invoice and accept payment for shelter and food for a maximum household of three regardless of whether there are additional members; with a requirement that the adult client participate in counseling within 15 days of entry in the shelter and a minimum of at least one counseling session per week. The counseling billing codes are AP, CRISIS INTERVENTION, SP, GROUP-DV, and IND (see attached Billing Code Rates). The Contractor agrees to provide verification of counseling, and when applicable, in-shelter Community Service activities via mail, email, fax or telephone to the DWSS case manager prior to invoicing. This verification may be attendance records, timesheets or another form of verified participation in said activities.
- c. Contractor must notify the referring DWSS case manager within two (2) working days by email, phone, or fax of all TANF eligible participants not in attendance of scheduled counseling sessions.

- d. Contractor will use "DWSS" Domestic Violence Services Billing Codes & Rates". (see attachment)
- e. Contractor must submit the DWSS-approved and formatted Excel invoice to DWSS, via email, for services rendered to TANF eligible participants and the Participant Verification Form (PVF) for each client by **no later than the 10<sup>th</sup> working day after the month service is rendered** to the: DWSS ESS unit clerk. (See attachment of example billing format). Invoices submitted outside of this timeframe shall result in non-payment for services rendered or a delay of payment until after the end of the current state fiscal year (June 30).
- f. DWSS reserves the right to decline payment on invoices received after the 10<sup>th</sup> working day after the month service is rendered or if the required participation verification is not provided.
- g. Contractor will submit a copy of the PVF for each participant being billed to DWSS by email, mail or fax. The approved Excel invoice must be sent electronically. The invoice will not be authorized for payment until these are received. The billing packet may be sent via email, mail or fax to:

**To the DWSS ESS Unit Clerk for the:**

**Chief, Employment & Support Services  
Division of Welfare & Supportive Services  
1470 College Parkway  
Carson City, NV 89706  
(775) 684-0690 Phone  
(775) 684-8766 Fax**

- h. Contractor agrees to obtain necessary releases of information between the Contractor and the TANF eligible participant to exchange information with the referring DWSS case manager.
- i. Contractor will coordinate closely with the DWSS case manager to discuss needs and determine progress of the TANF client. Contractor will provide progress reports at least monthly and as requested by the DWSS case manager.
- j. Contractor agrees to maintain all TANF eligible participant files for a period of five (5) years after case closure.

**II. DWSS AGREES TO:**

- a. DWSS will allocate funds to individual domestic violence providers "CONTRACTOR" for the purpose of providing domestic violence services to eligible TANF clients. The funding amount will be based on the total overall funding allocated to the program for the current fiscal year and the number of eligible clients served by the Contractor.
- b. DWSS will formally notify the Contractor of initial allocated funding at the start of each fiscal year and all changes to the initial funding throughout that year by letter.
- c. DWSS will supply the individual domestic violence provider "CONTRACTOR" with demographic information (name, DOB, etc.) for each referred client. The DWSS case manager will send a Participant Verification Form (PVF) to the Contractor at the time of referral and by the 5<sup>th</sup> of each month thereafter for domestic violence service eligible TANF clients.
- d. DWSS case manager will complete a Release of Information (Form 2009-EG) with the client as a part of the initial assessments. This form can be hand-delivered to the Contractor by the client or sent to the Contractor by the DWSS case manager.
- e. DWSS will obtain the necessary release of information to protect the participants' records under the federal regulation governing confidentiality prior to acknowledgement of the individual being a TANF client.
- f. DWSS will process invoices for payment, once all billing criteria have been met, within 30 business days.

**III. BOTH PARTIES AGREE TO:**

- a. The use or disclosure by any party of any information concerning a participant for any purpose not directly connected with the administration of the DWSS's or the CONTRACTOR'S responsibilities are prohibited.
- b. Abide by the rules and regulations set forth in the Americans with Disabilities Act (ADA).

## **SUBSTANCE ABUSE SCOPE OF WORK**

The DIVISION OF WELFARE & SUPPORTIVE SERVICES (DWSS) and the CONTRACTOR agree to partner in providing residential substance abuse treatment/counseling to Temporary Assistance for Needy Families (TANF) eligible participants (custodial and non-custodial parents), targeting the pregnant and parenting population and individuals with more severe conditions. Contractor can provide and may be paid for residential treatment services as set forth in the Division's Substance Abuse Billing Codes (attachment).

Specifically DWSS and CONTRACTOR agree to the following:

### **I. CONTRACTOR AGREES TO:**

- a. Contractor is responsible for coordinating with the DWSS case manager upon receipt of a Participant Verification Form (PVF) as a referral from DWSS. If a TANF participant is already in a residential substance abuse treatment program without having gone through the referral process, the Contractor and the participant may contact the DWSS case manager and provide the necessary Release of Information to identify whether or not this residential treatment is part of the participant's PRP, and if not, consider it. TANF funds for treatment cannot be invoiced prior to the initiation of contact with the DWSS case manager and receipt of the Participant Verification Form (PVF) validating the addition of the substance abuse residential treatment issue in the PRP.
- b. Contractor must verify TANF eligibility for participants requesting residential substance abuse services by obtaining a Participant Verification Form (PVF) from the DWSS case manager. TANF funds for residential treatment cannot be invoiced prior to the initiation of client contact with the DWSS case manager and the addition of the residential substance abuse issue in the client's Personal Responsibility Plan (PRP).
- c. Contractor agrees to invoice and accept payment for residential shelter and food for a maximum household of three regardless of whether there are additional members; with a requirement that the adult client participate in counseling within 15 days of entry in the residential treatment center and a minimum of one counseling session per week. The counseling billing codes are GROUP and OP-IND. The Contractor agrees to provide verification of counseling, and when applicable, in-center Community Service activities via mail, email, fax or telephone to the DWSS case manager prior to invoicing. This verification may be attendance

records, timesheets or another form of verified participation in said activities.

- d. Contractor **must notify the referring DWSS case manager within two (2) working days by phone, fax or email of all TANF eligible participants not in attendance of treatment program(s).**
- e. Contractor will use DWSS "Substance Abuse Services Billing Code Rates" (*see attachment*)
- f. Contractor must submit the DWSS-approved and formatted Excel invoice to DWSS, via email, for services rendered to TANF eligible participants **no later than the 10<sup>th</sup> working day after the month service is rendered** to: DWSS ESS Unit Clerk (*see attachment of example billing format*). Contractor must not delay submittal of invoice beyond the above-referenced deadline even if awaiting receipt of the PVF from the DWSS case manager. Invoices submitted outside of this timeframe may result in non-payment for services rendered or a delay of payment until after the end of the current state fiscal year (June 30).
- g. DWSS reserves the right to decline payment on invoices received after the 10<sup>th</sup> working day after the month service is rendered or if the required participation verification is not provided.
- h. Contractor will submit a copy of the PVF for each participant being billed to DWSS by email, mail or fax. The approved Excel invoice must be sent electronically. The invoice will not be authorized for payment until these are received. The billing packet should be sent by email, mail or fax to:

**DWSS ESS Unit Clerk for:**

**Chief, Employment & Support Services  
Division of Welfare & Supportive Services  
1470 College Parkway  
Carson City, NV 89706 (775) 684-0690 Phone  
(775) 684-8766 Fax**

- i. Contractor is responsible for collecting TANF eligible participant's portion of the fee as set by The Nevada State Health Division, Substance Abuse Prevention and Treatment Agency's (SAPTA) prevailing participant "Sliding Fee Scale". Participants who successfully complete the residential treatment program will be reimbursed for their co-pay. Contractor and DWSS case manager will mutually determine if the participant has successfully completed

the treatment program and DWSS will reimburse Contractor for actual reimbursed copays to participants.

- j. Contractor agrees to obtain necessary releases of information between the Contractor and the TANF eligible participant to exchange evaluation and treatment information with the referring DWSS case manager.
- k. Contractor will coordinate closely with the DWSS case manager to discuss needs and determine progress of TANF participant. Contractor will provide copies of residential treatment plans and progress reports at least monthly and/or as requested by the DWSS case manager.
- l. Contractor will notify DWSS within two (2) working days if any changes occur to their SAPTA certification or Bureau of Licensure and Certification (BLC) licensure for residential programs. Contractor understands that if SAPTA approval is lost, DWSS will terminate contract without giving the normal 30-day notice.
- m. Contractor agrees to maintain all TANF eligible participant files for a period of five (5) years after case closure.

**II. DWSS AGREES TO:**

- a. DWSS will allocate funds to SAPTA certified substance abuse providers "CONTRACTOR" for the purpose of providing residential substance abuse treatment and/or counseling to TANF eligible recipients. The funding amount will be based on the total overall funding allocated to the program for the current fiscal year and the number of eligible participants served by the Contractor.
- b. DWSS will formally notify the Contractor of initial allocated funding at the start of each fiscal year and all changes to the initial funding throughout that year by letter.
- c. DWSS will utilize the SAPTA approved participant "Sliding Fee Scale" for each Contractor to ascertain TANF clients' co-payment for non-medical substance abuse treatment.
- d. DWSS will supply the individual substance abuse provider with demographic information (name, DOB, etc.) for each referred participant. If SAPTA consults on a particular participant, this demographic information must be shared. A PVF will be sent to the Contractor at the time of referral and by the 5<sup>th</sup> of each month thereafter for service eligible TANF recipients.

- e. DWSS case manager will complete a Release of Information (Form 2009-EG) with the participant. This form can be hand-delivered to the Contractor by the participant or sent to the Contractor by the DWSS case manager.
- f. DWSS case manager will obtain the necessary consent to protect the recipient/participants' records under the federal regulation governing confidentiality of Alcohol and Drug Abuse Patient Records/HIPAA.
- g. DWSS will process invoices for payment, once all billing criteria have been met, within 30 business days.
- h. DWSS will terminate a contract with SAPTA certified provider "Contractor" when notified by SAPTA that the Contractor has lost its certified status or licensure by BLC for residential treatment.

III. **BOTH PARTIES AGREE TO:**

- a. The use or disclosure by any party of any information concerning a participant for any purpose not directly connected with the administration of the DWSS's or the CONTRACTOR'S responsibilities are prohibited.
- b. Abide by the rules and regulations set forth in the Americans with Disabilities Act (ADA).

# DOMESTIC VIOLENCE BILLING CODES AND RATES

as of 3/30/17

BILLING CODE	DESCRIPTION	AMOUNT
AP	Action Plan Development/Amendment	\$35.00
CHL	Court/Hospital or Law Enforcement Accompaniment	\$30.00
CRISIS INTERVENTION	Crisis Intervention	\$30.00
FOOD	Food (Not to Exceed State Rate)	\$26.00
GROUP-DV	Group Counseling	\$25.00
GTS	Group Transitional Services (example: Life Skills, Parenting, Budgeting)	\$20.00
ITS	Individual Transitional Services (example: Life Skills, Parenting, Budgeting)	\$35.00
IND	Individual Counseling	\$45.00
L	Lodging (Not to Exceed State Rate)	\$58.00
PN-IF	Personal Need Items for Non-Shelter Families-Infant Formula	\$25.00
PN-L	Personal Need Items for Non-Shelter Families-Laundry Service	\$15.00
PN	Personal Need Items for Non-Shelter Families-Personal Hygiene Products	\$25.00
RT	Relocation Transportation - \$0.40 Per Mile/Not to exceed \$250 per relocation.	\$250.00
SP	Safety Plan	\$30.00
S	Shelter (Per Day)	\$35.00
TPO	Temporary Protection Order	\$15.00
TS	Transitional Shelter	\$35.00

Rates listed are the current reimburseable amounts as of 3/30/17.

By signing below, the independent contractor agrees that rates are subject to change upon notification from the Division and will not require an amendment to the contract.

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

# SUBSTANCE ABUSE BILLING CODES

as of 3/30/17

BILLING CODES	DESCRIPTION	AMOUNT
RWC2	Clinically-Managed Medium/High Intensity Residential Treatment For Adult Women With 2 Children	\$285.00
RWC1	Clinically-Managed Medium High Intensity Residential Treatment For Adult Women With 1 Child	\$190.00
MH-RES	Clinically-Managed Medium/High Intensity Residential Treatment For Adults	\$100.00
H-RES	Clinically-Managed High Intensity Residential Treatment For Adolescents	\$120.00
L-RES	Clinically-Managed Low Intensity Residential Treatment For Adults	\$50.00
M-RES	Clinically-Managed Medium Intensity Residential Treatment For Adults	\$75.00
DETOX	Clinically-Managed Residential Detoxification	\$95.00
GROUP	RESIDENTIAL Group Counseling Services for Adults; Maximum Household of three (cannot be billed if billing under RWC1, RWC2 OR RWC3)	\$25.00
OP-IND	RESIDENTIAL Individual Counseling Services for Adults; Maximum Household of three (cannot be billed if billing under RWC1 or RWC2)	\$60.00
TRANS	Transitional Housing (Non-ASAM) (cannot be billed if billing under RWC1 or RWC2)	\$35.00
SUBSTANCE ABUSE TREATMENT COPAY REIMBURSEMENT		Actual Fees reimbursed by the Contractor to the Client

Rates listed are the current reimbursable amounts as of 3/30/17.

By signing below, the independent contractor agrees that rates are subject to change upon notification from the Division and will not require an amendment to the contract.

Vendor Signature

Date

**BILLING TEMPLATE**

**SSN** 123456789 **LAST NAME** Moe **FIRST NAME** Milly **CONTRACTED SERVICE** **DATE OF SERVICE** 1/25/2017 **SERVICE TYPE** RWC3 **FREQUENCY** 5 **UNIT RATE** 380 **TOTAL** 1900 **INVOICE#** 012009

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Janet Murphy  
Deputy Director

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

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

Date: April 7, 2017

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Melanie Young, Executive Branch Budget Officer  
Budget Division

A handwritten signature in blue ink, appearing to read "myj", is written over the name "Melanie Young" in the "From:" field.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**GAMING CONTROL BOARD**

Agenda Item Write-up:

Pursuant to NRS 281.160 the Nevada Gaming Control Board requests retroactive approval of an agency specific travel policy for Enforcement Agents while attending the Nevada Peace Officers Standards and Training certification academy.

Additional Information:

The Gaming Control Board (GCB) seeks retroactive approval to January 23, 2017 to formalize an agency specific travel policy relating to Enforcement Agents while attending Peace Officer Standards and Training (POST). The GCB is requesting to pay a reduced rate for meals to Enforcement Division agents attending POST at a daily rate established by POST or GCB, which is currently \$26 per day. In addition, GCB is proposing to pay the reduced rate to employees who are required by the academy or GCB to reside in academy housing without regard to the 50 miles or more from the academy. The agency states funding is available to pay these costs from federal forfeiture funds.

Statutory Authority:

NRS 281.160  
SAM 0204 and 0206

REVIEWED: _____
ACTION ITEM: _____

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



# NEVADA GAMING CONTROL BOARD

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

A.G. BURNETT, *Chairman*  
 SHAWN R. REID, *Member*  
 TERRY JOHNSON, *Member*

BRIAN SANDOVAL  
*Governor*

Carson City  
 Phone: (775) 684-7700

April 5, 2017

Melanie B. Young, Executive Branch Budget Officer  
 Governor's Finance Office  
 209 E. Musser Street, Room 200,  
 Carson City, NV 89701-4298

VIA EMAIL: [m.young@finance.nv.gov](mailto:m.young@finance.nv.gov)

Re: Deviation to Board of Examiners' Travel Policy

Dear Ms. Young:

The Nevada Gaming Control Board is requesting permission to deviate from the Board of Examiners' Travel Policy (SAM 0204) pursuant to SAM 0006 – Exceptions.

The Nevada Gaming Control Board (NGCB) Enforcement Division requires all Agents to be certified by a Nevada POST certification academy. New employees who are hired without the requisite Nevada POST certification are required to attend an academy. Options to attend the academy are as follows:

Academy	Location	Length Full Time	Length Part time	In residence	Meals
Silver State Law Enforcement Academy	Henderson, NV	N/A	26 weeks	No	No
Southern Desert Regional Academy	Henderson, NV	22 weeks	N/A	No	No
DPS Southern Academy (NHP)	Las Vegas, NV	16 weeks	N/A	No	No
Nevada P.O.S.T. Academy	Carson City, NV	16 weeks	N/A	Yes	No
TMCC Northern Nevada Academy -Closed	Truckee Meadow, NV				
Western Nevada College Academy -Closed	Carson City, NV				
Northern Nevada Law Enforcement Academy-	Reno, NV				

\*Only open to Reno, Sparks, and Washoe SO

Melanie B. Young  
April 5, 2017  
Page 2

Northern Nevada Agents attend the Nevada POST Academy in Carson City. Because this academy requires cadets to reside on campus and they do not provide meals, the NGCB is requesting a deviation to the Board of Examiners' Travel Policy.

The NGCB has developed Procedure 06.10.39 (attached) that will allow Agents attending a POST academy, which requires residence on campus but does not provide meals, a method for reimbursement for a meal allowance at an amount less than GSA Rates (currently \$26/day) even if their duty station is less than 50 miles from the training facility. Implementation of this policy requires authorization from the Board of Examiners.

This policy was developed in response to a change in policy at the Nevada POST Academy wherein they discontinued providing meals for cadets from agencies that do not contribute to court assessment fees. This includes all State agencies that utilize the Nevada POST Academy. The NGCB has not sent an agent to the POST Academy since the discontinuance of meals and the residence requirement.

Funds to pay for meal allowances are available through the use of forfeiture funds received by the Enforcement Division from the Federal Government. Use of forfeiture funds for law enforcement travel and per diem is a permissible use pursuant to the following:

- Guide to Equitable Sharing for State and Local Law Enforcement Agencies  
April 2009  
Section VIII (e) Law enforcement travel and transportation (attached)

It is respectfully requested that this procedure be approved retroactively to January 23, 2017. The NGCB has two agents currently attending the Nevada POST Academy. One is assigned to the Elko office of the NGCB and one is assigned to the Reno office. As such there is a disparity in the NGCB's ability to reimburse agents for a meal allowance while attending the academy.

Thank you for your consideration of this request.

Sincerely,



Sally P. Elloyan  
Chief, Administration Division  
Nevada Gaming Control Board

Enclosures: Procedure 06.10.39  
Guide to Equitable Sharing for State and Local Law Enforcement Agencies  
Sec VIII (e)

**NEVADA GAMING CONTROL BOARD  
PROCEDURE**

Procedure: 06.10.39  
Effective: 01/23/17  
Version: 1  
Page: - 1 -

**Chapter:** ENFORCEMENT DIVISION  
**Section:** PERSONNEL  
**Procedure:** ACADEMY MEAL AND TRAVEL ALLOWANCE  
**Scope:** UNCLASSIFIED ENFORCEMENT PERSONNEL  
**Authority:** CHIEF  
**Purpose:** Establishes Board policy concerning an allowance for meals and Board funded travel for Enforcement Agents attending a Nevada Peace Officer Standards and Training (POST) certification academy.

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**Policy/Procedure**

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**P O L I C Y**

It is the policy of the Board that employees be paid a meal reimbursement amount and be authorized Board funded travel and overtime under certain circumstances while attending a Nevada POST certification academy.

**P R O C E D U R E**

**A. Meal Allowance**

1. This policy applies to Enforcement Division employees who are attending a POST certification academy and are required by academy policy and/or the NGCB to reside in academy housing during their work/training week. If meals are not provided by the academy, the Board's academy attendee will be paid a meal allowance. This meal allowance will be paid at a daily rate established by POST or the Board for the attendee's work/training days.
2. The meal allowance will also be paid on the attendee's RDOs and academy recognized holidays if their assigned office is 50 or more miles from the academy. This meal allowance will not be paid if the employee is in a Board authorized travel status on their RDO or holiday and is otherwise being compensated (e.g. filing a travel claim).
3. If living in academy housing is optional and the employee elects to stay in academy housing, the meal allowance will only be considered if the employee's assigned office is 50 or more miles from the academy. The determination for this provision will be made on a case by case basis.

**NEVADA GAMING CONTROL BOARD  
PROCEDURE**

Procedure: 06.10.39  
Effective: 01/23/17  
Version: 1  
Page: - 2 -

4. Enforcement Division employees attending POST will file a travel claim bi-weekly for reimbursement of the approved meal allowance.

**B. Travel Allowance**

1. Employees attending a POST certification academy, whose assigned office is over 50 miles from the academy, will be authorized several trips home in a Board travel status. The number of authorized trips will not exceed one trip for every five weeks of training, not counting the Board authorized travel to the academy and the return trip following graduation.
2. These Board sanctioned trips should not conflict with the POST training schedule or policies.
3. The academy trip allowance will cover the standard Board per diem rate for meals while traveling to and from your home from the academy, mileage if traveling in a personal vehicle or, if flying, airfare (charged on Board credit card).
4. For these Board funded trips, overtime is authorized for the period, outside of the employee's normal work day, the employee is actually travelling to their home and returning to the academy.

**ATTACHMENTS / FORMS**

N/A

Procedure: 06.10.39

New Superseded

APPROVED:   
Chief

1/23/17  
Date

APPROVED:   
Board Member

Effective: 4/5/17  
Date

**Rescinded**

APPROVED: \_\_\_\_\_  
Chief

\_\_\_\_\_  
Date

APPROVED: \_\_\_\_\_  
Board Member

Rescinded: \_\_\_\_\_  
Date

U.S. Department of Justice  
Criminal Division  
Asset Forfeiture and Money Laundering Section



# Guide to Equitable Sharing for State and Local Law Enforcement Agencies

April 2009

## VIII. What Are the Uses of Equitably Shared Property?

### A. Law enforcement uses

Except as noted in this *Guide*, equitably shared funds shall be used by law enforcement agencies for law enforcement purposes only. Subject to laws, rules, regulations, and orders of the state or local jurisdiction governing the use of public funds available for law enforcement purposes, the expenses noted below are pre-approved as permissible uses of shared funds and property.

To avoid a conflict of interest or the appearance of a conflict of interest, any employee of any federal, state, or local governmental agency (or members of his or her immediate family or those residing in his or her household) who was involved in the investigation which led to the forfeiture of the property to be sold by the USMS contractor is prohibited from purchasing, either directly or indirectly, forfeited property. Additionally, Department of Justice employees and contractors may not, without prior written approval of a designated agency official, directly or indirectly purchase property that has been forfeited to the United States; or personally use such property that has been directly or indirectly purchased from the United States by a member of his or her immediate family.

The fact that shared property was forfeited as a result of a particular federal violation does not limit its use. For example, when an agency receives a share of property that was forfeited for a federal drug violation, the recipient is not limited in its use of the property in the recipient agency's drug enforcement program. Among the following uses, priority should be given to supporting community policing activities, training, and law enforcement operations:

#### 1. Permissible uses

- a. **Law enforcement investigations**—the support of investigations and operations that may result in furthering the law enforcement goals and mission, e.g., payment of overtime for officers and investigators; payments to informants; “buy,” “flash,” or reward money; and the purchase of evidence.
- b. **Law enforcement training**—the training of officers, investigators, prosecutors, and law enforcement support personnel in any area that is necessary to perform official law enforcement duties. Priority consideration should be given to training in: (1) asset forfeiture in general (statutory requirements, policies, procedures, case law); (2) the Fourth Amendment (search and seizure, probable cause, drafting affidavits, confidential informant reliability); (3) ethics and the National Code of Professional Conduct for Asset Forfeiture,<sup>16</sup> (4) due process; (5) protecting the rights of innocent third parties (individuals and lienholders); (6) use of computers and other equipment in support of law enforcement duties; and (7) this *Guide*.
- c. **Law enforcement and detention facilities**—the costs associated with the purchase, lease, construction, expansion, improvement, or operation of law enforcement or detention facilities used or managed by the recipient agency. For example, the costs of leasing,

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<sup>16</sup> See Appendix B for a copy of the National Code of Professional Conduct for Asset Forfeiture.

operating, and furnishing an off-site undercover narcotics facility is a permissible use of shared funds. Capital improvements should not be made on leased property or space since the law enforcement agency will not benefit from the improvements upon termination of the lease; improvement costs are generally covered in the terms of the lease. Approval from AFMLS is required prior to making such capital expenditures.

- d. **Law enforcement equipment**—the costs associated with the purchase, lease, maintenance, or operation of law enforcement equipment for use by law enforcement personnel that supports law enforcement activities. For example, furniture, file cabinets, office supplies, telecommunications equipment, copiers, safes, fitness equipment, computers, computer accessories and software, body armor, uniforms, firearms, radios, cellular telephones, electronic surveillance equipment, and vehicles (e.g., patrol cars and surveillance vehicles).
- e. **Law enforcement travel and transportation**—the costs associated with travel and transportation to perform or in support of law enforcement duties and activities. All related costs must be in accordance with the agency's state per diem and must not create the appearance of extravagance or impropriety.
- f. **Law enforcement awards and memorials**—the cost of award plaques and certificates for law enforcement personnel, provided that the plaque or certificate is in recognition of a law enforcement achievement, activity, or the completion of law enforcement training, and the cost does not create the appearance of extravagance or impropriety. Shared funds may not be used to pay cash awards.

Shared funds may be used to pay the costs for modest commemorative plaques, displays, or memorials that serve to recognize or memorialize a law enforcement officer's contributions, such as a memorial plaque or stone at a police department facility in honor of officers killed in the line of duty.

- g. **Drug and gang education and awareness programs**—the costs associated with conducting drug or gang education and awareness programs by law enforcement agencies. Such costs include meeting costs, anti-drug abuse literature costs, travel expenses, and salaries for officers working in a drug education program such as DARE.
- h. **Matching funds**—the costs associated with paying a state or local law enforcement agency's matching contribution or share in a federal grant program, provided that the grant funds are used for a permissible law enforcement purpose in accordance with this *Guide* or where such use is authorized by federal law.
- i. **Pro rata funding**—a law enforcement agency's percentage of the costs associated with supporting multi-agency items or facilities. For example, if a town purchases a new computerized payroll system, and the police department payroll represents 20 percent of the total use of the payroll system, then the police department may use shared money to fund its pro rata share (20 percent) of the operating and maintenance expenses of the system.

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Janet Murphy  
Deputy Director

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

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

Date: March 31, 2017  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Colleen Murphy, Budget Analyst *CM*  
Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DIVISION OF MINERALS**

Agenda Item Write-up:

Pursuant to NRS 281.160 the Division of Minerals requests approval of an agency specific travel policy which includes an employee reimbursement rate for camping.

Additional Information:

The Division of Minerals seeks approval to formalize a camping and personal gear reimbursement rate of \$40 per night in the agency specific travel policy. The agency policy outlines this lesser employee reimbursement rate for camping in lieu of the standard GSA lodging rate. Policy approval appears to be in the best interest of the State as it supports increased productivity and cost-effective operations.

The agency travel policy (reference page 6) and cost analysis are attached.

Statutory Authority:

NRS 281.160(6) – reference attached  
SAM 0206(8) – reference attached

REVIEWED: *CM*  
ACTION ITEM: \_\_\_\_\_



STATE OF NEVADA  
COMMISSION ON MINERAL RESOURCES  
**DIVISION OF MINERALS**  
400 W. King Street, Suite 106  
Carson City, Nevada 89703  
(775) 684-7040 • Fax (775) 684-7052  
<http://minerals.nv.gov/>



**BRIAN SANDOVAL**  
Governor

Las Vegas Office: 2030 E. Flamingo Rd. #220, Las Vegas, NV 89119  
Phone: (702) 486-4343; Fax: (702) 486-4345

**RICHARD PERRY**  
Administrator

March 30, 2017

**MEMORANDUM**

To: Colleen Murphy  
Budget Analyst  
Governor's Finance Office

FROM: Richard M. Perry   
Administrator

Re: Seeking BOA Approval of Conditions Under Which Employees May Claim Reimbursement When Camping, per NRS 281.160 and State Administrative Manual 0206

**Camping Per Diems**

The Travel Policy for the Nevada Division of Minerals (NDOM) has been updated to incorporate agency Camping per diems/gear reimbursement rates.

**Justification for Camping Rates Less Than GSA**

Staff and Summer Interns work in the field for days or weeks at a time. Abandoned Mine Lands (AML) logging and securing work is often performed in remote areas where the distance to a motel is such that it is more efficient and productive to camp near the work area. The AML program has operated since 2000 by paying a fixed "camping and personal gear" reimbursement for each night a member of staff or an intern spends camping in the field. In calendar year 2016, a total of 403 nights were spent in the field, of which 88% were summer AML interns. The Division previously conducted a cost analysis, which is attached for reference.

Both staff and interns have expressed their preference for the camping and personal gear reimbursement option, and sign a travel policy certificate in acknowledgment.

## TRAVEL AND SUBSISTENCE FOR STATE OFFICERS AND EMPLOYEES

### **NRS 281.160 Persons entitled to payment for expenses; rate of allowance for travel; use of private or special use vehicles; reimbursement of weekend travel expenses; regulations.**

1. Except as otherwise provided in subsection 2, 5 or 6, or by specific statute, if a district judge, state officer, state employee or member of an advisory board supported in whole or in part by any public money, whether the public money is received from the Federal Government or any branch or agency thereof, or from private or any other sources, transacts public business outside of the municipality or other area in which the person's principal office is located, the judge, officer, employee or member, as applicable, is entitled to receive the person's expenses in the transaction of that public business, to be paid at a rate established by the State Board of Examiners, for each 24-hour period during which the person is:

- (a) Away from the office and within the State; or
- (b) Outside of the State.

2. Any person enumerated in subsection 1 is entitled to receive expenses for a period of less than 24 hours in accordance with regulations of the State Board of Examiners.

3. Any person enumerated in subsection 1 is entitled to receive an allowance for transportation in the transaction of public business, whether within or outside of the municipality or other area in which the person's principal office is located. Transportation must be by the most economical means, considering total cost, time spent in transit and the availability of state-owned automobiles and special use vehicles. The State Board of Examiners shall establish the rate of the allowance for travel by private conveyance. The rate must equal the standard mileage reimbursement rate for which a deduction is allowed for the purposes of federal income tax that is in effect at the time the rate is established. If a private conveyance is used for reasons of personal convenience in transaction of state business, the allowance for travel is one-half the established rate.

4. The State Board of Examiners may establish a transportation allowance for the use of private, special use vehicles on public business by any person enumerated in subsection 1, whether within or outside of the municipality or other area in which the person's principal office is located. The allowance must be established at rates higher than the rates established in subsection 3.

5. The State Board of Examiners may establish:

(a) A room rate in excess of the normal allowance for reimbursement of employees who are required to travel on weekends to serve the needs of the public. The Board may require the submission of receipts as a condition of reimbursement at the special rate.

(b) Reasonable rates for expenses outside of the United States that will allow a person to purchase the same quality of food as the domestic rate allows.

6. The State Board of Examiners shall adopt regulations, and shall require other state agencies to adopt regulations, in accordance with the purpose of this section, and a state agency may, with the approval of the State Board of Examiners, adopt a rate of reimbursement less than the amounts established pursuant to subsection 1 where unusual circumstances make that rate desirable.

7. The rate established by the State Board of Examiners pursuant to subsection 1 must be the same as the comparable rate established for employees of the Federal Government by the Administrator of General Services pursuant to 5 U.S.C. § 5707, but is not subject to any federal requirement, restriction or other condition that is applicable to that comparable rate.

[1:17:1928; A 1953, 376; 1955, 381] — (NRS A 1959, 860; 1960, 297; 1961, 279; 1963, 143, 478, 1281; [1965, 289](#); [1967, 453](#); [1971, 593](#); [1973, 187, 369](#); [1975, 255](#); [1977, 793](#); [1979, 697](#); [1981, 1749](#); [1985, 390](#); [1987, 768](#); [1989, 1513](#); [1993, 2503](#); [1995, 894](#); [1997, 1231](#); [2001 Special Session, 263, 264](#); [2007, 592](#))

## **0200 Travel**

NRS [281.160](#) outlines the State's statutes regarding travel and subsistence for State officers, board and commission members, contractors, and employees, hereinafter referred to collectively as "employees".

### **0204 Board of Examiners' Travel Policy**

In accordance with NRS [281.160\(7\)](#) the Board of Examiners shall establish the rate of reimbursement employees are entitled to receive while transacting public business. This rate must be the same as the comparable rate established for employees of the Federal Government. However, certain State policies may differ and supersede the established federal guidelines or policy. It is the Board of Examiners' policy that travel should be by the least expensive method available when such factors as total travel time, salary of employee, availability of agency cars or Fleet Services Division cars, and costs of transportation are considered.

NRS [281.160 \(6\)](#) allows an agency to adopt a rate of reimbursement less than the amounts specified in NRS [281.160 \(1\)](#) where unusual circumstances make that rate desirable. An agency adopting such rates, must submit their proposed policy to the Board of Examiners for approval. The lesser rates may not be adopted until such approval.

A person employed by an agency that has adopted a lesser reimbursement rate shall be reimbursed in accordance with the agency's policies.

Employees are eligible for per diem, lodging and/or vehicle rental reimbursements only if they are 50 miles or more from their official work station, unless the Board of Examiners has approved a policy for a given department that permits travel reimbursements within 50 miles of the assigned duty station.

Advanced planning for travel will allow for the purchase of airline tickets at discounted rates.

### **0206 Agency Policies Regarding Travel**

Because of the variety of situations faced by State agencies, it is important for State agencies to adopt agency-specific policies. The Board of Examiners instructs all agencies to carefully review travel requirements and to adopt detailed policies consistent with the Board of Examiners' travel policy and within the legislatively approved travel budget authority. These policies should address, but may not be limited to, the following situations:

1. The hours and conditions during which an employee will be allowed to claim meals;
2. Overnight lodging, vehicles and per diem allowances within fifty (50) miles principal duty station, if approved by the Board of Examiners;
3. Combining State business and personal travel;
4. Out-of-State travel requests;
5. Employees traveling as members of non-state agencies;
6. Use of private aircraft;

7. The conditions under which an employee will be allowed to claim mileage while using the employee's personal vehicle; and
8. If approved by the Board of Examiners, the conditions under which an employee will be allowed to claim reimbursement for lodging, meals and incidentals while camping inside or outside of established campgrounds while on official State business.

## **0208 Agency Accounting for Travel Expenses**

All travel expenses of State employees will be charged to the budget account specifically appropriated or authorized to provide for the employees' salary and/or travel expenses. The director of the department paying for the travel must approve exceptions to this rule in advance of the travel.

## **0210 Travel Status**

Employees in travel status shall receive reimbursement that matches the rates established by the U.S. General Services Administration (GSA) for the employee's primary destination. Maximum per diem reimbursement rates for lodging, meals, and incidental expenses are established by city/county and vary by season. State employees are directed to the GSA's website <http://gsa.gov> and the link "Per Diem Rates" under the "Travel" drop-down menu to locate the most current rates. Employees may receive reimbursement for breakfasts even though continental breakfasts are provided. Employees shall not claim full meals furnished to them during a conference, meeting, or other work function on their reimbursement request.

For out-of-state travel, employees are required to submit a Travel Request for approval prior to making any travel arrangements.

Upon approval of the department head, agencies may make exceptions to the rate of reimbursement for lodging when the following applies:

1. Lodging is procured at a prearranged place such as a hotel where a meeting, conference or training session is held, or
2. Costs have escalated because of special events; lodging within prescribed allowances cannot be obtained nearby; and costs to commute to/from the nearby location exceed the cost savings from occupying less expensive lodging.
3. If the condition(s) above exist, agencies may apply the following rules to the rate of reimbursement for :

### **In-State Travel**

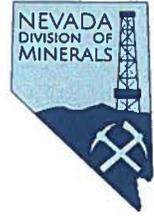
1. 150% of the standard Continental United States (CONUS) federal per diem rate for non-surveyed sites, or

### **Out-of-State Travel**

1. 175% of the federal per diem rate for surveyed out-of-state sites, or
2. 300% of the standard CONUS federal per diem rate for non- surveyed out-of-state sites.



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**DIVISION OF MINERALS**  
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**BRIAN SANDOVAL**  
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**RICHARD PERRY**  
Administrator

**NEVADA DIVISION OF MINERALS  
INTERNAL POLICY AND PROCEDURES  
TRAVEL AND PER DIEM**

**AUTHORITY AND REFERENCE:** NRS 281.160, State Administrative Manual (SAM) 0200 entire chapter on Travel.

**PURPOSE:** To provide guidelines upon which to determine when an employee is entitled to receive reimbursement for out-of-pocket expenses for travel, meals and incidentals in the transaction of public business.

**POLICY:** The Division will reimburse expenditures of the employees in the transaction of public business to the limit authorized through law and rates set forth by the Nevada State Board of Examiners in the State Administrative Manual (SAM), which are comparable to the rates established by the U.S. General Services Administration (GSA) except in circumstances outlined in this policy.

**DEFINITIONS:**

**Camp Status** refers to an employee who is in travel status but is camping, and does not stay in a motel or hotel; those in camp status receive the GSA per diem/meals and incidentals rates.

**Customary Meal Times** during travel status are part of the hours and conditions which an employee will be allowed to claim meals for reimbursement. Breakfast is customary between 7-8am and eligible for per diem if travel begins on or before 7:00am; Lunch is customary between 12:00-1:00pm and eligible for per diem if travel begins on or before 11:00am; Dinner is customary between 6:00-7:00pm and eligible for per diem if travel ends on or after 7:00pm.

**CONUS** means the Federal abbreviation for Continental United States, which is frequently used to refer to the annually set travel reimbursement rate for certain areas.

**Duty Station** means the address of location that is the primary place of work on a permanent basis. For employees, this means your assigned office address. For Commission on Mineral Resources' commissioners who are not employees, this means the home address.

**M&IE** means Meals and Incidental Expenses.

**Municipality** means village, town or city.

**Non-routine activity** means an activity that is performed as part of an employee's job duties or responsibilities but not as a routinely or regularly scheduled activity.

**Non-surveyed (also known as Standard CONUS locations)** – These are areas that are less frequently traveled by the federal community and whose counties and cities are not specifically listed with separate GSA rates. The per diem rate would be the Standard CONUS rate.

**Out-of-pocket expenses** when used for meals where the meal is purchased from a commercial dining establishment or for groceries for a campout while in travel status or when used for lodging where lodging services are paid for/purchased by the employee.

**Per Diem** means the allowance for lodging, meals and incidental expenses; for normal travel to one destination, the round trip per diem is the amount equivalent to that destination; Qualifying meals for per diem are calculated from the destination GSA rate. For example, if traveling from Reno to Las Vegas the per diem will be according to the Las Vegas GSA rates.

**Personal gear** refers to personally owned sleeping bag, cot, tent, camping stove, cooking utensils, camping gear, etc.

**Surveyed area** means an area that is frequently traveled by the federal community and is reviewed on an annual basis and whose counties and cities are specifically listed with separate GSA rates. In federal terms these are also known as non-standard locations because the standard CONUS rates **do not** apply.

**Travel status** means when employee is on public business away from the office, within the State or outside of the State is at least (50) miles from their official duty station.

For reimbursement purposes, at least fifty (50) miles one way qualifies for meals and overnight lodging. Travel begins and ends at the duty station unless the employee has been approved to leave from home if it is closest to the destination.

**Exceptions:** Lodging and/or per diem in areas less than 50 miles of the employee's duty station will not be allowed unless pre-approved by the supervisor and only for the following conditions:

1. Inclement weather or adverse road conditions make travel difficult or unsafe;
2. Late official meetings are required.

## **PROCEDURE:**

### **Employee Responsibilities**

All employees will review this policy and complete the Certificate of Understanding Form in the Appendix of the policy and return it to their supervisor and NDOM HR.

Employees traveling on state business are responsible for representing the State of Nevada in a positive, ethical manner. Additionally, they are responsible for choosing the most cost effective means of travel possible, preparing all necessary request forms, investigating GSA rates and completing their claims accurately before submitting them for approval. See FY2017 Nevada GSA rates in *Appendix C*.

### **Supervisor Responsibilities**

Supervisors are responsible for reviewing and approving allowable claims and disapproving or rejecting disallowable claims in compliance with the GSA Allowances, with this BOE-Approved Division of Minerals Travel Policy fairly and consistently for all their employees.

## **OVERVIEW**

NDOM employees in travel status shall receive reimbursement as authorized by the Nevada State Board of Examiners, at a rate comparable to the per diem rates for lodging, meals and incidental expenses established by the US General Services Administration (GSA), with taxes also reimbursable. The maximum allowable rates for lodging vary by city/county and by season; there may be multiple rates for each destination depending upon the season. See **Appendix C** for the most current Nevada GSA rates. New federal rates will be posted at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem) effective October 1 of each year.

### **Determining Meal Rates and Lodging Rates**

If an area is not listed on the federal travel per diem web site, the rate will be the GSA rate established for lodging per night, and meals and incidentals per day for non-surveyed areas. The GSA Per Diem Footnotes further clarifies the per diem locality:

1. Unless otherwise specified, the per diem locality is defined as “all locations with or entirely surrounded by the corporate limits of the key city, including independent entities located within those boundaries.”
2. Per diem localities with county definitions shall include “all locations within, or entirely surrounded by, the corporate limits of the key city as well as the boundaries of the listed counties, including independent entities located within the boundaries of the key city and the listed counties (unless otherwise listed separately).”

In other words, if the specific city is not listed but the county is, then the per diem rate for that entire county. If the city and the county are not listed, then that area is considered to be a Standard CONUS location.

### **Lodging Receipts Required**

Per the State Administrative Manual (SAM) edition, receipts are required for **all** lodging expenses, in-state and out-of-state. Employees must keep track of any lodging receipts, even in CONUS non-surveyed area. **No lodging claim will be paid without a receipt.**

### **Taxes**

In addition to the reimbursable lodging rates, employees may be reimbursed for lodging taxes and fees. Lodging taxes are limited to the taxes on reimbursable lodging costs. *For example, if the maximum lodging rate is \$50 per night, and you elect to stay at a hotel that costs \$100 per night, you can only claim the amount of taxes on \$50 which is the maximum authorized lodging amount.*

### **One (1) Name per Claim**

Per the State Administrative Manual (SAM), chapter 0220-Travel Filing Claims, “TE (Travel Expense) forms may not contain claims for expenses associated with travelers other than the traveler indicated on the form, even if the traveler paid for the other traveler’s expenses.

If other lodging arrangements have been made, such as staying with relatives or friends or choosing to stay with another employee who has paid for their room, only one traveler can submit the lodging receipt at the approved GSA rate for one person per room. The rooming employee would only claim meals, and on the TE claim form, writes “other lodging arrangements were made”.

**Contractors** – Per SAM 0200 and 0320, Contractors are eligible for travel reimbursement at the State rates in accordance with the requirements of this Travel Policy if travel is included in the contract, and paid through the contract company which contractors work through (for instance Apple One or Manpower), not through NDOM’s travel budgets category 02 and 03.

### **EXCEEDING THE GSA**

According to the State Administrative Manual (SAM), certain exceptions to the rate of reimbursement are allowed for in-state lodging. Upon approval of the agency head, agencies may make exceptions to the rate of reimbursement for lodging when the following applies:

- a. Lodging is procured at a prearranged place such as a hotel when a meeting, conference or training session is held or;
- b. Costs have escalated because of special events; lodging within prescribed allowances cannot be obtained nearby; and costs to commute to/from the nearby location exceed the cost savings from occupying less expensive lodging. *For example, Fridays, Saturdays and Sundays are often priced significantly higher than weeknights.*

If one of the conditions above exists, agencies may apply the following rules to the rate of reimbursement:

- c. **For In-State Travel**, 150% of the standard CONUS federal per diem rate for **non-surveyed** in-state sites;
- d. **For Out-of-State Travel** 175% of the federal per diem rate for **surveyed** out-of-state sites, or 300% of the standard CONUS federal per diem rate for **non-surveyed** out-of-state sites.

## **TAXES & MEAL/INCIDENTAL REIMBURSEMENT FOR ALL TRAVEL**

## **Meals**

Meals will be reimbursed in accordance with the current GSA allowance for meals and incidental expenses (M&IE).

For travel away from the duty station the employee will be reimbursed for meals and incidental (M&IE) at 100% the GSA rate if within the Customary Meal Times. Qualifying meals for per diem are calculated from the destination GSA rate, i.e. traveling to Las Vegas from Reno the per diem according to the Las Vegas GSA.

**Receipts not required for meal** reimbursement or the incidental allowance, yet a copy of the current GSA allowance for lodging and M&IE **must be included** with the employee's Out-of-State Travel request prior to travel. The Program Officer II will maintain copies in the "pending travel" folder of the pertinent GSA rate for travel. The M&IE rates vary by season, for guidance on deducting these amounts employees should refer to the "Meals and Incidental Expense Breakdown" link on the GSA website. NDOM employees will claim M&IE only within the *hours and conditions for reimbursable meals* outlined in this policy (not the federal regulation of 75% first and last day).

The SAM 0208 instructs all agencies to adopt detailed policies on travel, including the hours and conditions during which an employee is able to claim meals. NDOM has established customary mealtimes.

**Customary Mealtimes** – for travel days and same-day travel, qualifying meals for per diem and for incidentals are reimbursable according to this customary mealtime during which those activities fall, and the GSA cost per meal for the destination. Customary Mealtimes include:

**Breakfast** is customary between 7-8am and eligible for per diem if travel begins **on or before 7:00am**;

**Lunch** is customary between 12:00-1:00pm and eligible for per diem if travel begins **on or before 11:00am**;

**Dinner** is customary between 6:00-7:00pm and eligible for per diem if travel ends **on or after 7:00pm**.

The employee is eligible to receive reimbursement for breakfast, lunch, incidentals, and dinner if in travel status for a minimum of 12 hours, 7:00am to 7:00pm.

### **Notation of Inclusive/Event-Provided Meals**

Meals eaten or lodging utilized at no cost to the employee, in-flight meals or meals included in conference registration fees are not eligible for reimbursement and cannot be claimed. However, employees may receive reimbursement for breakfast even though continental breakfasts are provided.

### **Other Miscellaneous Expenses Reimbursed with Receipt**

Per SAM 0212 and 0214, employees will be reimbursed for actual expenses incurred with the receipts for parking or vehicle storage fees for private or state vehicles, and commercial transportation costs (i.e.

taxi, shuttle bus, railroad tickets, etc.), business related expenses including use of internet services, computers, printers, faxing machines, scanners, conference room rentals, official phone calls.

- a. An employee may claim laundry cleaning/pressing services after four (4) consecutive nights or longer of work-related travel. **Receipts are required for any of these expenses.**
- b. **Any other incidental expenses** not listed will be reimbursed without receipt according to the GSA IE rates, including luggage carts, metered parking, and taxicab tips.

### **Camping Rates**

NDOM employees and summer interns often camp for field work in rural areas around the state far away from a hotel/motel and it is safer, more efficient, and economical considering all factors including mileage and time.

Camp status refers to an employee who is in travel status but is camping, and does not stay in a hotel or motel. Similar to regular travel status, the destination is the meal rate, not the actual location. Camp rates only apply until camping ends. Once the destination is a hotel, the GSA per diem for that destination begins.

### **Camping and Personal Gear Reimbursement - \$40 per night**

Employees in camp status who pay their own campground fees and use their own personal gear, including sleeping bag, cot, sleeping pads, tent, camp stove, cooking utensils, etc. may claim \$40 per night for maintenance and long-term replacement for **all** of the employee's personal gear.

*For example, if an employee paid a campground fee, used his/her tent, sleeping bag, and cot the reimbursable camp rate would still be \$40 total.* For claim form purposes, the rate is to be entered in the lodging column on the Travel Expense Reimbursement Claim Form. In the "purpose" section, indicate that this is camp status and indicate the county.

### **Camping Meal Reimbursement**

Meals are reimbursable if they are taken at least 50 or more miles from the duty station and the meals are eaten as an out-of-pocket expense to the employee. The Customary Mealtimes for regular travel apply to the camping as well. **When in camp status, the Meal and Incidental Expenses (M&IE) for NDOM employees will be at the GSA CONUS rate.**

### **MANDATORY ADVANCED APPROVAL PRIOR TO OUT-OF-STATE TRAVEL**

Travel out-of-state cannot proceed until the Out-of-State Travel Authorization Request form is signed and approved by the administrator. This approval is required even when no cost will be incurred for the travel. The request must be through the administrator on an Out-of-State Travel Authorization form at least 30 days before the trip.

### **Exceptions to Out-of-State Travel Pre-Approval:**

1. Short-term operational field work in the immediate vicinity not to exceed 90 miles of the Nevada border requires no form approval.

2. Emergencies – an approved request must still be submitted as soon as possible following the emergency.

## TRANSPORTATION

Travel in-state or out-of-state must be by the least expensive method available when such factors as total travel time, salary of traveler, availability or need for agency vehicle, overtime generated and cost of transportation are considered.

1. If travel is by Division or Fleet Service vehicles, employees should carpool whenever possible and economically advantageous to that agency.
2. **If travel is by commercial airline**, the employee must use air coach service only, and use the mandatory contracted company **Southwest Airlines**, for all locations they service. Employees traveling outside the state to destinations serviced by Southwest Airlines shall also use SWABIZ to book flights.
  - a. When booking a Southwest flight, employees must use the corporate internet booking tool, **SWABIZ** at [www.swabiz.com](http://www.swabiz.com) to obtain low fares and Rapid Rewards credit. The agency ghost account will be billed for the flight, instead of employee paying personally and being reimbursed.
  - b. **SWABIZ information from the Contract page on [www.purchasing.nv.gov](http://www.purchasing.nv.gov)** SWABIZ will always display a 5% discount on all refundable “Business Select” and “Anytime” fare; will display the **lowest available** “Wanna Get Away” rate, which may reflect a 3# discount (if a discount is available); will provide free travel management reports for agencies to track air reservations; does not charge service fees to book flights; however, if any changes are made to the reservation, there may be a charge for the differences between the two reservations. SWABIZ bills for changes on the agency state facilitated credit card billing.
  - c. When using Southwest Airlines/SWABIZ **do not use a travel agent** – the \$25 service charge will not be reimbursed.
  - d. Transportation to and from air terminals may be by bus, shuttle or taxi whichever rate is less.
3. **Voluntary Air Travel Charges:** It is the employee’s responsibility to keep travel charges to a minimum and notify the Administrative Assistant IV or Program Officer II if a reservation has been cancelled so the refund or credit can be tracked.
  - a. If an employee changes her/his ticket to earlier or later flights, the employee may have to pay out-of-pocket at the counter using a personal credit card for the difference but must submit the fee for reimbursement on the travel claim.
  - b. Some airline flight tickets are not allowed to be changed within 4 hours of the flight time without incurring additional charges and **should be avoided**.
4. Employees are encouraged to participate in **airline bonus flight points** for miles flown or as an inducement to travel with that airline for state travel – if any bonus flight points or incentives accumulated for state travel, those **must** be used to reduce the Division’s future travel expenses.
5. **If air service does not include meals** while in route, the employee will be reimbursed for each meal which is obtained at an out-of-pocket cost to the employee at the SAM rate. If the service **does** include meals, the employee **will not be entitled to reimbursement**.

**Airline transportation planning tips:**

Whenever possible, employees should purchase tickets 14 days in advance for the best savings. Before making reservations, the employee should consider whether to purchase nonrefundable or refundable tickets. Nonrefundable tickets are less expensive and should be used when the employee is fairly certain there will be no changes to the reservation as is often the case when traveling to a destination. For the return reservation, if there is a chance that the employee may need to change the flight, the refundable ticket may be less expensive in the long run, particularly if the public business finishes earlier or later than expected.

### **MANDATORY CONTRACT ON RENTAL CARS**

Per SAM 0218, vehicles must be rented from companies with whom the Purchasing Division and Fleet Services have negotiated overriding agreements. It is not necessary for the agency to purchase additional insurance when renting under those agreements as part of the negotiated contract rates, includes insurance coverage.

As such, usage of the negotiated contracts is mandatory. This protects employees and the State of Nevada, the rental rates and terms with the vendors include insurance coverage in case of damages.

When renting cars for travel on state NDOM business please utilize the link through the purchasing website [http://purchasing.nv.gov/Contracts/Documents/Vehicle\\_Rentals](http://purchasing.nv.gov/Contracts/Documents/Vehicle_Rentals).

### **USE OF PERSONAL VEHICLES (SAM 0504)**

Use of private vehicles for travel for public business is strongly discouraged because of the added expense to the agency and liability to the employee. Funds must be available to cover the cost within the budget to which the expenditures are to be charged.

- a. The State's insurance **does not** cover extend to or over an employee's personal vehicle in the event of an accident. Any damage claims are, therefore, charged to the employee's own insurance coverage. Similarly, the State's blanket policy **does not** indemnify and employee in the event of bodily injury resulting from a traffic accident while operating their own vehicle, even on official business.
- b. Personal vehicle use/reimbursement will only be approved if no other vehicles are available and all other travel alternatives have been evaluated and use of private vehicles is found to be the best alternative at the least cost to the Division.
- c. If extra time is involved as the result of using a private vehicle, as opposed to flying or using an agency vehicle, that the employee will: 1) Be on annual leave, compensatory time off, or personal leave for the extra travel time; and 2) not claim meals and other travel expenses in route that would not be incurred if using air travel or an agency vehicle, provided that air travel would, all things considered, be the least expensive and most efficient means of travel.

### **MILEAGE**

The most current state mileage reimbursement rate is established by memorandum by the Governor's Finance Office (as of January 3, 2017). It will be uploaded to the NDOM's "M" drive as it is updated.

**Employer Convenience Rate** - As of January 2017, the state mileage rate is \$0.535 per mile. Reimbursement for the use of a private vehicle for the convenience of the employee may be accepted only if:

- a. There is no adequate agency vehicle available; or
- b. There is no State Fleet Services' vehicle available; or
- c. The use of a private vehicle at the rate per mile is less than using an agency or Fleet Service vehicle; or
- d. When all other factors are considered the use of a private vehicle is the most cost-effective method available.

**Employee Convenience Rate** – The rate of reimbursement for the use of a private vehicle when travel is for the convenience of the employee shall be based on the Board of Examiners established rates at one-half the standard mileage reimbursement rate. As of January 2017, the mileage rate is \$0.0267 cents per mile.

## **FILING TRAVEL CLAIMS**

### **Submit Claims Promptly**

Travel claims shall be submitted *after the actual travel* to the Program Office II **no later than within 30 days of travel**, using NDOM's approved Travel Claim form.

## **STEP-BY-STEP INSTRUCTIONS**

Submit an original *Travel Expense Reimbursement Claim*, and receipts to the Program Officer II and include:

1. Employee's Name/Position; Internal ID; Division; Official (duty) Station.
2. Employee's signature which attests to the accuracy of the claim and complies with this policy and procedure. The claim **must have an original signature from the employee**.
3. The supervisor's signature which attests to the review and accuracy of the claim and complies with this policy and procedure. The claim **must have an original signature from the supervisor**.
4. The traveler's status as a state officer or employee, board or commission member or independent contractor.
5. Actual date and time of entering or leaving travel status shall be reported to the nearest fifteen minute interval.
  - a. Start of travel status time should be entered on first date of travel only.
  - b. End time of travel status should be entered on last day of travel only.
  - c. **Do not include entering or leaving times for the days in-between.**
6. Destination and purpose of each trip. The destination must be a geographical location, locatable on a map. The purpose of travel must be specific.
7. Transportation method to include code/mileage/cost.
8. Miscellaneous expenses (code and cost) unless included in M&IE.
9. Daily expense receipts and lodging receipts submitted with the employee travel claim. If no meal or lodging is claimed while in travel status, enter a statement below the last entry explaining why (example: "Provided at no cost to employee). If lodging exceeds the GSA and meets the exceptions to the GSA, submit a memo with supervisor's approval to that effect.
10. Dues and registrations should be paid by purchase order. However, if an employee pays out-of-pocket for the dues or registration, the employee may request reimbursement on the Travel Expense Reimbursement Claim providing proof of payment by the employee is included with the claim.

11. The employee's work schedule (as reported on NEATS), if other than 8am to 5pm Monday through Friday, must be indicated on the Travel Expense Reimbursement Claim.
12. Totals for claim.
13. Attach all necessary receipts
  - a. Copy of flight itinerary (whether paid by state facilitated credit card or employee personally). **A copy of the flight itinerary receipt must be submitted to the Program Officer II as soon as the flight has been booked to enable a cross-reference between the state facilitated credit card flight billings and the employee's travel claim.**
  - b. Transportation expenses for shuttles, taxis, train, etc.
  - c. Hotel receipts for all lodging
14. Travel necessary on a regular day off as a result of Division business the day previous or day following may be considered overtime. If travel is the only work accomplished, overtime shall be for actual travel status time only.
15. Claims submitted by the Commission on Mineral Resources' commissioners will be reviewed and signed by the Administrator or designee.

Signature of Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

**TRAVEL POLICY 2017 CERTIFICATE OF UNDERSTANDING**

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I, \_\_\_\_\_, (printed name) have read and understood the Division of Minerals' Travel Policy, and agree to comply with the guidelines set forth within, and understand that failure to do so may result in disciplinary action.

Signature of Individual: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

**Copies of this certificate after signing will be kept in the employee's file.**

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF ADMINISTRATION – RISK MANAGEMENT DIVISION	NEVADA PUBLIC AGENCY INSURANCE POOL	\$65,581
	<b>Lease Description:</b> This is a lease renewal to extend the existing lease including the use of two conference rooms. <b>Term of Lease:</b> 02/01/2018 – 01/31/2020 <b>Located in Carson City</b>		
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITIES SERVICES DIVISION – RURAL REGIONAL CENTER	BPL, A NEVADA LIMITED PARTNERSHIP	\$399,306
	<b>Lease Description:</b> This is a lease renewal to extend the existing lease. <b>Term of Lease:</b> 10/01/2017 – 09-30-2027 <b>Located in Elko</b>		
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITIES SERVICES DIVISION	BPL, A NEVADA LIMITED PARTNERSHIP	\$814,890
	<b>Lease Description:</b> This is a lease renewal to extend the existing lease. <b>Term of Lease:</b> 10/01/2017 – 09-30-2027 <b>Located in Elko</b>		
4.	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES, SAGEBRUSH ECOSYSTEM PROGRAM	NEVADA PUBLIC AGENCY INSURANCE POOL	\$55,050
	<b>Lease Description:</b> This is a lease renewal to extend the existing lease. <b>Term of Lease:</b> 07/01/2017 – 06/30/2019 <b>Located in Carson City</b>		
5.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES	M&H SUNRISE, LLC	\$188,755
	<b>Lease Description:</b> This is a relocation lease to better accommodate the agency's expanding needs at a \$0.06 reduction per square foot. <b>Term of Lease:</b> 07/01/2017 – 06/30/2022 <b>Located in Yerington</b>		
6.	NEVADA DEPARTMENT OF TRANSPORTATION, CREW 904	AIRPORT GARDENS INVESTORS, LLC	\$204,779
	<b>Lease Description:</b> This is a lease renewal to extend the existing lease. <b>Term of Lease:</b> 01/01/2018 – 12/31/2022 <b>Located in Reno</b>		
7.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES	S & A FRESHMAN FAMILY PROPERTIES, LLC DBA NORTHGATE PLAZA	\$3,590,036
	<b>Lease Description:</b> This is a lease renewal to extend the existing lease which includes tenant improvements. <b>Term of Lease:</b> 09/17/2017 – 09/16/2027 <b>Located in Carson City</b>		

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
8.	NEVADA STATE BOARD OF ORIENTAL MEDICINE	BATTLEBORN LAW, LLC	\$9,576
	<b>Lease Description:</b>	This is a lease renewal to extend the existing lease.	
	<b>Term of Lease:</b>	08/01/2017 – 07/31/2019	Located in Las Vegas
9.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – RURAL CLINICS	MPZ RENTALS, LLC	\$46,853
	<b>Lease Description:</b>	This is a lease renewal to extend the existing lease.	
	<b>Term of Lease:</b>	08/01/2017 – 11/30/2020	Located in Battle Mountain

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

**STATEWIDE LEASE INFORMATION**

**RECEIVED**

MAR 30 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

1. Agency: Department of Administration  
Risk Management Division  
201 South Roop Street, Suite 201  
Carson City, Nevada-89701  
Ana Andrews  
Phone: (775) 687-3192 Fax: (775) 687-3195 Email: amandrews@admin.nv.gov

Remarks: This lease renewal was negotiated to with no rent rate increase for the first year, and the use of two (2) conference rooms at no charge to the Tenant.

Exceptions/Special notes: The Lessor is exempt from obtaining a business license per NRS 277.110

2. Name of Landlord (Lessor): Nevada Public Agency Insurance Pool

3. Address of Landlord: 201 South Roop Street, Suite 102  
Carson City, Nevada 89701

4. Property contact: Wayne Carlson  
(775) 885-7475 Fax (775) 883-7398 waynecarlson@poolpact.com

5. Address of Lease property: 201 South Roop Street, Suite 201  
Carson City, Nevada 89701

a. Square Footage:  Rentable  Usable 1,809

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Appoximate cost per square foot
Increase % 0%	\$2,698.82	12	\$32,385.84	February 1, 2018 - January 31, 2019	\$1.49
2.5%	\$2,766.29	12	\$33,195.48	February 1, 2019 - January 31, 2020	\$1.53

c. Total Lease Consideration: 24 \$65,581.32

d. Option to renew:  Yes  No 90 Renewal terms: One identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5% / 90

f. Term: Two (2) years

g. Pass-thrus/CAM/Taxes  Landlord  Tenant

h. Utilities:  Landlord  Tenant

i. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

j. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate: \$1.68 - \$2.03 - Carson City Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 1352

6. Purpose of the lease: To house the Division of Risk Management

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

**STATEWIDE LEASE INFORMATION**

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

**IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET**

 3/24/2017  
Authorized Agency Signature Date

For Public Works Information:

**8. State of Nevada Business License Information:**

a. Nevada Business ID Number:	<u>NV 20121663710</u>	Exp:	<u>11/30/2017</u>	7
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T32000480</u>			

**9. Compliance with NRS 331.110, Section 1, Paragraph 2:**

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

 3.20.17  
Authorized Signature Date  
Public Works Division

Wbm  
For Board of Examiners  YES  NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
Aging and Disability Services Division, Rural Regional Center  
605 S. 21st Street  
Sparks, Nevada 89431  
Jamie Pruneau  
775.687.0532 jpruneau@adsd.nv.gov

Remarks: These rates were negotiated to reflect only a 1.67% average yearly increase, which is less than the current average yearly increase of 1.89%

Exceptions/Special notes:

2. Name of Landlord (Lessor): BPL, a Nevada Limited Partnership

3. Address of Landlord: 1300 Royal Crest Drive  
Elko, Nevada 89801

4. Property contact: Angie Heguy  
775.397.8788 Fax: 775.753.7992 angieheguy@gmail.com

5. Address of Lease property: 1010 Ruby Vista Drive, Suite 102  
Elko, Nevada 89803

a. Square Footage:  Rentable  
 Usable 1,717

b. Cost:

Increase %	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
	\$3,090.60	12	\$37,087.20	October 1, 2017 - September 30, 2018	\$1.80
1.67%	\$3,142.11	12	\$37,705.32	October 1, 2018 - September 30, 2019	\$1.83
1.64%	\$3,193.62	12	\$38,323.44	October 1, 2019 - September 30, 2020	\$1.86
1.61%	\$3,245.13	12	\$38,941.56	October 1, 2020 - September 30, 2021	\$1.89
1.59%	\$3,296.64	12	\$39,559.68	October 1, 2021 - September 30, 2022	\$1.92
1.56%	\$3,348.15	12	\$40,177.80	October 1, 2022 - September 30, 2023	\$1.95
1.54%	\$3,399.66	12	\$40,795.92	October 1, 2023 - September 30, 2024	\$1.98
1.52%	\$3,451.17	12	\$41,414.04	October 1, 2024 - September 30, 2025	\$2.01
1.99%	\$3,519.85	12	\$42,238.20	October 1, 2025 - September 30, 2026	\$2.05
1.95%	\$3,588.53	12	\$43,062.36	October 1, 2026 - September 30, 2027	\$2.09

c. Total Lease Consideration: 120 \$399,305.52

d. Option to renew:  Yes  No 90 Renewal terms: One identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5%/90

f. Term: Ten (10) years

g. Pass-thrus/CAM/Taxes  Landlord  Tenant

h. Utilities:  Landlord  Tenant

i. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

j. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate: Not Available - Rural Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 3167

6. Purpose of the lease: To house the Aging and Disability Services Division, Rural Regional Center

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

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MAR 17 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**STATEWIDE LEASE INFORMATION**

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

**IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET**

\_\_\_\_\_

Julie Berenson 3-14-17  
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20131395277</u>	Exp:	<u>7/31/2017</u>	5
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input checked="" type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T80086590</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 3-17-17  
Authorized Signature Date  
Public Works Division

cb  
For Board of Examiners  YES  NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	<i>BHW</i>
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
 Aging and Disability Services Division  
 3416 Goni Road, Building D-132  
 Carson City, Nevada 89706  
 Jamie Pruneau  
 775.687.0532 jpruneau@adsd.nv.gov

Remarks: These rates were negotiated to reflect only a 1.67% average yearly increase, which is less than the current average yearly increase of 1.89%

Exceptions/Special notes:

2. Name of Landlord (Lessor): BPL, a Nevada Limited Partnership

3. Address of Landlord: 1300 Royal Crest Drive  
 Elko, Nevada 89801

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 MAR 17 2017

4. Property contact: Angie Heguy  
 775.397.8788 Fax: 775.753.7992 angieheguy@gmail.com

GOVERNOR'S FINANCE OFFICE  
 BUDGET DIVISION

5. Address of Lease property: 1010 Ruby Vista Drive, Suite 104  
 Elko, Nevada 89803

a. Square Footage:  Rentable  Usable 3,504

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$6,307.20	12	\$75,686.40	October 1, 2017 - September 30, 2018	\$1.80
1.67%	\$6,412.32	12	\$76,947.84	October 1, 2018 - September 30, 2019	\$1.83
1.64%	\$6,517.44	12	\$78,209.28	October 1, 2019 - September 30, 2020	\$1.86
1.61%	\$6,622.56	12	\$79,470.72	October 1, 2020 - September 30, 2021	\$1.89
1.59%	\$6,727.68	12	\$80,732.16	October 1, 2021 - September 30, 2022	\$1.92
1.56%	\$6,832.80	12	\$81,993.60	October 1, 2022 - September 30, 2023	\$1.95
1.54%	\$6,937.92	12	\$83,255.04	October 1, 2023 - September 30, 2024	\$1.98
1.52%	\$7,043.04	12	\$84,516.48	October 1, 2024 - September 30, 2025	\$2.01
1.99%	\$7,183.20	12	\$86,198.40	October 1, 2025 - September 30, 2026	\$2.05
1.95%	\$7,323.36	12	\$87,880.32	October 1, 2026 - September 30, 2027	\$2.09

c. Total Lease Consideration: 120 \$814,890.24

d. Option to renew:  Yes  No 90 Renewal terms: One identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5%/90

f. Term: Ten (10) years

g. Pass-thrus/CAM/Taxes  Landlord  Tenant

h. Utilities:  Landlord  Tenant

i. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

j. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate: Not Available - Rural Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 3151/3266

6. Purpose of the lease: To house the Aging and Disability Services Division

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

**STATEWIDE LEASE INFORMATION**

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

**IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET**

\_\_\_\_\_

Jul Burton                      3.14.17  
Authorized Agency Signature                      Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20131395277</u>	Exp:	<u>7/31/2017</u>	12
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input checked="" type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T80086590</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature]    3.17.17  
Authorized Signature    Date  
Public Works Division

[Signature]  
For Board of Examiners                       YES                       NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: C. Palmieri	3/31/17
Reviewed by: [Signature]	3/31/17
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency: Department of Conservation & Natural Resources, Sagebrush Ecosystem Program  
901 South Stewart Street, Suite 1003  
Carson City, Nevada 89701  
Contact: Jim Lawrence (775) 684-2726 Fax (775) 684-2715 lawrence@dcnr.nv.gov

Remarks: This renewal was negotiated with no rent rate increase.

Exceptions/Special notes: The Lessor is exempt from obtaining a business license per NRS 277.110

2. Name of Landlord (Lessor): Nevada Public Agency Insurance Pool

3. Address of Landlord: 201 South Roop Street, Suite 102  
Carson City, Nevada 89701

4. Property contact: Wayne Carlson  
(775) 885-7475 Fax (775) 883-7398 waynecarlson@poolpact.com

5. Address of Lease property: 201 South Roop Street, Suite 101  
Carson City, Nevada 89701

a. Square Footage:  Rentable  
 Usable 1,835

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$2,293.75	12	\$27,525.00	July 1, 2017 - June 30, 2018	\$1.25
\$2,293.75	12	\$27,525.00	July 1, 2018 - June 30, 2019	\$1.25

Increase % 0%

c. Total Lease Consideration: 24 \$55,050.00

d. Option to renew:  Yes  No 90 Renewal terms: One identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5%/90

f. Term: Two (2) years

g. Pass-thrus/CAM/Taxes  Landlord  Tenant

h. Utilities:  Landlord  Tenant

i. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

j. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate: \$1.68 - \$2.03 - Carson City Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 4150

6. Purpose of the lease: To house the Department of Conservation & Natural Resources Sagebrush Ecosystem Program

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

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MAR 30 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**STATEWIDE LEASE INFORMATION**

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

**IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET**


3/29/17  
 \_\_\_\_\_  
 Authorized Agency Signature Date

For Public Works Information:

**8. State of Nevada Business License Information:**

a. Nevada Business ID Number: <u>NV20121663710</u>	Exp: <u>11/30/2017</u>	6
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
g. State of Nevada Vendor number: <u>T32000480</u>		

**9. Compliance with NRS 331.110, Section 1, Paragraph 2:**

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO


3.29.17  
 \_\_\_\_\_  
 Authorized Signature Date  
 Public Works Division

sl / bm  
 For Board of Examiners  YES  NO

Please Note: Dates for commencement and BOE targets are Initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i>
Reviewed by:	
Reviewed by:	

RECEIVED

MAR 20 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
Division of Child and Family Services  
4126 Technology Way, 3rd Floor  
Carson City, Nevada 89706  
contact: Sharon Knigge  
phone: 775.684.7952 fax: 775.684.4455 email: sharon.knigge@dcsf.nv.gov

Remarks: This relocation was negotiated to better accommodate the agencies expanding needs and safety, at a \$0.06 reduction in cost per square foot.

Exceptions/Special notes:

2. Name of Landlord (Lessor): M&H Sunrise, LLC

3. Address of Landlord: 6774 Glissando Ct  
Las Vegas, Nevada 89139

4. Property contact: Darren Wagner  
Phone: (775) 530-4826 email: dew072014@gmail.com

5. Address of Lease property: 205 West Goldfield Avenue  
Yerington, Nevada 89447

a. Square Footage:  Rentable  Usable 2,350

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$3,000.00	12	\$36,000.00	July 1, 2017 - June 30, 2018	\$1.28
4% \$3,120.00	12	\$37,440.00	July 1, 2018 - June 30, 2019	\$1.33
0% \$3,120.00	12	\$37,440.00	July 1, 2019 - June 30, 2020	\$1.33
4% \$3,244.80	12	\$38,937.60	July 1, 2020 - June 30, 2021	\$1.38
0% \$3,244.80	12	\$38,937.60	July 1, 2021 - June 30, 2022	\$1.38

c. Total Lease Consideration: 60 \$188,755.20

d. Option to renew:  Yes  No Renewal terms: One identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5%90

f. Term: Five (5) years

g. Pass-thrus/CAM/Taxes:  Landlord  Tenant

h. Utilities:  Landlord  Tenant

i. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

j. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate:

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 3229

6. Purpose of the lease: To house the Division of Child and Family Services

7. This lease constitutes:
- An extension of an existing lease
  - An addition to current facilities (requires a remark)
  - A relocation (requires a remark)
  - A new location (requires a remark)
  - Remodeling only
  - Other

a. Estimated Moving Expenses: \$1,311.00 Furnishings: \$15,056.96 Data/Phones: \$30,000.00

**STATEWIDE LEASE INFORMATION**

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

**IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET**

*Daniel Kummer* 3/15/17  
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20171038539</u>	Exp:	<u>1/31/2018</u>	6
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>TBD</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

*[Signature]* 3-17-17  
 Authorized Signature Date  
 Public Works Division

*[Signature]* For Board of Examiners  YES  NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>IN</i>	<i>3/30/18</i>
Reviewed by:	
Reviewed by:	

RECEIVED

**STATEWIDE LEASE INFORMATION**

MAR 29 2018

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

1. Agency: Nevada Department of Transportation, Crew 904  
1325 Airmotive Way, Suite 240  
Reno, Nevada-89502  
Patrick Vradenburg  
775.688.1253 Fax 775.688.1255 pvradenburg@dot.state.nv.us

Remarks: This is a renewal of an existing full service lease. This rate is still considerably lower than the current Reno market rates.

Exceptions/Special notes: Janitorial specifications are determined by the Lessor.

2. Name of Landlord (Lessor): Airport Gardens Investors, LLC

3. Address of Landlord: 1325 Airmotive Way, Suite 175  
Reno, Nevada 89502

4. Property contact: Commercial Project Management Nevada, LLC  
Jessica Folmer  
775.853.3742 Fax 775.332.3782 jessica@cpmnv.com

5. Address of Lease property: 1325 Airmotive Way, Suite 240  
Reno, Nevada 89502

a. Square Footage:  Rentable  
 Usable 2,565

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$3,209.22	12	\$38,510.64	January 1, 2018 - December 31, 2018	\$1.25
3% \$3,311.10	12	\$39,733.20	January 1, 2019 - December 31, 2019	\$1.29
3% \$3,412.98	12	\$40,955.76	January 1, 2020 - December 31, 2020	\$1.33
3% \$3,514.86	12	\$42,178.32	January 1, 2021 - December 31, 2021	\$1.37
3% \$3,616.74	12	\$43,400.88	January 1, 2022 - December 31, 2022	\$1.41

Increase %

c. Total Lease Consideration: 60 \$204,778.80

d. Option to renew:  Yes  No 90 Renewal terms: One Identical Term

e. Holdover notice: # of Days required 30 Holdover terms: 5%/90

f. Term: Five (5) Years

g. Pass-thrus/CAM/Taxes  Landlord  Tenant

h. Utilities:  Landlord  Tenant

i. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

j. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate: \$2.01 - \$2.10 Reno Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 4660

6. Purpose of the lease: To house the Transportation Crew 904

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

**STATEWIDE LEASE INFORMATION**

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

**IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET**

\_\_\_\_\_

*[Signature]*                      3-28-17  
 Authorized Agency Signature                      Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19871008700</u>	Exp:	<u>6/30/2017</u>	15
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T80972004</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

*[Signature]*                      3-28-17  
 Authorized Signature                      Date  
 Public Works Division

*il* SLL/BM  
 For Board of Examiners                       YES                       NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	3/31/17 <i>mt</i>
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

RECEIVED  
 APR 30 2017  
 GOVERNOR'S FINANCE OFFICE  
 BUDGET DIVISION

1. Agency: Department of Health and Human Services  
 Division of Welfare and Supportive Services  
 1470 College Parkway  
 Carson City, Nevada 89706

John Dekoekkoek  
 775.684.0652 Fax: 775.684.0681 jdekoekkoek@dwss.nv.gov

Remarks: This renewal was negotiated to remain on the same terms of the current lease and includes tenant improvements consisting of: replace carpet with Shaw 28 oz or better carpet squares and repair & paint damaged walls.

Exceptions/Special notes:

2. Name of Landlord (Lessor): S & A Freshman Family Properties, LLC  
 dba Northgate Plaza

3. Address of Landlord: c/o Standard Management Company

4. Property contact: 9841 Airport Boulevard, Suite 1010  
 Los Angeles, California 90045  
 Robert Fleischer  
 310.410.2300 x5323 Fax 310.410.2919 rfleischer@standardmanagement.com

5. Address of Lease property: 2533 North Carson Street, Suite 200 (11,000 sqft)  
 2527 North Carson Street, Suite 255 (1,177 sq ft)  
 2527 North Carson Street, Suite 260 (3,421 sq ft)  
 Carson City, Nevada 89706

a. Square Footage:  Rentable  
 Usable 15,598

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$26,048.66	12	\$312,583.92	September 17, 2017 - September 16, 2018	\$1.67
3%	\$26,828.56	12	\$321,942.72	September 17, 2018 - September 16, 2019	\$1.72
3%	\$27,608.46	12	\$331,301.52	September 17, 2019 - September 16, 2020	\$1.77
3%	\$28,544.34	12	\$342,532.08	September 17, 2020 - September 16, 2021	\$1.83
3%	\$29,324.24	12	\$351,890.88	September 17, 2021 - September 16, 2022	\$1.88
3%	\$30,260.12	12	\$363,121.44	September 17, 2022 - September 16, 2023	\$1.94
3%	\$31,196.00	12	\$374,352.00	September 17, 2023 - September 16, 2024	\$2.00
3%	\$32,131.88	12	\$385,582.56	September 17, 2024 - September 16, 2025	\$2.06
3%	\$33,067.76	12	\$396,813.12	September 17, 2025 - September 16, 2026	\$2.12
3%	\$34,159.62	12	\$409,915.44	September 17, 2026 - September 16, 2027	\$2.19

c. Total Lease Consideration: 120 \$3,590,035.68

d. Option to renew:  Yes  No 90 Renewal terms: One identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5%/90

f. Term: Ten (10) Years

g. Pass-thrus/CAM/Taxes  Landlord  Tenant

h. Utilities:  Landlord  Tenant

i. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

j. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate: \$1.68 - \$2.03 Carson City Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 3233

6. Purpose of the lease: To house the Department of Welfare & Supportive Services

7. This lease constitutes:
- An extension of an existing lease
  - An addition to current facilities (requires a remark)
  - A relocation (requires a remark)
  - A new location (requires a remark)
  - Remodeling only
  - Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

**STATEWIDE LEASE INFORMATION**

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes  No  Dec Unit In base budget - this is a renewal of an existing lease.

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

[Signature] 3/24/17  
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19991099231</u>	Exp:	<u>12/31/2017</u>	86
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T27027378</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 3.21.17  
Authorized Signature Date  
Public Works Division

//  
For Board of Examiners  YES  NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

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**STATEWIDE LEASE INFORMATION**

MAR 22 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

1. Agency: Nevada State Board of Oriental Medicine  
3191 East Warm Springs Road  
Las Vegas, Nevada 89120  
Merle Lok 702.675.5326 Fax: 702.989.8584 omboardexecutivedirector@gmail.com

Remarks: Leasing Services negotiated this renewal to remain at the current rate for the new term.

Exceptions/Special notes: This Executive Center office space includes all furniture including desk with file drawers, chair, visitor chair, a 3-shelf bookcase, high speed internet with wifi, use of conference rooms, janitorial, breakroom, restrooms and common area for one base rent rate.

2. Name of Landlord (Lessor): Battleborn Law, LLC

3. Address of Landlord: 3191 East Warm Springs Road  
Las Vegas, Nevada 89120

4. Property contact: Lisa Forrester  
702.933.4444 Fax: 702.933.4445 lforrester@battlebornlaw.com

5. Address of Lease property: 3191 East Warm Springs Road  
Las Vegas, Nevada 89120

a. Square Footage:  Rentable  Usable 250

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$399.00	12	\$4,788.00	August 1, 2017 through July 31, 2018	\$1.60
0%	\$399.00	12	\$4,788.00	August 1, 2018 through July 31, 2019	\$1.60

c. Total Lease Consideration: 24 \$9,576.00

d. Option to renew:  Yes  No 90 Renewal terms: One identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5%/90

f. Term: Two (2) years

g. Pass-thrus/CAM/Taxes:  Landlord  Tenant

h. Utilities:  Landlord  Tenant

i. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

j. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate: \$2.05 - \$2.60 Las Vegas / Henderson Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: B021

6. Purpose of the lease: To house the Board of Oriental Medicine

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

**STATEWIDE LEASE INFORMATION**

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

**IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET**

MM  
Authorized Agency Signature

3/16/17  
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20031070022</u>	Exp:	<u>5/31/2017</u>	1
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>n/a Board Paid</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature]  
Authorized Signature  
Public Works Division

3-21-17  
Date

W <sup>cb</sup>  
BM For Board of Examiners  YES  NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	NA 3/16/17
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency:

Department of Health and Human Services  
 Division of Public and Behavioral Health  
 Rural Clinics  
 4150 Technology Way, #300  
 Carson City, Nevada 89706  
 Rick Morse 775-684-5932 Fax: 775-684-4211 rmorse@health.nv.gov

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 3/16 2017  
 GOVERNOR'S FINANCE OFFICE  
 BUDGET DIVISION

Remarks:

Leasing Services negotiated this lease at the same rate for the first year. A 2% increase in years two and four.

Exceptions/Special notes:

2. Name of Landlord (Lessor):

MPZ Rentals, LLC

3. Address of Landlord:

2255 Renzo Way  
 Reno, NV 89521

4. Property contact:

Mary Zanella  
 Phone: (775) 304-0038 Fax: (775) 853-1633 e-mail: mpz@att.net

5. Address of Lease property:

10 East 6th Street  
 Battle Mountain, NV 89820

a. Square Footage:

Rentable  
 Usable 1,478

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$1,152.82	12	\$13,833.84	August 1, 2017 - July 31, 2018	\$0.78
2% \$1,175.88	12	\$14,110.56	August 1, 2018 - July 31, 2019	\$0.80
0% \$1,175.88	12	\$14,110.56	August 1, 2019 - July 31, 2020	\$0.80
2% \$1,199.40	4	\$4,797.60	August 1, 2020 - November 30, 2020	\$0.81
c. Total Lease Consideration:		40	\$46,852.56	

d. Option to renew:

Yes  No 90 Renewal terms: One identical term

e. Holdover notice:

# of Days required 30 Holdover terms: 5%/90 days

f. Term:

Three (3) Years and Four (4) Months

g. Pass-thrus/CAM/Taxes

Landlord  Tenant

h. Utilities:

Landlord  Tenant

i. Janitorial:

Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

j. Repairs:

Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate:

Rural Area - Not Available

l. Specific termination clause in lease:

Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number:

3648

6. Purpose of the lease:

To house the Rural Community Health Services

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00

**STATEWIDE LEASE INFORMATION**

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

**IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET**


  
 Authorized Agency Signature \_\_\_\_\_ Date 3/9/17

For Public Works information:

**8. State of Nevada Business License Information:**

a. Nevada Business ID Number:	<u>NV20051762018</u>	Exp:	<u>12/31/2017</u>						
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC	<input checked="" type="checkbox"/>	INC	<input type="checkbox"/>	CORP	<input type="checkbox"/>	LP	<input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:		<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO				
*If yes, please explain in exceptions section									
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO				
*If no, please explain in exceptions section									
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO				
*If no, please explain in exceptions section									
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States		<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO				
g. State of Nevada Vendor number:	<u>T27009030</u>								

**9. Compliance with NRS 331.110, Section 1, Paragraph 2:**

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO


  
 Authorized Signature \_\_\_\_\_ Date 3-14-17
  
 Public Works Division


  
 For Board of Examiners  YES  NO

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	RESOLVE UTILITY CONSULTING, LLC	FEE: REGULATORY ASSESSMENTS	\$125,000	Professional Service
	<p><b>Contract Description:</b> This is a new contract to provide expert witness and full litigation support services to the Bureau of Consumer Protection as requested by the Bureau. The tasks required may include: analyzing comments and testimonies filed by other intervenors; developing strategies and positions relative to negotiations; and providing technical support to the Bureau's attorney in preparation of questions, briefs, motions, or other legal pleadings as required in the dockets.</p> <p><b>Term of Contract:</b> 05/09/2017 - 05/01/2019      <b>Contract #</b> 18440</p>					
2.	030	ATTORNEY GENERAL'S OFFICE - VIOLENCE AGAINST WOMEN GRANTS	WATCH SYSTEMS LLC	FEDERAL	\$127,500	Sole Source
	<p><b>Contract Description:</b> This is a new contract to provide an enterprise license for OffenderWatch, the sex offender registration and notification system. The system will be tailored to comply with both federal and Nevada laws for offender registration, risk levels, address verification and notification of the public.</p> <p><b>Term of Contract:</b> 05/09/2017 - 05/08/2022      <b>Contract #</b> 18527</p>					
3.	060	CONTROLLER'S OFFICE	CLIFTONLARSONALLEN, LLP	GENERAL	\$50,000	Professional Service
	<p><b>Contract Description:</b> This is a new contract that continues ongoing audit services of the Public Employees' Retirement System's financial statements to comply with the requirements of Governmental Accounting Standards Board (GASB) Statement 68. Contractor will audit the Schedules of Employer Allocations and Pension Amounts by Employer and the related notes to both schedules. The contractor shall conduct expanded employer census data testing as part of its audit.</p> <p><b>Term of Contract:</b> 07/01/2017 - 12/31/2017      <b>Contract #</b> 18546</p>					
4.	015	GOVERNOR'S FINANCE OFFICE	AERIS ENTERPRISES, INC.	GENERAL	\$482,688	Sole Source
	<p><b>Contract Description:</b> This is the fourth amendment to the original contract which provides programming and analysis of enterprise computer applications. The programs include the Nevada Executive Budget System, Nevada Employee Action and Timekeeping System, Nevada Project Accounting System, Nevada Applicant Tracking System, Human Resource Data Warehouse, Contract Entry and Tracking System, Nevada Open Government, and Priorities/Performance Based Budgeting. This amendment extends the termination date from June 30, 2017 to June 30, 2021 and increases the maximum amount from \$804,328 to \$1,287,016 due to a continued need for these services.</p> <p><b>Term of Contract:</b> 08/13/2013 - 06/30/2021      <b>Contract #</b> 14769</p>					

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA, INC., DBA CORE CONSTRUCTION	OTHER: BONDS TO BE REPAYED WITH A PROPORTIONATE SHARE OF HIGHWAY FUNDS AND POLLUTION CONTROL FUNDS	\$407,836	Professional Service
		<p>This is the first amendment to the original contract which provides Owner-Construction Manager at Risk (CMAR) services for project management, planning and construction services associated with the replacement of the Department of Motor Vehicles (DMV) East Sahara Complex in Las Vegas; Project No. 13-P01/15-C04; SPWD Contract No. 109611. This amendment increases the maximum amount from \$17,897,161 to \$18,304,997 due to additional work requested at the new Sahara DMV building.</p> <p>Contract Description:</p> <p>Term of Contract: 09/08/2015 - 06/30/2019 Contract # 16974</p>				
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - ALL BUDGET ACCOUNTS	AINSWORTH ASSOCIATES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		<p>This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111092</p> <p>Contract Description:</p> <p>Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18643</p>				
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	ARCHITECTS + LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		<p>This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 111066.</p> <p>Contract Description:</p> <p>Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18618</p>				
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	BJG ARCHITECTURE & ENGINEERING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		<p>This is a new contract to provide ongoing professional structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 111102.</p> <p>Contract Description:</p> <p>Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18631</p>				

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	BLACK EAGLE CONSULTING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 111084. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18603				
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	CHARLES ABBOTT ASSOCIATES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 110944. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18537				
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	CODA, SHUMS ASSOCIATES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional code plan checking service, as needed, for CIP Projects: SPWD Contract No. 110954. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18539				
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	CONSTRUCTION MATERIALS ENGINEERS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 111085. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18602				
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	CSG CONSULTANTS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	
		Contract Description: This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 110943. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18536				

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	DG KOCH ASSOCIATES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111095. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18611				
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	ENGINEERING PARTNERS	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111097. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18637				
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 111086. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18604				
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	GML ARCHITECTS, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 111067. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18607				
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	HARRIS CONSULTING ENGINEERS, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111098. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18636				

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	HYYTINEN, ROGER DBA HYYTINEN ENGINEERING, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 111103. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18628				
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	INTERWEST CONSULTING GROUP, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 110946. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18538				
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	JENSEN ENGINEERING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111035. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18542				
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	JP ENGINEERING, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111037. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18547				
23.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	LOCHSA, LLC DBA LOCHSA ENGINEERING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 111070. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18575				

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	MELROY ENGINEERING, INC. DBA MSA ENGINEERING CONSULTANTS	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111100 Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18635				
25.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	NINYO & MOORE	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional environmental plan checking services, as needed, for CIP Projects: SPWD Contract No. 111041. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18570				
26.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	NOVA GEOTECHNICAL & INSPECTION SERVICES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional environmental plan checking services, as needed, for CIP Projects: SPWD Contract No. 111082. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18569				
27.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	PAUL CAVIN ARCHITECT, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 111069. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18606				
28.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	PETTY & ASSOCIATES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111096. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18610				

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	PLAN CHECK PROFESSIONALS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 110952. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18548				
30.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	R2H ENGINEERING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide professional structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 111105. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18633				
31.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	RESOURCE CONCEPTS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 111089. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18601				
32.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	RESOURCE CONCEPTS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 111071. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18574				
33.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	RO ANDERSON ENGINEERING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 111072. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18572				

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	STANTEC CONSULTING SERVICES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 111073. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18608				
35.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	TECTONICS DESIGN GROUP	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 111106 Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18632				
36.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	WILLDAN	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 110953. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18571				
37.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	WOOD RODGERS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 111091 Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18605				
38.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	WOOD RODGERS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
		Contract Description: This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 111074. Term of Contract: 05/09/2017 - 06/30/2019 Contract # 18609				

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT - STATE SMALL BUSINESS CREDIT INITIATIVE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	FEDERAL	\$230,000	
39.		<p>This is a new interlocal contract to partner with the Nevada System of Higher Education's Small Business Development Center to administer the U.S. Treasury Department's State Small Business Credit Initiative program which provides microloans, collateral support and venture capital to Nevada entrepreneurs and small businesses. This interlocal contract provides for the administration of the Battle Born Growth Escalator during a transition period to a private non-profit entity which will be managing the program in the future.</p> <p>Term of Contract: 05/09/2017 - 05/09/2019 Contract # 18529</p>				
	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, UCLA SMARTER BALANCED	FEDERAL	\$679,600	
40.		<p>This is the first amendment to the original contract to provide the Basic Assessment System. This amendment increases the maximum amount from \$3,978,093 to \$4,657,693 due to an increase in the number of students tested and to provide the Complete Assessment System. The Smarter Balanced complete assessment package includes summative, interim and formative assessments in English Language Arts and Mathematics for grades 3 through 8 resulting in a higher per student rate.</p> <p>Term of Contract: 07/01/2014 - 07/01/2017 Contract # 16204</p>				
	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	INFINITE CAMPUS, INC.	FEE: SPONSORSHIP	\$1,146,894	Exempt
41.		<p>This is a new contract to provide ongoing service for a Student Information System as required by NRS 386.650 to: (a) Adopt and maintain a program for the collection, maintenance and transfer of data from the records of individual pupils to the State automated system of information; (b) Provide to the Department electronic data concerning pupils as required by the Superintendent of Public Instruction; (c) Ensure that an electronic record is maintained in accordance with subsection 3.</p> <p>Term of Contract: 07/01/2017 - 06/30/2021 Contract # 18533</p>				
	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	CHARTER SCHOOLS DEVELOPMENT AND PERFORMANCE INSTITUTE DBA NATIONAL CHARTER SCHOOL INSTITUTE	FEE: SPONSORSHIP	\$386,900	Exempt
42.		<p>The is a new contract to provide a web-based software system to allow collection of data from its sponsored charter schools to efficiently and effectively oversee, support and monitor compliance with legal and contractual responsibilities.</p> <p>Term of Contract: 07/01/2017 - 06/30/2021 Contract # 18531</p>				

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	SHOUTPOINT, INC.	FEE: SPONSORSHIP	\$146,970	Sole Source
	Contract Description:	This is a new contract to provide an interconnected Voice over Internet Protocol (VoIP) solution for emergency notification. Interconnected VoIP lines can be used for any and all educational purposes that call for dial tone services; including emergency messaging, attendance, weather announcements and broadcast messaging.				
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18568		
44.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - COMMUNITY BASED SERVICES	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, RENO	GENERAL	\$45,002	Exempt
	Contract Description:	This is the first amendment to the original interlocal contract which continues caregiver trainings for directors, administrators, caregivers and staff of homes for individual residential care, residential facilities for groups, assisted living facilities and nursing facilities. This amendment extends the termination date from June 30, 2017 to June 30, 2018 and increases the maximum amount from \$45,002 to \$90,004 due to the continued need for these services.				
		Term of Contract:	07/01/2016 - 06/30/2018	Contract # 17606		
45.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION	MYERS & STAUFFER, LC	GENERAL 50% FEDERAL 50%	\$455,988	Exempt
	Contract Description:	This is the eighth amendment to the original contract which provides services to audit Managed Care Organizations, patient trust funds and cost reports of nursing facilities. This amendment increases the maximum amount from \$9,111,787 to \$9,567,775 due to the added language to the scope of work to support the design, development and implementation of the Nevada Enterprise Data Governance Program.				
		Term of Contract:	07/01/2013 - 06/30/2017	Contract # 14275		
46.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	ZIRMED, INC.	GENERAL	\$26,000	
	Contract Description:	This is the fifth amendment to the original contract which provides claims processing services in conjunction with online claims management processing systems. This amendment increases the maximum amount from \$209,970 to \$235,970 due to the increased need for these services.				
		Term of Contract:	09/11/2012 - 09/30/2017	Contract # 13703		

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - WOMEN, INFANT, AND CHILDREN FOOD SUPPLEMENT	OPEN DOMAIN, INC.	FEDERAL	\$80,350	Professional Service
		<p>This is the second amendment to the original contract which provides hosting of the Women, Infants and Children (WIC) application system at a centralized data facility. The hosting shall include computer hardware in a three tier architecture, data backup, server redundancy, server operating systems maintenance, and data communications to each WIC clinic, the state and Fidelity Information Services (the State's electronic benefit transfer provider). This amendment revises the scope of work and increases the maximum amount from \$928,925 to \$1,009,275 due to conversion to a new WIC Eligibility System.</p> <p>Contract Description:</p> <p>Term of Contract: 04/01/2012 - 09/30/2017 Contract # 13018</p>				
48.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	SRA INTERNATIONAL, INC.	FEDERAL	\$41,000	
		<p>This is the fifth amendment to the original contract which provides upgrades to Nevada's communicable disease National Electronic Disease Surveillance System in order to implement electronic laboratory reporting capabilities. This amendment adds capabilities in the scope of work for the Rhapsody and CareWare system for the STD/HIV program and increases the maximum amount from \$134,000 to \$175,000 due to these additional services.</p> <p>Contract Description:</p> <p>Term of Contract: 01/08/2015 - 07/31/2018 Contract # 16262</p>				
49.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	HUMBOLDT COUNTY DISTRICT ATTORNEY	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$2,000,444	Exempt
		<p>This is a new interlocal agreement that continues to provide child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.</p> <p>Contract Description:</p> <p>Term of Contract: 07/01/2017 - 06/30/2021 Contract # 18346</p>				

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
50.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	PERSHING COUNTY DISTRICT ATTORNEY	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$1,100,673	Exempt
		<p><b>Contract Description:</b> This is a new interlocal agreement that continues to provide child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.</p> <p><b>Term of Contract:</b> 07/01/2017 - 06/30/2021</p> <p><b>Contract #</b> 18350</p>				
51.	611	GAMING CONTROL BOARD - FEDERAL FORFEITURE TREASURY-NON-EXEC	LAS VEGAS METROPOLITAN POLICE DEPARTMENT	OTHER: FORFEITURE FUNDS	\$100,000	
		<p><b>Contract Description:</b> This is a new interlocal agreement to provide priority access to, and use of, Las Vegas Metropolitan Police Department's Firearms Training Campus, including the improved ranges and other enhanced training venues.</p> <p><b>Term of Contract:</b> 05/09/2017 - 04/11/2037</p> <p><b>Contract #</b> 18422</p>				
52.	690	COLORADO RIVER COMMISSION - ALL BUDGET ACCOUNTS	STINSON LEONARD STREET, LLP	OTHER: POWER REVENUES	\$150,000	Professional Service
		<p><b>Contract Description:</b> This is the second amendment to the original contract which continues legal services relating to matters before or involving the Federal Energy Regulatory Commission, the North American Electric Reliability Corporation, and other electric power regulatory bodies. This amendment extends the termination date from June 30, 2017 to June 30, 2021 and increases the maximum amount from \$200,000 to \$350,000 due to the continued need for these services.</p> <p><b>Term of Contract:</b> 06/05/2012 - 06/30/2021</p> <p><b>Contract #</b> 13441</p>				
53.	702	DEPARTMENT OF WILDLIFE - FISHERIES MANAGEMENT	THE ABBI AGENCY	FEE: AQUATIC INVASIVE SPECIES STICKER 50% FEDERAL 50%	\$500,000	
		<p><b>Contract Description:</b> This is a new contract to provide advertising for boating safety, education programs, informing the public about any and all agency wildlife or public safety issues that arise, and to promote the purchase and/or utilization of agency services, such as fishing and hunting licenses, the volunteer program or any other product or service offered by the department.</p> <p><b>Term of Contract:</b> 05/09/2017 - 05/08/2021</p> <p><b>Contract #</b> 18509</p>				
54.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TAHOE TRANSPORTATION DISTRICT	GENERAL	\$340,000	
		<p><b>Contract Description:</b> This is a new interlocal agreement to provide shuttle service for park visitors from Incline Village to Lake Tahoe Nevada State Park during the summer months.</p> <p><b>Term of Contract:</b> 07/01/2017 - 06/30/2021</p> <p><b>Contract #</b> 18615</p>				

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BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
55.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - WATER RESOURCES	MCMILLEN, LLC DBA MCMILLEN JACOBS ASSOCIATES	FEE: STATE ENGINEER	\$63,590	
		<p><b>Contract Description:</b> This is a new contract to provide engineering services that will support the agency in completing proposed repairs and maintenance activities at South Fork Dam.</p> <p><b>Term of Contract:</b> 05/10/2017 - 12/10/2017</p> <p><b>Contract #</b> 18563</p>				
56.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	CHURCHILL COUNTY	OTHER: REVENUE AGREEMENT	\$50,000	
		<p><b>Contract Description:</b> This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the Division and Churchill County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.</p> <p><b>Term of Contract:</b> 07/01/2017 - 06/30/2019</p> <p><b>Contract #</b> 18582</p>				
57.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	EUREKA COUNTY	OTHER: REVENUE AGREEMENT	\$300,000	
		<p><b>Contract Description:</b> This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the Division and Eureka County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.</p> <p><b>Term of Contract:</b> 07/01/2017 - 06/30/2019</p> <p><b>Contract #</b> 18510</p>				
58.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	HUMBOLDT COUNTY	OTHER: REVENUE AGREEMENT	\$200,000	
		<p><b>Contract Description:</b> This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the Division and Humboldt County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.</p> <p><b>Term of Contract:</b> 07/01/2017 - 06/30/2019</p> <p><b>Contract #</b> 18578</p>				

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
59.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	LINCOLN COUNTY	OTHER: REVENUE AGREEMENT	\$100,000	
	<p><b>Contract Description:</b> This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the Division and Lincoln County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.</p> <p><b>Term of Contract:</b> 07/01/2017 - 06/30/2019      <b>Contract #</b> 18581</p>					
60.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	PERSHING COUNTY	OTHER: REVENUE AGREEMENT	\$100,000	
	<p><b>Contract Description:</b> This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the Division and Pershing County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.</p> <p><b>Term of Contract:</b> 07/01/2017 - 06/30/2019      <b>Contract #</b> 18579</p>					
61.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNIVERSITY OF NEVADA, RENO	FEE: HAZARDOUS WASTE	\$395,457	
	<p><b>Contract Description:</b> This is a new interlocal agreement to provide confidential environmental regulatory assistance regarding hazardous waste compliance and pollution prevention to the regulated community through the Nevada Small Business Development Center.</p> <p><b>Term of Contract:</b> 07/01/2017 - 06/30/2019      <b>Contract #</b> 18420</p>					
62.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	SOUTHERN NEVADA HEALTH DISTRICT	FEDERAL	\$680,000	
	<p><b>Contract Description:</b> This is a new interlocal agreement to implement the Underground and Leaking Underground Storage Tank (UST/LUST) Program in Southern Nevada. This includes program implementation, UST notifications, compliance, monitoring and tracking, as well as quarterly reporting activities.</p> <p><b>Term of Contract:</b> 07/01/2017 - 06/30/2021      <b>Contract #</b> 18592</p>					

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
63.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	STOLLER NEWPORT NEWS NUCLEAR, INC.	FEDERAL	\$150,000	
		<p>This is the second amendment to the original contract which provides data collection, program support and technical services related to radioactive waste profiles. This amendment extends the termination date from May 31, 2017 to May 31, 2019 and increases the maximum amount from \$100,000 to \$250,000 due to the continued need for these services.</p> <p>Contract Description:</p> <p>Term of Contract: 06/09/2015 - 05/31/2019 Contract # 16696</p>				
64.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	STOLLER NEWPORT NEWS NUCLEAR, INC.	FEE: HAZARDOUS WASTE FUND	\$50,000	
		<p>This is the second amendment to the original contract which provides training, consultation and document review services with the identification of sites that may have historical contamination issues. This amendment extends the termination date from May 31, 2017 to May 31, 2018 and increases the maximum amount from \$100,000 to \$150,000 due to the continued need for these services.</p> <p>Contract Description:</p> <p>Term of Contract: 06/09/2015 - 05/31/2018 Contract # 16695</p>				
65.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - TRUCKEE MEADOWS COMMUNITY COLLEGE	FEDERAL	\$794,483	Exempt
		<p>This is a new interlocal agreement that provides support to the CareerConnect program. The CareerConnect Program focuses on serving students with disabilities who are attending college with academic preparation and job skills necessary to successfully obtain and maintain employment. Staff and resources are combined to enhance vocational rehabilitation services to the students.</p> <p>Contract Description:</p> <p>Term of Contract: 07/01/2017 - 06/30/2020 Contract # 18573</p>				
66.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION, UNIVERSITY NEVADA, LAS VEGAS	FEDERAL	(\$148,837)	
		<p>This is the first amendment to the interlocal agreement to provide vocational rehabilitation services to students with disabilities and help them acquire the academic preparation and job skills necessary to successfully obtain employment. This amendment reduces the maximum amount from \$1,092,382 to \$943,545 due to changes in federal regulations and modifications to the scope of work.</p> <p>Contract Description:</p> <p>Term of Contract: 01/01/2016 - 06/30/2019 Contract # 17144</p>				

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
67.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - WESTERN NEVADA COLLEGE	FEDERAL	\$460,302	Exempt	
		Contract Description:	This is a new interlocal agreement that provides support to the CareerConnect program. The CareerConnect Program focuses on serving students with disabilities who are attending college with academic preparation and job skills necessary to successfully obtain and maintain employment. Staff and resources are combined to enhance vocational rehabilitation services to the students.				
		Term of Contract:	07/01/2017 - 06/30/2020	Contract # 18591			
68.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	WASHOE COUNTY SCHOOL DISTRICT	FEDERAL	\$3,096,812	Exempt	
		Contract Description:	This is a new interlocal agreement that provides support to the Voice Program. The Voice Program focuses on serving students with disabilities who are attending all high schools across the district. Staff and resources are combined to enhance vocational rehabilitation services to the students which will lead to successful employment outcomes.				
		Term of Contract:	05/09/2017 - 06/30/2020	Contract # 18590			

**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: **18440**

Agency Name: **ATTORNEY GENERAL'S OFFICE**  
 Agency Code: **030**  
 Appropriation Unit: **1038-10**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **RESOLVE UTILITY CONSULTING, LLC**  
 Contractor Name: **RESOLVE UTILITY CONSULTING, LLC**  
 Address: **1900 NW EXPRESSWAY, SUITE 410**  
 City/State/Zip: **OKLAHOMA CITY, OK 73118**  
 Contact/Phone: **DAVID J GARRETT 4052491050**  
 Vendor No.: **T32004588**  
 NV Business ID: **NV20171053680**

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>Regulatory Assessments</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 **05/09/2017**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **05/01/2019**Contract term: **1 year and 357 days**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

**This is a new contract to provide expert witness and full litigation support services to the Bureau of Consumer Protection as requested by the Bureau. The tasks required may include: analyzing comments and testimonies filed by other intervenors; developing strategies and positions relative to negotiations; and providing technical support to the Bureau's attorney in preparation of questions, briefs, motions, or other legal pleadings as required in the dockets.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$125,000.00**

Payment for services will be made at the rate of \$140.00 per hour maximum

Other basis for payment: upon presentation of invoice, its review and approval.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Statute requires representation for consumers' interests in matters before the Public Utilities Commission and any legislature, board or commission with jurisdiction over Nevada regulated public utilities.

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

Based on this contractor's broad and extensive experience, he can provide assistance and credibility on issues that we cannot cover.

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

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

Not Applicable

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

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

This contractor was chosen based on his availability, expertise and reasonable 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?

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	hrobinso	03/23/2017 10:54:25 AM
Division Approval	hrobinso	03/23/2017 10:54:32 AM
Department Approval	cschonl1	04/04/2017 09:44:22 AM
Contract Manager Approval	hrobinso	04/04/2017 09:49:05 AM
Budget Analyst Approval	myoun3	04/05/2017 09:33:47 AM
BOE Agenda Approval	lfree1	04/07/2017 10:57:18 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18527**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>WATCH SYSTEMS LLC</b>
Agency Code: <b>030</b>	Contractor Name: <b>WATCH SYSTEMS LLC</b>
Appropriation Unit: <b>1040-29</b>	Address: <b>516 E RUTLAND ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>COVINGTON, LA 70433-3219</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jim Monteleone 985/871-8110</b>
	Vendor No.: <b>T32004568</b>
	NV Business ID: <b>NV20171101345</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2022**

What is the source of funds that will be used to pay the contractor? 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? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **05/08/2022**Contract term: **5 years and 8 days**4. Type of contract: **Contract**Contract description: **Offender Watch**

5. Purpose of contract:

**This is a new contract to provide an enterprise license for OffenderWatch the sex offender registration and notification system. The system will be tailored to comply with both federal and Nevada laws for offender registration, risk levels, address verification and notification of the public.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$127,500.00**

Other basis for payment: payable in two installments of \$63,750 and inclusive of upgrades and support for four additional years after implementation

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**By implementing this system for monitoring sex offenders, WatchSystems, LLC provides for better collaboration within law enforcement to keep more accurate track of registered sex offenders. This system will provide a more justifiable approach by alleviating the manpower needed for tracking verification dates, providing alerts of offenders moving in and out of jurisdictions and better utilization of investigative notes.**

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

**WatchSystems, LLC is a system implementation.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 170302**

**Approval Date: 03/21/2017**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	cschon1	03/24/2017 10:09:19 AM
Division Approval	cschon1	03/24/2017 10:09:21 AM
Department Approval	cschon1	03/24/2017 10:09:23 AM
Contract Manager Approval	Iramire7	03/28/2017 11:28:30 AM
Budget Analyst Approval	myoun3	04/04/2017 10:13:43 AM
BOE Agenda Approval	lfree1	04/05/2017 13:32:39 PM
BOE Final Approval	Pending	

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

<b>Purchasing Use Only:</b>	
Approval#:	170302

**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:</b> Approved copy will be sent to only the contact(s) listed below:			
	State Agency:	Attorney General		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Lesley Volkov, GPA I	775-684-1119	lvolkov@ag.nv.gov

<b>Vendor Information:</b>	
Identify Vendor:	Watch Systems, LLC
Contact Name:	Jim Monteleone
Address:	516 East Rutland Street, Covington, LA 70433
Telephone Number:	Main: 985-871-8110 Mobile: 985-302-7541
Email Address:	jmonteleone@watchsystems.com

<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:	#			

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

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<input type="checkbox"/>
	Federal Funds:	<input type="checkbox"/>
	Grant Funds:	<input checked="" type="checkbox"/>
Other (Explain):		<input type="checkbox"/>

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$127,500.00

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	Deliver an enterprise license of OffenderWatch sex offender registration and notification system. The system will be tailored to support Nevada statutes for offender registration, risk levels, address verification, SORNA compliance, and Adam Walsh Act notification of the public.

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	OffenderWatch is the leading sex offender registry solution in the US. It is used by 3500 local agencies and used statewide in 15 states. OffenderWatch enables interagency notification and collaboration. As an offender moves from one jurisdiction to another, the record moves as well, allowing for better collaboration of law enforcement. It includes National search, investigative search, mapping capabilities, notification of the public by automatic web updates and the ability for citizens to sign up for email alerts.

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>
	Unlike the SMART tool, the OffenderWatch system is a hosted service that requires no IT investment or ongoing IT support. The system is web based, maintained by the vendor, includes national GIS addresses subscriptions, and is updated should Nevada statutes change. Regular user training and 24x7 support is included. The system has national search, agency alerts, and collaboration with other agencies around the country. Currently, OffenderWatch is the only system used in Clark County and Washoe County, two of the largest counties in the state of Nevada. By integrating this system into the rural Nevada counties also, a seamless communication can be enforced allowing a more adequate tracking system for offenders and relieving the burden from these jurisdictions.

5	<b>Were alternative services or commodities evaluated? Check One.</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>
	SORT Tool – used by some states, including NV. Does not support local needs for auto populating registration forms and electronic signatures, tracking verification dates, alerts of offenders moving in/out of jurisdiction, importing records from other agencies without retyping, collaborating and adding investigative notes.
	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 ALL previous waivers MUST accompany this request.</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following</i>

<i>information:</i>					
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>	
		\$			
		\$			
		\$			
		\$			
		\$			

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	Local Law enforcement will continue to waste time with filling in paper registration forms, manually tracking offender verification dates, calling and faxing other agencies about offenders changing residency, and updating the Sheriff's website. These manual processes can introduce errors and omissions that affect public safety and expose the state to litigation and audits.

8	<b>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?</b>
	OffenderWatch is a proven solution already in use by Las Vegas Metro PD and Washoe County Sheriff's Office. It is also recommended by many other agencies. OffenderWatch has standard pricing nationwide. We contacted other agencies to find out what tools they used. States using the SORT tool required a heavy investment in customizing and maintaining by the state and did not offer the features required by local law enforcement and investigators.

9	<b>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></b>	Yes:	X	No:	
	a. <u>If yes, please provide details regarding future obligations or needs.</u> 4 additional years of software upgrades, support, training and continued compliance ending 5 years from the date of authorized signature on this contract will be included in the contract.				

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.

*Hesley Vecken*  
Agency Representative Initiating Request

Hesley Vecken 2/6/17  
Print Name of Agency Representative Initiating Request Date

*Christina Schulz*  
Signature of Agency Head Authorizing Request

Christina Schulz 2/6/17  
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:  
\* 03/21/17 - Email approval/review  
Shanna Ralming \*  
Representative Providing Review

Print Name of Representative Providing Review Date

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

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

Signed: *[Signature]* 3-21-2017  
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: **18546**

Agency Name:	<b>CONTROLLER'S OFFICE</b>	Legal Entity Name:	<b>CLIFTONLARSONALLEN LLP</b>
Agency Code:	<b>060</b>	Contractor Name:	<b>CLIFTONLARSONALLEN LLP</b>
Appropriation Unit:	<b>1130-04</b>	Address:	<b>1966 Greenspring Dr, Ste 300</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Timonium, MD 21093-4161</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Thomas Rey 410-308-8029</b>
		Vendor No.:	<b>T29029873A</b>
		NV Business ID:	<b>NV20121001313</b>

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

<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 **07/01/2017**

Anticipated BOE meeting date 06/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2017**Contract term: **183 days**4. Type of contract: **Contract**Contract description: **PERS GASB 68 Audit**

5. Purpose of contract:

**This is a new contract that continues ongoing audit services of the Public Employees Retirement System's financial statements to comply with the requirements of the Government Accounting Standards Board (GASB) Statement 68 rules. Contractor will audit the Schedules of Employer Allocations and Pension Amounts by Employer and the related notes to both schedules, prepared to comply with the requirements of GASB 68. The contractor shall conduct expanded employer census data testing as part of its audit.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Payment for services will be made at the rate of \$50,000.00 per contract

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Government Accounting Standards Board Statement 68, issued June, 2012, established standard requirements for accounting and financial reporting for pensions that are provided to the employees of state and local governmental employers through pension plans, effective for fiscal years beginning after June 15, 2014.

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

Auditing for public employee pension plans should be conducted by an outside, neutral auditor to prevent the appearance of conflict of interest.

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

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

Not Applicable

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

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

This vendor has the very specialized knowledge and experience require for auditing government employee pension and related funds.

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:

Contracted by the State Controller's Office for audits of the FY-2014, FY-2015 and FY-2016 PERS financial statements; Nevada Public Employees Retirements System (PERS), date unknown; and Nevada Deferred Compensation Program, date unknown.

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:

LLP

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	jsmack	03/28/2017 12:10:37 PM
Division Approval	jsmack	03/28/2017 12:10:40 PM
Department Approval	jsmack	03/28/2017 12:10:42 PM
Contract Manager Approval	hbill1	03/28/2017 12:12:37 PM
Budget Analyst Approval	knielsen	03/28/2017 16:32:49 PM
BOE Agenda Approval	sbrown	04/03/2017 10:46:34 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **14769** Amendment Number: **4**

Agency Name: **ADMIN - DIRECTOR'S OFFICE** Legal Entity Name: **AERIS ENTERPRISES, INC.**

Agency Code: **080** Contractor Name: **AERIS ENTERPRISES, INC.**

Appropriation Unit: **1340-04** Address: **59 DAMONTE RANCH PARKWAY #B292**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89521**

If "No" please explain: **Not Applicable** Contact/Phone: **JOSEPH FIX 775-851-3262**

Vendor No.: **T81082046A**

NV Business ID: **NV20011516008**

To what State Fiscal Year(s) will the contract be charged? **2014-2021**

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

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

## 2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**Anticipated BOE meeting date **06/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **06/30/2017**Contract term: **7 years and 323 days**4. Type of contract: **Contract**Contract description: **Technical Support**

## 5. Purpose of contract:

**This is the fourth amendment to the original contract which provides programming and analysis of enterprise computer applications. The programs include the Nevada Executive Budget System (NEBS), Nevada Employee Action and Timekeeping System (NEATS), Nevada Project Accounting System (NPAS), Nevada Applicant Tracking System (NVAPPS), Human Resource Data Warehouse (HRDW), Contract Entry and Tracking System (CETS), Nevada Open Government (OGI), and Priorities/Performance Based Budgeting (PPBB). This amendment extends the termination date from June 30, 2017 to June 30, 2021 and increases the maximum amount from \$804,328 to \$1,287,016 due to a continued need for these services.**

## 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$322,514.00	\$322,514.00	\$322,514.00	Yes - Action
a. Amendment 1:	\$100,000.00	\$422,514.00	\$422,514.00	Yes - Action
b. Amendment 2:	\$346,814.00	\$669,328.00	\$669,328.00	Yes - Action
c. Amendment 3:	\$35,000.00	\$357,514.00	\$357,514.00	Yes - Info
2. Amount of current amendment (#4):	\$482,688.00	\$482,688.00	\$517,688.00	Yes - Action
3. New maximum contract amount:	\$1,287,016.00			

and/or the termination date of  
the original contract has  
changed to:

06/30/2021

## II. JUSTIFICATION

### 7. What conditions require that this work be done?

This vendor is the primary developer of the software the state depends on for budget, HR, contracts and open government applications. This contract ensures adequate support is provided for these applications. This contract supports state employees who manage and determine the work to be completed by the vendor.

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

This contract provides supplemental support to state employees and the vendor possesses knowledge of the applications necessary to provide detailed analysis and maintenance support including solutions when issues arise involving the core code of each program.

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

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

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

Not Applicable

#### b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 130705**

**Approval Date: 03/27/2017**

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

Primary designer of current application.

#### 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:

2011-2013 Dept of Administration - satisfactory  
Also performed on contracts for the former Department of Personnel and the Legislature. All were completed 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:

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	04/12/2017 08:15:28 AM
Division Approval	csweeney	04/12/2017 08:15:32 AM
Department Approval	csweeney	04/12/2017 08:15:35 AM
Contract Manager Approval	csweeney	04/12/2017 08:15:39 AM
DoIT Approval	csweeney	04/12/2017 08:15:48 AM
Budget Analyst Approval	knielsen	04/12/2017 09:22:24 AM
BOE Agenda Approval	pnicks	04/13/2017 16:41:09 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: <b>16974</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CORE CONSTRUCTION SERVICES OF NEVADA, Inc.</b>
Agency Code: <b>082</b>	Contractor Name: <b>CORE CONSTRUCTION SERVICES OF NEVADA, Inc.</b>
Appropriation Unit: <b>1593 - All Categories</b>	Address: <b>DBA, CORE CONSTRUCTION 7150 CASCADE VALLEY CT</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128-0455</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-794-0550</b>
	Vendor No.: <b>T81092744</b>
	NV Business ID: <b>NV19861002524</b>

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

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

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

**Bonds to be repaid with a proportionate share of Highway Funds and Pollution Control Funds**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/08/2015**  
 Anticipated BOE meeting date **05/2017**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2019**  
 Contract term: **3 years and 296 days**  
 4. Type of contract: **Contract**  
 Contract description: **Owner/CMAR Const AGR**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides Owner-Construction Manager at Risk (CMAR) services for project management, planning and construction services associated with the replacement of the Department of Motor Vehicles (DMV) East Sahara Complex in Las Vegas; Project No. 13-P01/15-C04; SPWD Contract No. 109611. This amendment increases the maximum amount from \$17,897,161 to \$18,304,997 due to additional work requested at the new Sahara DMV building.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$17,897,161.00	\$17,897,161.00	\$17,897,161.00	Yes - Action
2. Amount of current amendment (#1):	\$407,836.00	\$407,836.00	\$407,836.00	Yes - Action
3. New maximum contract amount:	\$18,304,997.00			

**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	amarangi	03/31/2017 10:27:06 AM
Division Approval	amarangi	03/31/2017 10:27:09 AM
Department Approval	amarangi	03/31/2017 10:27:14 AM
Contract Manager Approval	amarangi	03/31/2017 10:27:17 AM
Budget Analyst Approval	jrodrig9	04/06/2017 11:11:24 AM
BOE Agenda Approval	pnicks	04/06/2017 14:26:16 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18643**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>AINSWORTH ASSOCIATES</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>AINSWORTH ASSOCIATES</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>1420 HOLCOMB AVENUE, SUITE 201</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89502</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>STEVE AINSWORTH 775-329-9100</b>
		Vendor No.:	<b>T27012245A</b>
		NV Business ID:	<b>NV19751005286</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111092

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Mech Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111092**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Mechanical plan checking services are required to ensure building safety and code compliance.**

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

**Professional Mechanical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

b. Soliciation 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:  
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	amarangi	04/13/2017 12:53:43 PM
Division Approval	amarangi	04/13/2017 12:53:45 PM
Department Approval	amarangi	04/13/2017 12:53:47 PM
Contract Manager Approval	amarangi	04/13/2017 12:53:50 PM
Budget Analyst Approval	jrodrig9	04/16/2017 22:07:54 PM
BOE Agenda Approval	pnicks	04/17/2017 11:15:26 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18618**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ARCHITECTS + LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ARCHITECTS + LLC</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>35 MARTIN ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Gregory Enry 775-329-8001</b>
	Vendor No.: <b>T80870250</b>
	NV Business ID: <b>NV20001117428</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: **111066**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 60 days**

4. Type of contract: **Contract**

Contract description: **Access Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 111066.**

6. NEW CONTRACT

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

Other basis for payment: **Progress payments based on services provided.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Accessibility plan checking services are required to ensure building safety and code compliance.**

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/11/2017 09:50:48 AM
Division Approval	amarangi	04/11/2017 09:50:51 AM
Department Approval	amarangi	04/11/2017 09:50:53 AM
Contract Manager Approval	amarangi	04/11/2017 09:50:55 AM
Budget Analyst Approval	jrodrig9	04/11/2017 15:46:19 PM
BOE Agenda Approval	pnicks	04/13/2017 16:39:46 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18631**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BJG Architecture &amp; Engineering</b>
Agency Code: <b>082</b>	Contractor Name: <b>BJG Architecture &amp; Engineering</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>449 South Virginia Street, 4th Floor</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89501</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>George Ghush 775-827-1010</b>
	Vendor No.: <b>T29033305</b>
	NV Business ID: <b>NV19921042277</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: **111102**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Structural Pin Chck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 111102.**

6. NEW CONTRACT

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

Other basis for payment: **Progress payments based on services provided.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Structural plan checking services are required to ensure building safety and code compliance.**

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/12/2017 15:07:06 PM
Division Approval	amarangi	04/12/2017 15:07:08 PM
Department Approval	amarangi	04/12/2017 15:07:09 PM
Contract Manager Approval	amarangi	04/12/2017 15:07:11 PM
Budget Analyst Approval	jrodrig9	04/16/2017 22:25:51 PM
BOE Agenda Approval	pnicks	04/17/2017 11:25:15 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18603**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>BLACK EAGLE CONSULTING, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>BLACK EAGLE CONSULTING, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>1345 CAPITAL BOULEVARD, STE A</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89502-7140</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>SHAUN SMITH 775-359-6600</b>
		Vendor No.:	<b>T27002047</b>
		NV Business ID:	<b>NV19971293847</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>
Agency Reference #:	<b>111084</b>		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Geotech Inv Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 111084.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on service provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Geotechnical Investigation Services are required to ensure building safety and code compliance.**

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

**Geotechnical Investigation Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/07/2017 14:00:18 PM
Division Approval	amarangi	04/07/2017 14:00:20 PM
Department Approval	amarangi	04/07/2017 14:00:21 PM
Contract Manager Approval	amarangi	04/07/2017 14:00:23 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:20:22 PM
BOE Agenda Approval	pnicks	04/11/2017 16:06:21 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18537**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>CHARLES ABBOTT ASSOCIATES, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>CHARLES ABBOTT ASSOCIATES, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>27401 LOS ALTOS SUITE 220</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>MISSION VIEJO, CA 92691-6316</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Buster Scholl 949-367-2850</b>
		Vendor No.:	<b>T29031774</b>
		NV Business ID:	<b>NV20071306494</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: **110944**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Code Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 110944.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Code plan checking is required to ensure building safety and code compliance.**

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

**Professional 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:  
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	amarangi	03/27/2017 10:57:26 AM
Division Approval	amarangi	03/27/2017 10:57:28 AM
Department Approval	amarangi	03/27/2017 10:57:30 AM
Contract Manager Approval	amarangi	03/27/2017 10:57:32 AM
Budget Analyst Approval	jrodrig9	04/03/2017 17:41:40 PM
BOE Agenda Approval	pnicks	04/04/2017 09:31:09 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18602**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>CONSTRUCTION MATERIALS ENGINEERS, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>CONSTRUCTION MATERIALS ENGINEERS, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>6980 SIERRA CENTER PARKWAY SUITE 90</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>MARTIN CREW 775-851-8205</b>
		Vendor No.:	<b>T29021157</b>
		NV Business ID:	<b>NV20091073153</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>
Agency Reference #:	<b>111085</b>		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Geotech Inv Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 111085.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Geotechnical Investigation Services are required to ensure building safety and code compliance.**

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

**Geotechnical Investigation Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/07/2017 13:48:00 PM
Division Approval	amarangi	04/07/2017 13:48:02 PM
Department Approval	amarangi	04/07/2017 13:48:04 PM
Contract Manager Approval	amarangi	04/07/2017 13:48:06 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:19:24 PM
BOE Agenda Approval	pnicks	04/11/2017 15:42:37 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18536**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CSG CONSULTANTS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>CSG CONSULTANTS, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>1247 Main Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Newman, CA 95360</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Greg Maszta 209-862-9511</b>
	Vendor No.: <b>T29034138</b>
	NV Business ID: <b>NV20111353297</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: **110943**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 60 days**

4. Type of contract: **Contract**

Contract description: **Code Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 110943.**

6. NEW CONTRACT

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

Other basis for payment: **Progress payments based on services provided.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Code plan checking is required to ensure building safety and code compliance.**

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

**Professional 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: **Not Applicable**

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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:

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	amarangi	03/27/2017 10:43:19 AM
Division Approval	amarangi	03/27/2017 10:43:22 AM
Department Approval	amarangi	03/27/2017 10:43:25 AM
Contract Manager Approval	amarangi	03/27/2017 10:43:27 AM
Budget Analyst Approval	jrodrig9	04/03/2017 17:50:08 PM
BOE Agenda Approval	pnicks	04/04/2017 09:23:57 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18611**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DG KOCH ASSOCIATES</b>
Agency Code: <b>082</b>	Contractor Name: <b>DG KOCH ASSOCIATES</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>2920 SOUTH JONES BOULEVARD, SUITE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89146</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DON KOCH 775-221-5160</b>
	Vendor No.: <b>T29026336</b>
	NV Business ID: <b>NV20061487757</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111095

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Mech Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111095.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Professional mechanical plan checking services are required to ensure building safety and code compliance.**

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

**Professional mechanical plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/07/2017 15:43:18 PM
Division Approval	amarangi	04/07/2017 15:43:20 PM
Department Approval	amarangi	04/07/2017 15:43:22 PM
Contract Manager Approval	amarangi	04/07/2017 15:43:24 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:36:55 PM
BOE Agenda Approval	pnicks	04/11/2017 16:28:39 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18637**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ENGINEERING PARTNERS</b>
Agency Code: <b>082</b>	Contractor Name: <b>ENGINEERING PARTNERS</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>4775 W TECO AVENUE SUITE 255</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>MANNY GALVEZ 702-537-1132</b>
	Vendor No.: <b>T27032644</b>
	NV Business ID: <b>NV20121610178</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111097

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Mech/Elect Pln Chck**

5. Purpose of contract:

**This is a new contract to provide professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111097.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Mechanical/electrical plan checking services are required to ensure building safety and code compliance.**

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

**Professional Mechanical/Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/12/2017 16:35:01 PM
Division Approval	amarangi	04/12/2017 16:35:03 PM
Department Approval	amarangi	04/12/2017 16:35:07 PM
Contract Manager Approval	amarangi	04/12/2017 16:35:09 PM
Budget Analyst Approval	jrodrig9	04/16/2017 22:38:43 PM
BOE Agenda Approval	pnicks	04/17/2017 11:32:25 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18604**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>GEOTECHNICAL &amp; ENVIRONMENTAL</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>GEOTECHNICAL &amp; ENVIRONMENTAL</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>SERVICES, INC. 7150 PLACID STREET</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89119</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>GREG DESART 702-365-1001</b>
		Vendor No.:	<b>T81085017</b>
		NV Business ID:	<b>NV19921050120</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111086

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Geotech Inv Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 111086.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Geotechnical Investigation Services are required to ensure building safety and code compliance.**

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

**Geotechnical Investigation Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/07/2017 14:10:35 PM
Division Approval	amarangi	04/07/2017 14:10:37 PM
Department Approval	amarangi	04/07/2017 14:10:39 PM
Contract Manager Approval	amarangi	04/07/2017 14:10:41 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:21:13 PM
BOE Agenda Approval	pnicks	04/11/2017 16:04:58 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18607**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>GML ARCHITECTS LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>GML ARCHITECTS LLC</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>1575 DELUCCHI LANE, SUITE 120</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>TERRY MELBY 775-829-8814</b>
	Vendor No.: <b>T80615120</b>
	NV Business ID: <b>NV19981053945</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: **111067**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 60 days**

4. Type of contract: **Contract**

Contract description: **Access PIn Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 111067.**

6. NEW CONTRACT

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

Other basis for payment: **Progress payments based on services provided.**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Accessibility plan checking services are required to ensure building safety and code compliance.**

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/07/2017 14:51:39 PM
Division Approval	amarangi	04/07/2017 14:51:41 PM
Department Approval	amarangi	04/07/2017 14:51:42 PM
Contract Manager Approval	amarangi	04/07/2017 14:51:44 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:30:03 PM
BOE Agenda Approval	pnicks	04/11/2017 16:21:29 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18636**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HARRIS CONSULTING ENGINEERS</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HARRIS CONSULTING ENGINEERS</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>LLC 680 PILOT ROAD, SUITE A</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89119</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>KENT BELL 702-269-1575</b>
		Vendor No.:	<b>T27003439</b>
		NV Business ID:	<b>NV20011085889</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111098

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Mech/Elect Pln Chck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111098.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Mechanical/electrical plan checking services are required to ensure building safety and code compliance.**

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

**Professional Mechanical/Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/12/2017 16:24:38 PM
Division Approval	amarangi	04/12/2017 16:24:41 PM
Department Approval	amarangi	04/12/2017 16:24:42 PM
Contract Manager Approval	amarangi	04/12/2017 16:24:44 PM
Budget Analyst Approval	jrodrig9	04/17/2017 11:46:14 AM
BOE Agenda Approval	pnicks	04/17/2017 11:46:48 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18628**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>HYYTINEN, ROGER DBA</b>
Agency Code: <b>082</b>	Contractor Name: <b>HYYTINEN, ROGER DBA</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>HYYTINEN ENGINEERING</b>
Is budget authority available?: <b>Yes</b>	<b>5458 LONGLEY LANE, SUITE B</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89511</b>
	Contact/Phone: <b>rhyytinen@hyytinenengineering.com</b> <b>775-826-3019</b>
	Vendor No.: <b>T80814890</b>
	NV Business ID: <b>NV20111782953</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111103

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Structural Pln Chck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 111103.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Structural plan checking services are required to ensure building safety and code compliance.**

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/12/2017 14:00:54 PM
Division Approval	amarangi	04/12/2017 14:00:56 PM
Department Approval	amarangi	04/12/2017 14:00:58 PM
Contract Manager Approval	amarangi	04/12/2017 14:01:00 PM
Budget Analyst Approval	jrodrig9	04/16/2017 22:23:45 PM
BOE Agenda Approval	pnicks	04/17/2017 11:22:58 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18538**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>INTERWEST CONSULTING GROUP, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>INTERWEST CONSULTING GROUP, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>1613 Santa Clara Drive Suite 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Roseville, CA 95661-3561</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Ron Beehler 303-952-4896</b>
		Vendor No.:	<b>T29030819</b>
		NV Business ID:	<b>NV20071166199</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 110946

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Code Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 110946.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Code plan checking is required to ensure building safety and code compliance.**

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

**Professional 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:  
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	amarangi	03/27/2017 11:11:27 AM
Division Approval	amarangi	03/27/2017 11:11:29 AM
Department Approval	amarangi	03/27/2017 11:11:32 AM
Contract Manager Approval	amarangi	03/27/2017 11:11:34 AM
Budget Analyst Approval	jrodrig9	04/03/2017 17:41:27 PM
BOE Agenda Approval	pnicks	04/04/2017 09:29:51 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18542**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>JENSEN ENGINEERING, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>JENSEN ENGINEERING, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>9655 GATEWAY DR. SUITE A</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89521-2968</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Gerald Jensen 775-852-2288</b>
		Vendor No.:	<b>T27007578</b>
		NV Business ID:	<b>NV19921070456</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>
Agency Reference #:	<b>111035</b>		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Elect Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111035.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Electrical plan checking services are required to ensure building safety and code compliance.**

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

**Professional 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	amarangi	03/27/2017 13:16:38 PM
Division Approval	amarangi	03/27/2017 13:16:40 PM
Department Approval	amarangi	03/27/2017 13:16:42 PM
Contract Manager Approval	amarangi	03/27/2017 13:16:44 PM
Budget Analyst Approval	jrodrig9	04/03/2017 17:57:57 PM
BOE Agenda Approval	pnicks	04/04/2017 09:16:08 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18547**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>JP ENGINEERING LLC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>JP ENGINEERING LLC</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>10597 DOUBLE R BLVD SUITE 1</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89521-8909</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Kate Nelson 775-852-2337</b>
		Vendor No.:	<b>T29014114</b>
		NV Business ID:	<b>NV20051447455</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies upon the project requiring this service.</b>

Agency Reference #: 111037

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Elect Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111037.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Electrical plan checking services are required to ensure building safety and code compliance.**

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

**Professional 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	amarangi	03/28/2017 14:12:52 PM
Division Approval	amarangi	03/28/2017 14:12:54 PM
Department Approval	amarangi	03/28/2017 14:12:56 PM
Contract Manager Approval	amarangi	03/28/2017 14:12:58 PM
Budget Analyst Approval	jrodrig9	04/03/2017 18:00:32 PM
BOE Agenda Approval	pnicks	04/04/2017 09:13:18 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18575**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LOCHSA LLC DBA</b>
Agency Code: <b>082</b>	Contractor Name: <b>LOCHSA LLC DBA</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>LOCHSA ENGINEERING 6345 S JONES BLVD STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-3334</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Guy Morris 702-365-9312</b>
	Vendor No.: <b>T29038100</b>
	NV Business ID: <b>NV2011362242</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 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<b>X Other funding 100.00 %</b> <b>Varies depending upon the project requiring this service.</b>
Agency Reference #: <b>111070</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Civil Pln Chk Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 111070.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Civil plan checking services are required to ensure building safety and code compliance.**

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

**Professional civil plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/03/2017 14:29:38 PM
Division Approval	amarangi	04/03/2017 14:29:40 PM
Department Approval	amarangi	04/03/2017 14:29:42 PM
Contract Manager Approval	amarangi	04/03/2017 14:29:44 PM
Budget Analyst Approval	jrodrig9	04/06/2017 11:09:10 AM
BOE Agenda Approval	pnicks	04/06/2017 14:29:55 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18635**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **MELROY ENGINEERING, INC. DBA**Contractor Name: **MELROY ENGINEERING, INC. DBA**Address: **MSA ENGINEERING CONSULTANTS  
4599 LONGLEY LANE**City/State/Zip: **RENO , NV 89502**Contact/Phone: **TONY PRICE 775-828-4889**Vendor No.: **T29022618**NV Business ID: **NV19971093631**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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Varies depending upon the project requiring this service.</b>

Agency Reference #: **111100**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **06/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Mech/Elect PIn Chck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional mechanical/electrical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111100**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Mechanical/Electrical plan checking services are required to ensure building safety and code compliance.**

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

**Professional Mechanical/Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/12/2017 16:13:57 PM
Division Approval	amarangi	04/12/2017 16:13:59 PM
Department Approval	amarangi	04/12/2017 16:14:01 PM
Contract Manager Approval	amarangi	04/12/2017 16:14:03 PM
Budget Analyst Approval	jrodrig9	04/16/2017 22:15:40 PM
BOE Agenda Approval	pnicks	04/17/2017 11:20:18 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18570**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>NINYO &amp; MOORE</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>NINYO &amp; MOORE</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>6700 PARADISE RD SUITE E</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89119-3744</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>JEFFREY PALMER 702-433-0330</b>
		Vendor No.:	<b>T27000873A</b>
		NV Business ID:	<b>NV19961094658</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111041

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Enviro PIn Chk Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional environmental plan checking services, as needed, for CIP Projects: SPWD Contract No. 111041.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Environmental plan checking is required to ensure building safety and code compliance.**

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

**Professional Environmental Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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:

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	amarangi	04/03/2017 13:38:48 PM
Division Approval	amarangi	04/03/2017 13:38:50 PM
Department Approval	amarangi	04/03/2017 13:38:52 PM
Contract Manager Approval	amarangi	04/03/2017 13:38:54 PM
Budget Analyst Approval	jrodrig9	04/06/2017 11:01:39 AM
BOE Agenda Approval	pnicks	04/06/2017 14:36:40 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18569**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>NOVA Geotechnical &amp; Inspection Services</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>NOVA Geotechnical &amp; Inspection Services</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>4480 W Hacienda Ave SUITE 104</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89118-4908</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Jim Werle 702-873-3478</b>
		Vendor No.:	<b>T32004745</b>
		NV Business ID:	<b>NV20121001299</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111082

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Enviro PIn Chk Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional environmental plan checking services, as needed, for CIP Projects: SPWD Contract No. 111082.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Environmental plan checking is required to ensure building safety and code compliance.**

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

**Professional Environmental Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by 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	amarangi	04/03/2017 13:26:45 PM
Division Approval	amarangi	04/03/2017 13:26:47 PM
Department Approval	amarangi	04/03/2017 13:26:50 PM
Contract Manager Approval	amarangi	04/03/2017 13:26:52 PM
Budget Analyst Approval	jrodrig9	04/06/2017 10:51:24 AM
BOE Agenda Approval	pnicks	04/06/2017 14:34:06 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18606**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PAUL CAVIN ARCHITECT LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>PAUL CAVIN ARCHITECT LLC</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>51 MARILYN MAE DRIVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89441</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>PAUL CAVIN 775-384-6141</b>
	Vendor No.: <b>T29033842</b>
	NV Business ID: <b>NV20131182382</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 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<b>X Other funding 100.00 %</b> <b>Varies depending upon the project requiring this service.</b>
Agency Reference #: <b>111069</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Access PIn Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional accessibility plan checking services, as needed, for CIP Projects: SPWD Contract No. 111069.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Accessibility plan checking is required to ensure building safety and code compliance.**

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

**Professional Accessibility Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/07/2017 14:36:13 PM
Division Approval	amarangi	04/07/2017 14:36:15 PM
Department Approval	amarangi	04/07/2017 14:36:17 PM
Contract Manager Approval	amarangi	04/07/2017 14:36:19 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:29:07 PM
BOE Agenda Approval	pnicks	04/11/2017 16:20:06 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18610**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>PETTY &amp; ASSOCIATES</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>PETTY &amp; ASSOCIATES</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>1375 GREG STREET, SUITE 106</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>SPARKS, NV 89431</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>BOB PETTY 775-359-5777</b>
		Vendor No.:	<b>T80580350</b>
		NV Business ID:	<b>NV19841014622</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>
Agency Reference #:	<b>111096</b>		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Mech Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional mechanical plan checking services, as needed, for CIP Projects: SPWD Contract No. 111096.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Professional mechanical plan checking services required to ensure building safety and code compliance.**

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

**Professional mechanical plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/07/2017 15:32:58 PM
Division Approval	amarangi	04/07/2017 15:33:00 PM
Department Approval	amarangi	04/07/2017 15:33:02 PM
Contract Manager Approval	amarangi	04/07/2017 15:33:04 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:33:24 PM
BOE Agenda Approval	pnicks	04/11/2017 16:27:15 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18548**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>PLAN CHECK PROFESSIONALS, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>PLAN CHECK PROFESSIONALS, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>3419 E CHAPMAN AVE. # 480</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>ORANGE, CA 92869-3812</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Judy Williams 714-538-0933</b>
		Vendor No.:	<b>T29005352</b>
		NV Business ID:	<b>NV20161063564</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 110952

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Code Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 110952.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Code plan checking services are required to ensure building safety and code compliance.**

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

**Professional Services/Professional Code Plan Checking Services/[other discipline] 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:

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	amarangi	03/28/2017 14:31:56 PM
Division Approval	amarangi	03/28/2017 14:31:58 PM
Department Approval	amarangi	03/28/2017 14:32:01 PM
Contract Manager Approval	amarangi	03/28/2017 14:32:03 PM
Budget Analyst Approval	jrodrig9	04/03/2017 18:04:11 PM
BOE Agenda Approval	pnicks	04/04/2017 09:09:24 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18633**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Agency Code: **082**

Appropriation Unit: **All Appropriations**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **R2H ENGINEERING, INC.**

Contractor Name: **R2H ENGINEERING, INC.**

Address: **2610 W. Horizon Ridge Parkway Suite 205**

City/State/Zip: **Henderson, NV 89052**

Contact/Phone: **Robert Hendershot 702-260-7000**

Vendor No.: **T81003820A**

NV Business ID: **NV19931073695**

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: **111105**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: **06/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Structural Pln Chck**

5. Purpose of contract:

**This is a new contract to provide professional structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 111105.**

6. NEW CONTRACT

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

Other basis for payment: **Progress payments based on services provided.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Structural plan checking services are required to ensure building safety and code compliance.**

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/12/2017 15:34:03 PM
Division Approval	amarangi	04/12/2017 15:34:05 PM
Department Approval	amarangi	04/12/2017 15:34:07 PM
Contract Manager Approval	amarangi	04/12/2017 15:34:09 PM
Budget Analyst Approval	jrodrig9	04/16/2017 22:02:40 PM
BOE Agenda Approval	pnicks	04/17/2017 11:13:43 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18601**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>RESOURCE CONCEPTS INC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>RESOURCE CONCEPTS INC</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>340 N MINNESOTA ST</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>CARSON CITY, NV 89703-4152</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>JOE CACIOPPO 775-883-1600</b>
		Vendor No.:	<b>T12785100</b>
		NV Business ID:	<b>NV19781005208</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>
Agency Reference #:	<b>111089</b>		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Geotech Inv Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 111089.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Geotechnical Investigation Services are required to ensure building safety and code compliance.**

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

**Professional Geotechnical Investigation Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/07/2017 13:32:27 PM
Division Approval	amarangi	04/07/2017 13:32:29 PM
Department Approval	amarangi	04/07/2017 13:32:31 PM
Contract Manager Approval	amarangi	04/07/2017 13:32:33 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:18:33 PM
BOE Agenda Approval	pnicks	04/11/2017 16:39:42 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18574**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>RESOURCE CONCEPTS, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>RESOURCE CONCEPTS, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>340 N MINNESOTA ST</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>CARSON CITY, NV 89703-4152</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Joe Cacioppo 775-883-1600</b>
		Vendor No.:	<b>T12785100</b>
		NV Business ID:	<b>NV19781005208</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111071

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Civil Pln Chk Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 111071.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Professional civil plan checking services are required to ensure building safety and code compliance.**

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

**Professional civil plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/03/2017 14:24:01 PM
Division Approval	amarangi	04/03/2017 14:24:04 PM
Department Approval	amarangi	04/03/2017 14:24:07 PM
Contract Manager Approval	amarangi	04/03/2017 14:24:09 PM
Budget Analyst Approval	jrodrig9	04/05/2017 15:40:17 PM
BOE Agenda Approval	pnicks	04/06/2017 08:39:13 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18572**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>RO ANDERSON ENGINEERING, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>RO ANDERSON ENGINEERING, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>1603 Esmerelda Avenue</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Minden, NV 889423</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Jeremy Hutchings 775-782-2322</b>
		Vendor No.:	<b>T29003022A</b>
		NV Business ID:	<b>NV19921072789</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111072

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Civil Pln Chk Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 111072.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Professional civil plan checking services are required to ensure building safety and code compliance.**

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

**Professional civil plan checking 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?

[Empty text box]

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	amarangi	04/03/2017 14:06:53 PM
Division Approval	amarangi	04/03/2017 14:06:56 PM
Department Approval	amarangi	04/03/2017 14:06:57 PM
Contract Manager Approval	amarangi	04/03/2017 14:06:59 PM
Budget Analyst Approval	jrodrig9	04/06/2017 15:16:05 PM
BOE Agenda Approval	pnicks	04/06/2017 15:45:32 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18539**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>SHUMS CODA ASSOCIATES, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>SHUMS CODA ASSOCIATES, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>SUTE 150 5776 STONERIDGE MALL RD</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>PLEASANTON, CA 94588-2861</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Terry Knox 925-463-0651</b>
		Vendor No.:	<b>T27036240</b>
		NV Business ID:	<b>NV20161545987</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>
Agency Reference #:	<b>110954</b>		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Code Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional code plan checking service, as needed, for CIP Projects: SPWD Contract No. 110954.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on service provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Code plan checking is required to ensure building safety and code compliance.**

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

**Professional 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:

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	amarangi	03/27/2017 11:21:54 AM
Division Approval	amarangi	03/27/2017 11:22:01 AM
Department Approval	amarangi	03/27/2017 11:22:03 AM
Contract Manager Approval	amarangi	03/27/2017 11:22:05 AM
Budget Analyst Approval	jrodrig9	04/03/2017 17:52:49 PM
BOE Agenda Approval	pnicks	04/04/2017 09:25:59 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18608**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>STANTEC CONSULTING SERVICES,</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>STANTEC CONSULTING SERVICES,</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>INC.</b>
Is budget authority available?:	<b>Yes</b>		<b>6995 SIERRA CENTER PARKWAY</b>
If "No" please explain:	<b>Not Applicable</b>	City/State/Zip:	<b>RENO , NV 89511</b>
		Contact/Phone:	<b>JOHN WELSH 775-398-1215</b>
		Vendor No.:	<b>T81023418B</b>
		NV Business ID:	<b>NV20101021081</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: **111073**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Civil Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 111073.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Professional civil plan checking services are required to ensure building safety and code compliance.**

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

**Professional civil plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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:

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	amarangi	04/07/2017 15:04:17 PM
Division Approval	amarangi	04/07/2017 15:04:19 PM
Department Approval	amarangi	04/07/2017 15:04:21 PM
Contract Manager Approval	amarangi	04/07/2017 15:04:23 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:31:36 PM
BOE Agenda Approval	pnicks	04/11/2017 16:24:17 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18632**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TECTONICS DESIGN GROUP</b>
Agency Code: <b>082</b>	Contractor Name: <b>TECTONICS DESIGN GROUP</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>10451 DOUBLE R BOULEVARD</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>JEFF TURNIPSEED 775-824-9988</b>
	Vendor No.: <b>T32000404</b>
	NV Business ID: <b>NV20051722323</b>

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 111106

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: 06/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Structural Pln Chck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional structural plan checking services, as needed, for CIP Projects: SPWD Contract No. 111106**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Structural plan checking services are required to ensure building safety and code compliance.**

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	amarangi	04/12/2017 15:16:09 PM
Division Approval	amarangi	04/12/2017 15:16:11 PM
Department Approval	amarangi	04/12/2017 15:16:14 PM
Contract Manager Approval	amarangi	04/12/2017 15:16:16 PM
Budget Analyst Approval	jrodrig9	04/16/2017 22:03:28 PM
BOE Agenda Approval	pnicks	04/17/2017 11:11:02 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18571**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>WILLDAN</b>
Agency Code: <b>082</b>	Contractor Name: <b>WILLDAN</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>2401 E KATELLA AVE SUITE 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ANAHEIM, CA 92806</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>David Hunt 714-940-6300</b>
	Vendor No.: <b>T81037894A</b>
	NV Business ID: <b>NV19901017345</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 110953

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Code Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional code plan checking services, as needed, for CIP Projects: SPWD Contract No. 110953.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Code plan checking is required to ensure building safety and code compliance**

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

**Professional code plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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:

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	amarangi	04/03/2017 13:51:09 PM
Division Approval	amarangi	04/03/2017 13:51:11 PM
Department Approval	amarangi	04/03/2017 13:51:13 PM
Contract Manager Approval	amarangi	04/03/2017 13:51:15 PM
Budget Analyst Approval	jrodrig9	04/06/2017 11:05:03 AM
BOE Agenda Approval	pnicks	04/06/2017 14:31:42 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18605**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **WOOD RODGERS, INC.**Contractor Name: **WOOD RODGERS, INC.**Address: **1361 CORPORATE BOULEVARD**City/State/Zip: **RENO, NV 89502**Contact/Phone: **MARK CASEY 775-823-4068**Vendor No.: **T29006428A**NV Business ID: **NV20031304987**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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: **111091**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Geotech Inv Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional geotechnical investigation services, as needed, for CIP Projects: SPWD Contract No. 111091**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Geotechnical Investigation Services are required to ensure building safety and code compliance.**

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

**Geotechnical Investigation Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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:

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	amarangi	04/07/2017 14:21:45 PM
Division Approval	amarangi	04/07/2017 14:21:47 PM
Department Approval	amarangi	04/07/2017 14:21:49 PM
Contract Manager Approval	amarangi	04/07/2017 14:21:51 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:28:04 PM
BOE Agenda Approval	pnicks	04/11/2017 16:17:38 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18609**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>WOOD RODGERS, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>WOOD RODGERS, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>1361 CORPORATE BOULEVARD</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89502</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>MARK CASEY 775-823-4068</b>
		Vendor No.:	<b>T29006428A</b>
		NV Business ID:	<b>NV20031304987</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Varies depending upon the project requiring this service.</b>
Agency Reference #:	<b>111074</b>		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **2 years and 60 days**4. Type of contract: **Contract**Contract description: **Civil Pln Chck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional civil plan checking services, as needed, for CIP Projects: SPWD Contract No. 111074.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Professional civil plan checking services are required to ensure building safety and code compliance.**

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

**Professional civil plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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:

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	amarangi	04/07/2017 15:14:57 PM
Division Approval	amarangi	04/07/2017 15:14:59 PM
Department Approval	amarangi	04/07/2017 15:15:01 PM
Contract Manager Approval	amarangi	04/07/2017 15:15:03 PM
Budget Analyst Approval	jrodrig9	04/10/2017 16:32:29 PM
BOE Agenda Approval	pnicks	04/11/2017 16:25:33 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18529**

Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT**

Agency Code: **102**  
Appropriation Unit: **1521-10**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **BOARD OF REGENTS-UNR**

Contractor Name: **BOARD OF REGENTS-UNR**

Address: **Ansari Business Building Room 411**

City/State/Zip: **Reno, NV 89557-0032**

Contact/Phone: **Winnie Dowling 775-784-4062**

Vendor No.: **D35000816**

NV Business ID: **N/A**

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 % US Treasury State Small Business Credit Initiative Grant</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/09/2019**

Contract term: **2 years and 8 days**

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

Contract description: **Program Management**

5. Purpose of contract:

**This is a new interlocal contract to partner with the Nevada System of Higher Education's Small Business Development Center to administer the U.S. Treasury Department's State Small Business Credit Initiative program which provides microloans, collateral support, and venture capital to Nevada entrepreneurs and small business. This interlocal contract provides for the administration of the Battle Born Growth Escalator during a transition period to a private non-profit entity which will be managing the program in the future.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$230,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Nevada needs to diversify its economic base, and utilizing available federal funds to provide venture capital to entrepreneurs and small business will help spur economic growth.**

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

**This work requires specialized skills and abilities the agency does possess. NSBDC has a statewide network of offices and resources dedicated to small business development, and the program manager they hire will have extensive experience in growth escalation and identifying and verifying investment opportunities.**

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Not applicable.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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 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	dnovotny	03/24/2017 14:36:24 PM
Division Approval	swoodbur	04/03/2017 17:01:42 PM
Department Approval	swoodbur	04/03/2017 17:01:48 PM
Contract Manager Approval	dnovotny	04/03/2017 17:04:02 PM
Budget Analyst Approval	lfree1	04/07/2017 15:09:01 PM
BOE Agenda Approval	lfree1	04/07/2017 15:10:28 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16204** Amendment Number: **1**

Agency Name: **NDE - DEPARTMENT OF EDUCATION** Legal Entity Name: **The Regents of the University of California**

Agency Code: **300** Contractor Name: **The Regents of the University of California**

Appropriation Unit: **2697-45** Address: **UCLA Smarter Balanced GSE&IS 302**

Is budget authority available?: **Yes** City/State/Zip: **Los Angeles, CA 90095-1522**

If "No" please explain: **Not Applicable** Contact/Phone: **Paisha Allmendinger 310-825-0659**

Vendor No.: **T81026215**

NV Business ID: **Gov't Entity**

To what State Fiscal Year(s) will the contract be charged? **2015-2018**

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 **07/01/2014**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **07/01/2017**

Contract term: **3 years and 1 day**

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

Contract description: **SBAC Membership**

5. Purpose of contract:

**This is the first amendment to the original contract to provide the Basic Assessment System. This amendment increases the maximum amount from \$3,978,093 to \$4,657,693 due to an increase in the number of students tested and to provide the Complete Assessment System. The Smarter Balanced complete assessment package includes summative, interim, and formative assessments in English Language Arts and Mathematics for grades 3 through 8 resulting in a higher per student rate.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,978,093.00	\$3,978,093.00	\$3,978,093.00	Yes - Action
2. Amount of current amendment (#1):	\$679,600.00	\$679,600.00	\$679,600.00	Yes - Action
3. New maximum contract amount:	\$4,657,693.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

In 2010 Nevada joined the Smarter Balanced Assessment Consortium (SBAC), a state led consortium working to develop assessments in line with the new standards. Nevada has worked with SBAC to develop new standards since 2010. This contract is necessary in order to obtain access to the Assessments that Nevada participated in developing as a Governing State within the consortium.

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

State Employees do not have access to the Assessments provided under this agreement. The Nevada Department of Education does not have the resources or expertise necessary to develop the computer adaptive assessment model.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 277.180 the Agency has contracted with The Regents of the University of California-UCLA Smarter Balanced.

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 a current contract #16204 with the Department of Education and the 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 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	vostin	03/29/2017 12:59:51 PM
Division Approval	vostin	03/29/2017 12:59:55 PM
Department Approval	amccalla	03/30/2017 07:49:47 AM
Contract Manager Approval	ablackwe	04/07/2017 15:07:26 PM
Budget Analyst Approval	knielsen	04/11/2017 16:45:17 PM
BOE Agenda Approval	sbrown	04/19/2017 09:30:21 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: **18533**

Agency Name:	<b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name:	<b>INFINITE CAMPUS INC</b>
Agency Code:	<b>315</b>	Contractor Name:	<b>INFINITE CAMPUS INC</b>
Appropriation Unit:	<b>2711-26</b>	Address:	<b>4321 109th Avenue</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Blaine, MN 55449</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Eric Creighton 800-850-2335</b>
		Vendor No.:	<b>T29032839A</b>
		NV Business ID:	<b>NV2011635586</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: **315**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **4 years**4. Type of contract: **Provider Agreement**Contract description: **Infinite Campus**

5. Purpose of contract:

**This is a new contract to provide ongoing service for a Student Information System as required by NRS 386.650 to: (a) Adopt and maintain a program for the collection, maintenance and transfer of data from the records of individual pupils to the State automated system of information; (b) Provide to the Department electronic data concerning pupils as required by the Superintendent of Public Instruction; (c) Ensure that an electronic record is maintained in accordance with subsection 3.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,146,894.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

According to NRS 386.650(2)(a) & (3)(a), the State School Superintendent has the authority to dictate the information systems used to collect and report State required data fields for the Student Accountability Information Network. The Superintendent has selected the Infinite Campus product as the State standard. This decision was reaffirmed by the selection, through a competitive bid process performed by Washoe and Clark county as the student information system that best meets their needs.

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

Student Information Systems are highly specialized software systems used by all Nevada school districts. The State does not have the expertise to write the software.

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

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 386.650 (2)(a) and (3)(a)

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:

Current contract with the Nevada Department of Education.

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	khigday	04/03/2017 09:15:39 AM
Division Approval	khigday	04/03/2017 09:15:42 AM
Department Approval	khigday	04/03/2017 09:15:44 AM
Contract Manager Approval	khigday	04/03/2017 09:15:47 AM
DoIT Approval	rkeith	04/03/2017 14:10:23 PM
Budget Analyst Approval	tgreenam	04/04/2017 13:31:35 PM
BOE Agenda Approval	sbrown	04/06/2017 15:24:51 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18531**

Agency Name:	<b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name:	National Charter School Institute
Agency Code:	<b>315</b>	Contractor Name:	<b>National Charter School Institute</b>
Appropriation Unit:	<b>2711-26</b>	Address:	<b>PERF INST DBA NATIONAL CHARTER 711 W PICKARD ST STE M</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>MOUNT PLEASANT, MI 48858-1587</b>
If "No" please explain:	Not Applicable	Contact/Phone:	989/317-3510
		Vendor No.:	T27034587
		NV Business ID:	NV20141212395

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Sponsorship 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 **07/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Epicenter Contract**

5. Purpose of contract:

**The is a new contract to provide a web-based software system to allow collection of data from its sponsored charter schools to efficiently and effectively oversee, support, monitor compliance with legal and contractual responsibilities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$386,900.00**

Payment for services will be made at the rate of \$2,650.00 per charter school

Other basis for payment: with an annual fee for Application Center of \$3,000.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

A large number of reports and documentation are required from the charter schools sponsored by State Public Charter School Authority (SPCSA). This data is needed in order to review, oversee, monitor, and support the charter schools for compliance and legal requirements.

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

The use of a web-based program to gather this large amount of information for use by SPCSA staff, is cost effective for both the charter schools and the SPCSA staff. This system also allows review off-site as needed. The SPCSA agency has a very small staff and the collection of the information is essential to the functions of the a enc .

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

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 332.195 Joinder or mutual use of contracts by governmental entities.

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?

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	khigday	03/27/2017 08:48:46 AM
Division Approval	khigday	04/03/2017 09:16:26 AM
Department Approval	khigday	04/03/2017 09:16:28 AM
Contract Manager Approval	khigday	04/03/2017 09:16:31 AM
DoIT Approval	rkeith	04/03/2017 14:10:57 PM
Budget Analyst Approval	tgreenam	04/04/2017 13:30:54 PM
BOE Agenda Approval	sbrown	04/06/2017 16:44:54 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18568**

Agency Name:	<b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name:	<b>SHOUTPOINT INC</b>
Agency Code:	<b>315</b>	Contractor Name:	<b>SHOUTPOINT INC</b>
Appropriation Unit:	<b>2711-26</b>	Address:	<b>4695 MACARTHUR CT STE 930</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>NEWPORT BEACH, CA 92660-1863</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Jaime Christiano 877-746-8878</b>
		Vendor No.:	<b>T27036162</b>
		NV Business ID:	<b>NV20151197683</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Sponsorship 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 **07/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Shoutpoint**

5. Purpose of contract:

**This is a new contract to provide an interconnected Voice over Internet Protocol (VoIP) solution for emergency notification. Interconnected VoIP lines can be used for any and all educational purposes that call for dial tone services including emergency messaging, attendance, weather announcements and broadcast messaging.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$146,970.00**

Payment for services will be made at the rate of \$345.00 per VoIP Line

**II. JUSTIFICATION**

7. What conditions require that this work be done?

This product is an add-on service provided by Shoutpoint to Infinite Campus, which is the student information system required to be used by districts and charter schools per NRS 386.650. This add-on product will allow the state-sponsored charter schools to use the personal data stored within Infinite Campus to auto-dial parents in case of emergency, snow delay, crisis response matter, etc.

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

The State Superintendent of Public Instruction has deemed Infinite Campus the student information system for state public schools. This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 386.650.

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

Was the solicitation (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 #: 170401**

**Approval Date: 04/03/2017**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? 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?

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	khigday	04/04/2017 12:35:37 PM
Division Approval	khigday	04/04/2017 12:35:39 PM
Department Approval	khigday	04/04/2017 12:35:41 PM
Contract Manager Approval	khigday	04/04/2017 12:35:43 PM
DoIT Approval	rkeith	04/04/2017 13:04:28 PM
Budget Analyst Approval	tgreenam	04/04/2017 15:32:46 PM
BOE Agenda Approval	sbrown	04/06/2017 15:10:27 PM
BOE Final Approval	Pending	

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

James R. Wells, CPA  
Interim Director

Greg Smith  
Administrator

<b>Purchasing Use Only:</b>	
Approval#:	170401

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency: <i>State Public Charter School Authority (SPCSA)</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Katie Baldwin</i>	<i>775-687-9165</i>	<i>kbaldwin@spsca.nv.gov</i>

1b	<b>Vendor Information:</b>	
	Identify Vendor:	<i>Shoutpoint, Inc.</i>
	Contact Name:	<i>Elisa Henry</i>
	Address:	<i>4695 MacArthur Ct. Ste 930 Long Beach, CA 92660</i>
	Telephone Number:	<i>949-596-4623</i>
	Email Address:	<i>Elisa.henry@shoutpoint.com</i>

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

1d	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	No	<input checked="" type="checkbox"/>
	Amendment:	# 2		
	CETS:	# 16716		

1e	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>July 1, 2017</i>	End Date:

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>Sponsorship Fees</i>

1g	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<i>\$265,305.00 total for 4 year term</i>

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>This product is an add-on service provided by Shoutpoint to Infinite Campus, which is the student information system required to be used by districts and charter schools per NRS 386.650. This add-on product will allow the state-sponsored charter schools to use the personal data stored within Infinite Campus to auto-dial parents in case of emergency, snow delay, crisis response matter, etc.</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 State Superintendent of Public Instruction has deemed Infinite Campus the student information system for state public schools. This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 386.650.</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>The State Superintendent of Public Instruction has deemed Infinite Campus the student information system for state public schools. This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 386.650.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<i>This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 386.650.</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 ALL previous waivers must accompany this request.</b>			Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP, RFQ, Waiver)</i>		
	07/01/15	6/30/16	\$33,600.00	VoIP emergency notification	Waiver #150501		
	07/01/16	06/30/17	\$34,155.00	VoIP emergency notification	Waiver #150501A		
			\$				

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>The State Public Charter School Authority sponsored charter schools will not have an auto-dialer system that utilizes the up-to-date information within the student information system Infinite Campus. The sponsored schools will not be able to auto-dial parents in case of emergency, snow delay, crisis response matter, etc.</i>

8	<b>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?</b>
	<i>This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 386.650.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? Check One.</b>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>The State Superintendent of Public Instruction has deemed Infinite Campus the student information system for state public schools. This product enhances IC's ability to serve students and families in case of emergency.</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.

K. Calderin  
Agency Representative Initiating Request

Katie Calderin 3/29/17  
Print Name of Agency Representative Initiating Request Date

[Signature]  
Signature of Agency Head Authorizing Request

Patrick J. Gavin 3/28/17  
Print Name of Agency Head Authorizing Request Date

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

N/A  
Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review Date

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

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

Signed:

[Signature] 4-5-2017  
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: **17606** Amendment Number: **1**

Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **BOARD OF REGENTS-UNIVERSITY OF NEVADA, RENO**

Agency Code: **402** Contractor Name: **BOARD OF REGENTS-UNIVERSITY OF NEVADA, RENO**

Appropriation Unit: **3266-29** Address: **CONTROLLERS MAIL STOP 124**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89557**

If "No" please explain: **Not Applicable** Contact/Phone: **775-784-4040**

Vendor No.: **D35000849**

NV Business ID: **SM00220683**

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.

<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 **07/01/2016**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

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

Contract description: **Caregiver Trainings**

5. Purpose of contract:

**This is the first amendment to the original contract which continues caregiver trainings for directors; administrators, caregivers and staff of homes for individual residential care, residential facilities for groups, assisted living facilities and nursing facilities. This amendment extends the termination date from June 30, 2017 to June 30, 2018 and increases the maximum amount from \$45,002 to \$90,004 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:	\$45,002.00	\$45,002.00	\$45,002.00	Yes - Info
2. Amount of current amendment (#1):	\$45,002.00	\$45,002.00	\$90,004.00	Yes - Action
3. New maximum contract amount:	\$90,004.00			
and/or the termination date of the original contract has changed to:	06/30/2018			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NAC 449.196(1)(F) States caregivers must receive not less than 8 hours of training annually related to providing for the needs of the residents of a residential facility. The need for training of professional staff is ongoing. Programs are reviewed for quality management issues and program compliance assurances. The purpose of this training is to provide approximately six hours of education to Directors, Administrators, and staff of Homes for Individual Residential Care, Residential Facilities for Groups, Assisted Living Facilities, Nursing Facilities, and caregivers.

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

This is an intrastate/interlocal contract to be coordinated through Nevada Higher Education (UNR Nevada Geriatric Education Center (NGEC) to provide specialized, credentialed training Nevada Caregivers.

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

The University of Nevada, Reno - Nevada Geriatric Education Center is uniquely qualified to produce geriatric education sessions that meet the criteria for professional credentialing for Specialization in Aging. This contract is an intrastate/interlocal agreement and as such is exempt from RFP requirements as a Cooperative Agreement and Interlocal Contract between public agencies to provide services or facilities to one another or to the public in accordance with - "Interlocal Cooperation Act" (NRS 277.080 to 277.180). Indirect rate 8%.

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:

Current contract with Aging and Disability services Division (402) 06/05/2012-06/30/2017) term date. UNR is a state agency. Through present, services provided by this contractor 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	dbowma1	03/29/2017 09:41:44 AM
Division Approval	dbowma1	03/29/2017 09:41:47 AM
Department Approval	jkolenut	03/30/2017 10:10:20 AM
Contract Manager Approval	jpruneau	03/30/2017 15:08:36 PM

Budget Analyst Approval  
BOE Agenda Approval

bwooldri  
nhovden

04/05/2017 15:11:35 PM  
04/07/2017 14:04:33 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: **14275** Amendment Number: **8**  
 Agency Name: **HEALTH CARE FINANCING & POLICY** Legal Entity Name: **MYERS & STAUFFER, LC**  
 Agency Code: **403** Contractor Name: **MYERS & STAUFFER, LC**  
 Appropriation Unit: **3158-04** Address: **4400 Cox Road Suite 110**  
 Is budget authority available?: **Yes** City/State/Zip: **Glen Allen, VA 23060**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Sheryl Pannell 804-270-2200**  
 Vendor No.: **T81098965A**  
 NV Business ID: **NV20001070243**  
 To what State Fiscal Year(s) will the contract be charged? **2014-2017**

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.

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</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 **07/01/2013**  
 Anticipated BOE meeting date **05/2017**  
 Retroactive? **No**  
 If "Yes", please explain  
**Not Applicable**

3. Previously Approved Termination Date: **06/30/2017**  
 Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**  
 Contract description: **Audit**

5. Purpose of contract:  
**This is the eighth amendment to the original contract which provides services to audit Managed Care Organizations, patient trust funds and cost reports of nursing facilities. This amendment increases the maximum amount from \$9,111,787 to \$9,567,775 due to the added language to the scope of work to support the design, development and implementation of the Nevada Enterprise Data Governance Program.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,257,105.00	\$5,257,105.00	\$5,257,105.00	Yes - Action
a. Amendment 1:	\$302,352.00	\$5,559,457.00	\$5,559,457.00	Yes - Action
b. Amendment 2:	\$467,284.00	\$5,724,389.00	\$5,724,389.00	Yes - Action
c. Amendment 3:	\$1,488,366.00	\$6,745,471.00	\$6,745,471.00	Yes - Action
d. Amendment 4:	\$890,000.00	\$6,147,105.00	\$6,147,105.00	Yes - Action
e. Amendment 5:	\$270,000.00	\$5,527,105.00	\$5,527,105.00	Yes - Action
f. Amendment 6:	\$100,000.00	\$5,357,105.00	\$5,357,105.00	Yes - Action
g. Amendment 7:	\$336,680.00	\$5,593,785.00	\$5,593,785.00	Yes - Action
2. Amount of current amendment (#8):	\$455,988.00	\$455,988.00	\$455,988.00	Yes - Action
3. New maximum contract amount:	\$9,567,775.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Federal and State mandates require specific audits and rate settings be conducted for hospitals being paid Medicaid funds.

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

The State does not have the resources or expertise to perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

Exempt per NAC333.150 2. (5)

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 in contract with the Division and service 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:

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	aree2	04/12/2017 08:20:26 AM
Division Approval	mlewi7	04/12/2017 11:18:39 AM
Department Approval	jkolenut	04/12/2017 11:29:59 AM
Contract Manager Approval	aree2	04/12/2017 12:11:03 PM
Budget Analyst Approval	dreynol2	04/14/2017 10:56:19 AM
BOE Agenda Approval	nhovden	04/14/2017 12:09:08 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **13703** Amendment Number: **5**  
 Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **ZIRMED, INC.**  
 Agency Code: **406** Contractor Name: **ZIRMED, INC.**  
 Appropriation Unit: **3168-04** Address: **888 WEST MARKET STREET**  
 Is budget authority available?: **Yes** City/State/Zip: **LOUISVILLE, KY 40202**  
 If "No" please explain: **Not Applicable** Contact/Phone: **502/238-9308**  
 Vendor No.: **T29016276**  
 NV Business ID: **NV20101524863**

To what State Fiscal Year(s) will the contract be charged? **2013-2018**

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.

<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 %

Agency Reference #: **HD 13043**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/11/2012**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2017**

Contract term: **5 years and 20 days**

4. Type of contract: **Contract**

Contract description: **Billing Services**

5. Purpose of contract:

**This is the fifth amendment to the original contract which provides claims processing services in conjunction with online claims management processing systems. This amendment increases the maximum amount from \$209,970 to \$235,970 due to the increased need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$39,062.00	\$39,062.00	\$39,062.00	Yes - Info
a. Amendment 1:	\$128,851.50	\$167,913.50	\$167,913.50	Yes - Action
b. Amendment 2:	\$2,056.50	\$41,118.00	\$2,056.00	No
c. Amendment 3:	\$40,000.00	\$81,118.00	\$42,056.00	Yes - Info
d. Amendment 4:	\$0.00	\$39,061.00	\$42,056.00	No
2. Amount of current amendment (#5):	\$26,000.00	\$25,999.00	\$68,056.00	Yes - Action
3. New maximum contract amount:	\$235,970.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Department of Health and Human Services, through the Division of Public and Behavioral Health, is establishing an online billing service for healthcare providers and payers.

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

This capability does not exist within the state at the present time.

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):

CorVel  
Zyantus  
Office Ally

b. Solicitation Waiver: **Not Applicable**

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

ZirMed appeared to provide the best value for the cost.

d. Last bid date: 05/15/2012 Anticipated re-bid date: 04/15/2017

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:

DPBH has used this vendor 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:  
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	rmorse	04/03/2017 16:08:46 PM
Division Approval	rmorse	04/03/2017 16:08:49 PM
Department Approval	jkolenut	04/05/2017 10:11:37 AM
Contract Manager Approval	rmorse	04/05/2017 11:24:11 AM
Budget Analyst Approval	bwooldri	04/06/2017 14:09:38 PM
BOE Agenda Approval	nhovden	04/07/2017 10:36:47 AM



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **13018** Amendment Number: **2**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **OPEN DOMAIN, INC.**

Agency Code: **406** Contractor Name: **OPEN DOMAIN, INC.**

Appropriation Unit: **3214-04** Address: **9 CROW CANYON CT STE 108**

Is budget authority available?: **Yes** City/State/Zip: **SAN RAMON, CA 94583**

If "No" please explain: **Not Applicable** Contact/Phone: **925/855-0588**

Vendor No.: **T27015545**

NV Business ID: **NV20101680203**

To what State Fiscal Year(s) will the contract be charged? **2012-2018**

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 %

Agency Reference #: **HD 12158**

## 2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2012**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **09/30/2017**Contract term: **5 years and 183 days**4. Type of contract: **Contract**Contract description: **Data Hosting**

## 5. Purpose of contract:

**This is the second amendment to the original contract which provides hosting of the Women, Infants and Children (WIC) application system at a centralized data facility. The hosting shall include computer hardware in a three tier architecture, data backup, server redundancy, server operating systems maintenance, data communications to each WIC clinic, the state and Fidelity Information Services (the state's electronic benefit transfer provider). This amendment revises the scope of work and increases the maximum amount from \$928,925 to \$1,009,275 due to conversion to a new WIC Eligibility System.**

## 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$390,525.00	\$390,525.00	\$390,525.00	Yes - Action
a. Amendment 1:	\$538,400.00	\$928,925.00	\$928,925.00	Yes - Action
2. Amount of current amendment (#2):	\$80,350.00	\$80,350.00	\$80,350.00	Yes - Action
3. New maximum contract amount:	\$1,009,275.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

There must be a processing interface between the State's WIC data base, and the EBT terminal use. This data base interface allows for the proper payment of benefits to authorized WIC clients.

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

The State does not currently have the capability to perform this function.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Vendor has been maintaining the WIC data base continuously since 2005.

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:

Contractor has been under contract with DPBH since 2005 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	rmorse	04/05/2017 10:23:18 AM
Division Approval	rmorse	04/05/2017 10:23:21 AM
Department Approval	jkolenut	04/05/2017 10:27:43 AM
Contract Manager Approval	rmorse	04/05/2017 11:22:22 AM
DoIT Approval	rkeith	04/05/2017 13:16:16 PM
Budget Analyst Approval	bwooldri	04/06/2017 12:56:10 PM
BOE Agenda Approval	nhovden	04/07/2017 13:54:17 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16262** Amendment Number: **5**  
 Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **SRA INTERNATIONAL, INC.**  
 Agency Code: **406** Contractor Name: **SRA INTERNATIONAL, INC.**  
 Appropriation Unit: **3219-16** Address: **4300 FAIR LAKES CT**  
 Is budget authority available?: **Yes** City/State/Zip: **FAIRFAX, VA 22033-4232**  
 If "No" please explain: **Not Applicable** Contact/Phone: **703/633-2593**  
 Vendor No.: **T29013491**  
 NV Business ID: **NV20051645519**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: **C 14769**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/08/2015**  
 Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **07/31/2018**

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

4. Type of contract: **Contract**

Contract description: **NBS System Upgrade**

5. Purpose of contract:

**This is the fifth amendment to the original contract which provides upgrades to Nevada's communicable disease National Electronic Disease Surveillance System in order to implement electronic laboratory reporting capabilities. This amendment adds capabilities in the scope of work for the Rhapsody and CareWare system for the STD/HIV program and increases the maximum amount from \$134,000 to \$175,000 due to these additional services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$35,000.00	\$35,000.00	\$35,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$35,000.00	\$35,000.00	No
b. Amendment 2:	\$14,000.00	\$49,000.00	\$49,000.00	Yes - Info
c. Amendment 3:	\$65,000.00	\$100,000.00	\$114,000.00	Yes - Action
d. Amendment 4:	\$20,000.00	\$55,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#5):	\$41,000.00	\$41,000.00	\$61,000.00	Yes - Action
3. New maximum contract amount:	\$175,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

This work must be performed to provide support for the CDC data system to track Nevada's communicable diseases.

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

State personnel do not possess training or knowledge pertaining to the Rhapsody or NBS System.

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):

Orion Health  
Inductive Health Informatics  
SRA International, Inc.

b. Solicitation Waiver: **Not Applicable**

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

This vendor was recommended by the Centers for Disease Control and possess the greatest knowledge of the product.

d. Last bid date: Anticipated re-bid date: 01/15/2018

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Under contract with DPBH since January 2014 - 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	chadwic1	04/03/2017 16:52:06 PM
Division Approval	chadwic1	04/03/2017 16:52:09 PM
Department Approval	jkolenut	04/05/2017 10:23:03 AM
Contract Manager Approval	rmorse	04/05/2017 11:23:30 AM
DoIT Approval	rkeith	04/05/2017 13:13:14 PM
Budget Analyst Approval	bwooldri	04/06/2017 13:18:28 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18346**

Agency Name:	<b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name:	Humboldt County District Attorney
Agency Code:	<b>407</b>	Contractor Name:	<b>Humboldt County District Attorney</b>
Appropriation Unit:	<b>3238-16</b>	Address:	<b>Humboldt CO District Attorney 501 S. Bridge Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Winnemucca, NV 89445</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Brenda Dial 775-623-6361
		Vendor No.:	T40139500
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>66.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.00 % County Share</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

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

Contract description: **CSEP**

5. Purpose of contract:

**This is a new interlocal agreement that continues to provide child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,444.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).**

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

**States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

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

**NRS 425.370 and 425.380 (1) requires Counties to provide child support enforcement services for local applicants.**

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 under contract with DWSS and providing 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 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	ewatson	01/23/2017 13:28:39 PM
Division Approval	bberry	03/27/2017 14:30:51 PM
Department Approval	jkolenut	03/29/2017 11:29:35 AM
Contract Manager Approval	mlynn	03/30/2017 11:10:45 AM
Budget Analyst Approval	nhovden	03/31/2017 12:55:51 PM
BOE Agenda Approval	nhovden	03/31/2017 12:55:58 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18350**

Agency Name:	<b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name:	Pershing County District Attorney
Agency Code:	<b>407</b>	Contractor Name:	<b>Pershing County District Attorney</b>
Appropriation Unit:	<b>3238-16</b>	Address:	<b>Pershing, County of 535 Western Avenue</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Lovelock, NV 89419</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Elizabeth Blondheim 775-273-5052
		Vendor No.:	T81041592
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>66.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.00 % County Share</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

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

Contract description: **CSEP**

5. Purpose of contract:

**This is a new interlocal agreement that continues to provide child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,100,673.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).**

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

**States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

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

**NRS 425.370 and 425.380 (1) requires Counties to provide child support enforcement services for local applicants.**

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 under contract with DWSS and providing 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 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	ewatson	01/23/2017 13:31:47 PM
Division Approval	bberry	03/27/2017 14:36:21 PM
Department Approval	jkolenut	03/29/2017 11:59:16 AM
Contract Manager Approval	mlynn	03/30/2017 11:11:04 AM
Budget Analyst Approval	nhovden	03/31/2017 12:51:57 PM
BOE Agenda Approval	nhovden	03/31/2017 12:52:03 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18422**

Agency Name: <b>GCB - GAMING CONTROL BOARD</b>	Legal Entity Name: <b>LAS VEGAS METROPOLITAN POLICE</b>
Agency Code: <b>611</b>	Contractor Name: <b>LAS VEGAS METROPOLITAN POLICE</b>
Appropriation Unit: <b>4066-14</b>	Address: <b>DEPT</b>
Is budget authority available?: <b>Yes</b>	<b>400 S. Martin Luther King Blvd</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>LAS VEGAS, NV 89106-4372</b>
	Contact/Phone: <b>702/828-3111</b>
	Vendor No.: <b></b>
	NV Business ID: <b>not applicable</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2017-2037</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 % Forfeiture Funds</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/11/2037**

Contract term: **19 years and 350 days**

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

Contract description: **Firearms Training**

5. Purpose of contract:

**This is a new interlocal agreement to provide priority access to, and use of, Las Vegas Metropolitan Police Department's Firearms Training Campus, including the improved ranges and other enhanced training venues.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: Total contract amount (\$100,000.00) payable upon execution

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NGCB Enforcement agents are required to firearms qualify once per month upon hire for six months, and quarterly thereafter, in addition to other training. These agents need a suitable range to satisfy the requirements and conduct training activities.**

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

**The NGCB Enforcement agents will be using LVMPD's Firearms Training Campus.**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

[Empty box]

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 because the legal entity is a: Governmental Entity

[Empty box]

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	jblac7	03/27/2017 09:59:27 AM
Division Approval	jblac7	03/27/2017 09:59:37 AM
Department Approval	jblac7	03/27/2017 09:59:48 AM
Contract Manager Approval	jblac7	03/27/2017 09:59:51 AM
Budget Analyst Approval	myoun3	04/03/2017 07:51:39 AM
BOE Agenda Approval	lfree1	04/04/2017 14:09:42 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **13441** Amendment Number: **2**

Agency Name: **COLORADO RIVER COMMISSION** Legal Entity Name: **STINSON LEONARD STREET, LLP**

Agency Code: **690** Contractor Name: **STINSON LEONARD STREET, LLP**

Appropriation Unit: **All Budget Accounts - Category 04** Address: **1775 Pennsylvania Avenue, N.W. Ste. 800**

Is budget authority available?: **Yes** City/State/Zip: **Washington, DC 20006**

If "No" please explain: **Not Applicable** Contact/Phone: **Craig Silverstein 202-785-9100**

Vendor No.: **T81082113A**

NV Business ID: **NV20111339400**

To what State Fiscal Year(s) will the contract be charged? **2012-2021**

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 % Power Revenues</b>

Agency Reference #: Leonard, Street

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2012**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **9 years and 27 days**

4. Type of contract: **Contract**

Contract description: **Craig Silverstein**

5. Purpose of contract:

**This is the second amendment to the original contract which continues ongoing legal services relating to matters before or involving the Federal Energy Regulatory Commission, the North American Electric Reliability Corporation, and other electric power regulatory bodies. This amendment extends the termination date from June 30, 2017, to June 30, 2021, and increases the maximum amount from \$200,000 to \$350,000 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$200,000.00	\$200,000.00	No
2. Amount of current amendment (#2):	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
3. New maximum contract amount:	\$350,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Need for agency representation before federal and regional electric power regulatory bodies to participate in electric power markets.

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

Lack of regulatory expertise and standing before the FERC and NERC, and need to maintain offices in Washington DC.

9. Were quotes or proposals solicited? No

Was the solicitation (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?

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

Specific attorney was with another firm that has a current contract with the Colorado River Commission. The new entity does not have any relationship with the state.

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:

LLP

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	gbenton	03/17/2017 08:45:04 AM
Division Approval	gbenton	03/17/2017 08:45:07 AM
Department Approval	gbenton	03/17/2017 08:45:11 AM
Contract Manager Approval	dbeatty	03/17/2017 15:26:34 PM
Budget Analyst Approval	cpalme2	03/22/2017 11:17:05 AM
BOE Agenda Approval	pnicks	03/23/2017 10:49:23 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: **18509**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>THE ABBI AGENCY</b>
Agency Code: <b>702</b>	Contractor Name: <b>THE ABBI AGENCY</b>
Appropriation Unit: <b>4465-19</b>	Address: <b>1385 HASKELL STREET, SUITE A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-323-2977</b>
	Vendor No.: <b>T27037235</b>
	NV Business ID: <b>NV20081200897</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 %	<input checked="" type="checkbox"/>	Fees	50.00 %	<b>Aquatic Invasive Species Sticker</b>
<input checked="" type="checkbox"/> Federal Funds	50.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 17-55

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2021**

Contract term: **4 years and 8 days**

4. Type of contract: **Contract**

Contract description: **Con Ed advertising**

5. Purpose of contract:

**This is a new contract to provide advertising for boating safety, education programs, informing the public about any and all agency wildlife or public safety issues that arise, and to promote purchase and/or the utilization of agency services, such as fishing and hunting licenses, the volunteer program or any other product or service offered by the department.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the contractor and approved by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This work will provide an outreach to the public for any and all agency wildlife or public safety issues and department programs.**

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

**The department does not have the proper equipment or trained personnel to complete this work.**

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

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

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

The Abbi Agency  
Foundry  
Creative Concepts Media  
Mass Media

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3400, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/05/2017 Anticipated re-bid date: 01/05/2021

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 is currently under contract with the Nevada Commission on Tourism and has provided satisfactory work.

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	dwendell	03/15/2017 12:45:41 PM
Division Approval	Igleason	03/15/2017 13:42:20 PM
Department Approval	eobrien	03/20/2017 15:04:36 PM
Contract Manager Approval	dwendell	03/23/2017 08:30:23 AM
Budget Analyst Approval	cpalme2	03/28/2017 13:34:56 PM
BOE Agenda Approval	cmurph3	03/28/2017 14:20:11 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18615**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>TAHOE TRANSPORTATION DISTRICT</b>
Agency Code: <b>704</b>	Contractor Name: <b>TAHOE TRANSPORTATION DISTRICT</b>
Appropriation Unit: <b>4162-04</b>	Address: <b>PO BOX 499</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ZEPHYR COVE, NV 89448-0499</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/589-5507</b>
	Vendor No.: <b>T27022731</b>
	NV Business ID: <b>Government</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

<input checked="" type="checkbox"/> General Funds	<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 **07/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

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

Contract description: **Park Transportation**

5. Purpose of contract:

**This is a new interlocal agreement to provide shuttle service for park visitors from Incline Village to Lake Tahoe Nevada State Park during the summer months.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$340,000.00**

Payment for services will be made at the rate of \$85,000.00 per Fiscal Year

Other basis for payment: Also, TTD will collect \$1 per rider not to exceed \$25,000 per fiscal year for a total of \$100,000.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The transit operation from Incline Village will serve visitors from this area and provide alternative transportation to the park.**

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

**State Parks does not have a transit 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: **Not Applicable**

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

[Empty box]

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:

We are currently under contract with Tahoe Transportation District for fiscal years 2016 and 2017. All work 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

[Empty box]

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	sdecrona	04/11/2017 08:56:43 AM
Division Approval	sdecrona	04/11/2017 08:56:45 AM
Department Approval	sdecrona	04/11/2017 10:00:13 AM
Contract Manager Approval	sdecrona	04/11/2017 10:00:16 AM
Budget Analyst Approval	cpalme2	04/12/2017 13:13:51 PM
BOE Agenda Approval	cmurph3	04/13/2017 16:14:03 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18563**

Agency Name:	<b>DCNR - DIVISION OF WATER RESOURCES</b>	Legal Entity Name:	<b>McMillen, LLC.</b>
Agency Code:	<b>705</b>	Contractor Name:	<b>McMillen, LLC.</b>
Appropriation Unit:	<b>4171-15</b>	Address:	<b>McMillen Jacobs Associates 4894 Sparks Boulevard Sparks, NV 89436</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Sparks, NV 89436</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Dr. E. George Robinson 775-391-5857</b>
		Vendor No.:	
		NV Business ID:	<b>NV20091399986</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 %	<b>X</b>	Fees	<b>100.00 % State Engineer 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 **05/10/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/10/2017**

Contract term: **214 days**

4. Type of contract: **Contract**

Contract description: **Dam Engineering Svcs**

5. Purpose of contract:

**This is a new contract to provide engineering services that will support the agency in completing proposed repairs and maintenance activities at South Fork Dam.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$63,590.00**

Other basis for payment: **per task completed**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This contract is needed as the objective of these repairs, maintenance, enhancements, and the review of South Fork Dam is to restore the dam to its original operating condition and create a plan to accommodate these items in the future as well. All of these efforts are to ensure the safety of the public and continued beneficial use of the South Fork Reservoir.**

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

**The Division of Water Resources does not have the expertise needed 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):

AECOM  
Dyer Engineering Consultants Inc.  
McMillen Jacobs Associates

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen due to their experience, resources, and knowledge of the specific issues and projects as well as their cost proposal.

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:  
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	bkordono	04/03/2017 13:19:56 PM
Division Approval	bkordono	04/03/2017 13:19:59 PM
Department Approval	kwilliam	04/03/2017 14:14:38 PM
Contract Manager Approval	bkordono	04/03/2017 14:25:02 PM
Budget Analyst Approval	hfield	04/04/2017 11:36:11 AM
BOE Agenda Approval	cmurph3	04/05/2017 10:38:03 AM
BOE Final Approval	Pending	

## **SCOPE OF WORK**

### **A. OVERVIEW OF PROJECT**

1. The Nevada Division of Water Resources (DWR) is in the process of selecting a consultant to provide professional engineering services. These services will support DWR in successfully carrying out proposed repairs and maintenance activities at South Fork Dam.
2. The successful provider will be compensated for services by the DWR.
3. It is anticipated that this will be a contract from April 2017, to November 2017.

### **B. SCOPE OF WORK**

1. Review the current draft of the maintenance RFP
2. Prepare, revise or enhance any needed items to clarify the RFP (such as bid documents, any drawings or specifications).
3. Provide construction management and reporting of the maintenance contractor's performance.
4. Supplement DWR in-field engineering determinations and other needs related to the maintenance RFP.

### **C. DELIVERABLES**

1. The selected engineering service provider will provide the final Request for Proposal, including but not limited to bid set engineering plans and specifications, for the maintenance activities proposed for South Fork Dam and Reservoir.
2. Once the maintenance projects are kicked off, assist DWR in project oversight, documentation and reporting of the activities carried out.
3. If funding is available, provide engineering services for the development of a maintenance or rehabilitation plan for the upstream stream gage station and to propose methods for improved data collection on flow rates from the toe drains and relief wells.

### **D. COST**

DWR envisions a prudent lump sum bid for the RFP review and design portion of the above listed Scope of Work. Due the uncertainty of the on-site activities, DWR request a lump sum estimate for this portion of the project but also asks for a contingency lump

**REQUEST FOR PROPOSALS, ENGINEERING SERVICES**

March 24, 2017

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sum bid with a Not To Exceed (NTE) amount if unforeseen conditions are encountered. Each portion of these bids should include a cost breakdown and the contingency bid should include time and material rates.

Engineering service providers shall submit a bid estimate with cost breakdowns which include the minimum following tasks:

- i) RFP Evaluation and Preparation
- ii) RFP Project Oversight
- iii) Separate Bid Item, Provide Engineering Services for the development of a maintenance plan for the upstream stream gage station
- iv) Separate Bid Item, Provide Engineering Services for the development of methods to improve data collection on flow rates from the toe drains and relief wells

Cost Item:	Lump Sum	Contingency for Unexpected Conditions	Project Alternatives: Lump Sum
RFP Evaluation and Preparation	X		
RFP Project Oversight	X	X	
Upstream Gage Station			X
Digital Instrumentation			X

1. Please include any exclusions or further clarity on the details of what the lump sum unit bid provides under each of the above mentioned items.

**E. PAYMENT**

1. Contractor must submit a detailed invoice for services rendered after each portion of the project has expired. The invoice must include a synopsis of activities for the billing period. Payment for the services rendered will be within 30 days from the invoice receipt and using agency's approval, subject to acceptance of delivery.

The projects will be funded by both the State of Nevada and a grant provided by the U.S. Fish and Wildlife Service, administered by the Nevada Division of Wildlife.

**F. CALENDAR**

Month:	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
<b>Milestone Titles:</b>	<b>RFP for Engineering Services (RFP ES)</b>	<b>Board of Examiners Contract submittal Due</b>	<b>Board of Examiners Contract Approval Meeting,</b>	<b>RFP Development</b>	<b>RFP Advertised and Site Visit if required</b>	<b>Selection of Contractors</b>	<b>Construction Activities Start</b>	<b>Construction Activities</b>	<b>Construction Activities if needed</b>	<b>Construction Activities if needed</b>
<b>Dates:</b>	Friday, 3 <sup>rd</sup> Release of RFP ES	Tuesday, April 4 <sup>th</sup> .	Tuesday May 9 <sup>th</sup>		Q&A period, Site Visit,	No BOE review required			ICE?	ICE Likely
	Wed, 8 <sup>th</sup> . Intro Webinar on Repair RFP		Wed, May 10 <sup>th</sup> , Contracts signed and Engineering Services begin							
	Monday, 13 <sup>th</sup> , RFP ES questions due									
	Wed, 15 <sup>th</sup> . Answers to questions									
	RFP ES Due Monday, March 27 <sup>th</sup> .									

**Board Meeting Schedule**

All meetings are held in Carson City at the Capital Building, 101 N. Carson Street, Old Assembly Chambers and in Las Vegas at the Grant Sawyer Building, 555 E. Washington Avenue, Suite 5100

February 14th	March 14th (Agency Deadline February 7, 2017 at 5 PM)
April 11th (Agency Deadline March 7, 2017 at 6 PM)	May 9th (Agency Deadline April 4, 2017 at 6 PM)
June 13th (Agency Deadline May 9, 2017 at 6 PM)	July 11th (Agency Deadline June 6, 2017 at 6 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: **18582**

Agency Name: **DCNR - FORESTRY DIVISION**  
Agency Code: **706**  
Appropriation Unit: **4194-00**  
Is budget authority available?: **Yes**  
If "No" please explain: **Not Applicable**

Legal Entity Name: **CHURCHILL COUNTY**  
Contractor Name: **CHURCHILL COUNTY**  
Address: **155 N TAYLOR STREET**  
City/State/Zip: **FALLON, NV 89406**  
Contact/Phone: **775/423-5136**  
Vendor No.:  
NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: **NDF17-036**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**  
Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

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

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the division and Churchill County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Payment for services will be made at the rate of \$6,250.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2017 for State Fiscal Year 2018-2019.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Nevada Division of Forestry and Churchill County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.**

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

**This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.**

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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?

Yes If "Yes", please explain

Churchill County is a political subdivision of the State of Nevada.

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:

Churchill County is currently under contract for the Wildland Fire Protection Program and has been under contract since July 2013. The current contract expires June 30, 2017.

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	dprather	04/04/2017 08:45:09 AM
Division Approval	dprather	04/04/2017 08:45:12 AM
Department Approval	dprather	04/04/2017 08:45:16 AM
Contract Manager Approval	ldunn	04/04/2017 09:07:51 AM
Budget Analyst Approval	cpalme2	04/11/2017 15:21:04 PM
BOE Agenda Approval	cmurph3	04/11/2017 15:21:32 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18510**

Agency Name: **DCNR - FORESTRY DIVISION**  
Agency Code: **706**  
Appropriation Unit: **4194-00**  
Is budget authority available?: **Yes**  
If "No" please explain: **Not Applicable**

Legal Entity Name: **EUREKA COUNTY**  
Contractor Name: **EUREKA COUNTY**  
Address: **PO BOX 714**  
City/State/Zip: **EUREKA, NV 89316**  
Contact/Phone: **775-237-5372**  
Vendor No.:  
NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: **NDF17-027**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**  
Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

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

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the division and Eureka County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

Payment for services will be made at the rate of **\$37,500.00** per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2017 for State Fiscal Year 2018-2019.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Nevada Division of Forestry and Eureka County will work closely together to maintain effective wildfire management without duplication of efforts with federal cooperators to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.**

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

**This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which Eureka County will make payment to the division.**

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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?

**Yes** If "Yes", please explain

Eureka County is a political subdivision of the State of Nevada.

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:

Eureka County is currently under contract for the Wildland Fire Protection Program and has been under contract since July 2013. The current contract expires June 30, 2017.

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	dprather	03/17/2017 06:40:42 AM
Division Approval	dprather	03/17/2017 06:40:44 AM
Department Approval	dprather	03/17/2017 06:40:47 AM
Contract Manager Approval	ldunn	03/20/2017 06:29:44 AM
Budget Analyst Approval	cpalme2	04/10/2017 13:13:36 PM
BOE Agenda Approval	cmurph3	04/11/2017 15:16:17 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18578**

Agency Name: **DCNR - FORESTRY DIVISION**  
 Agency Code: **706**  
 Appropriation Unit: **4194-00**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **HUMBOLDT COUNTY**  
 Contractor Name: **HUMBOLDT COUNTY**  
 Address: **50 WEST 5TH STREET**  
 City/State/Zip: **WINNEMUCCA, NV 89445**  
 Contact/Phone: **775/623-6300**  
 Vendor No.: **T80999824**  
 NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: **NDF17-033**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the division and Humboldt County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Payment for services will be made at the rate of \$25,000.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2017 for State Fiscal Year 2018-2019.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Nevada Division of Forestry and Humboldt County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.**

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

**This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.**

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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?

**Yes** If "Yes", please explain

Humboldt County is a political subdivision of the State of Nevada.

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:

Humboldt County is currently under contract for the Wildland Fire Protection Program and has been under contract since July 2013. The current contract expires June 30, 2017.

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	dprather	04/04/2017 08:47:34 AM
Division Approval	dprather	04/04/2017 08:47:37 AM
Department Approval	dprather	04/04/2017 08:47:39 AM
Contract Manager Approval	ldunn	04/04/2017 09:20:33 AM
Budget Analyst Approval	cpalme2	04/10/2017 13:39:51 PM
BOE Agenda Approval	cmurph3	04/11/2017 15:19:40 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18581**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>LINCOLN COUNTY</b>
Agency Code: <b>706</b>	Contractor Name: <b>LINCOLN COUNTY</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>PO BOX 90</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PIOCHE, NV 89043</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/962-5390</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: **NDF17-035**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

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

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the division and Lincoln County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$12,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2017 for State Fiscal Year 2018-2019.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Nevada Division of Forestry and Lincoln County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.**

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

**This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.**

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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?

Yes If "Yes", please explain

Lincoln County is a political subdivision of the State of Nevada

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:

Lincoln County is currently under contract for the Wildland Fire Protection Program and has been under contract since July 2013. The current contract expires June 30, 2017.

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	dprather	04/04/2017 08:45:51 AM
Division Approval	dprather	04/04/2017 08:45:53 AM
Department Approval	dprather	04/04/2017 08:45:56 AM
Contract Manager Approval	ldunn	04/04/2017 09:11:05 AM
Budget Analyst Approval	cpalme2	04/10/2017 13:30:40 PM
BOE Agenda Approval	cmurph3	04/11/2017 15:18:47 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18579**

Agency Name: **DCNR - FORESTRY DIVISION**  
Agency Code: **706**  
Appropriation Unit: **4194-00**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **PERSHING COUNTY**  
Contractor Name: **PERSHING COUNTY**  
Address: **400 MAIN STREET**  
City/State/Zip: **LOVELOCK, NV 89419**  
Contact/Phone: **775/273-2342**  
Vendor No.: **T81041592V**  
NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: **NDF17-034**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

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

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the division and Pershing County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$12,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2017 for State Fiscal Year 2018-2019.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Pershing County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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?

Yes If "Yes", please explain

Pershing County is a political subdivision of the State of Nevada.

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:

Pershing County is currently under contract for the Wildland Fire Protection Program and has been under contract since July 2013. The current contract expires June 30, 2017.

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	dprather	04/04/2017 08:47:15 AM
Division Approval	dprather	04/04/2017 08:47:18 AM
Department Approval	dprather	04/04/2017 08:47:20 AM
Contract Manager Approval	ldunn	04/04/2017 09:16:02 AM
Budget Analyst Approval	cpalme2	04/10/2017 13:44:28 PM
BOE Agenda Approval	cmurph3	04/11/2017 15:15:23 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18420**

Agency Name:	<b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO RENO</b>
Agency Code:	<b>709</b>	Contractor Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO RENO</b>
Appropriation Unit:	<b>3187-56</b>	Address:	<b>UNR CONTROLLERS OFFICE MAIL STOP 0124</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89503</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Controller 775/784-1233</b>
		Vendor No.:	<b>D35000816</b>
		NV Business ID:	<b>NV20161295653</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</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 % Hazardous Waste</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP 17-018**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Technical Assistance**

5. Purpose of contract:

**This is a new interlocal agreement to provide confidential environmental regulatory assistance regarding hazardous waste compliance and pollution prevention to the regulated community through the Nevada Small Business Development Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$395,457.00**Other basis for payment: **Per Contract Budget****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Public education reduces the number and severity of violations or threats to human health and to the environment.**

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

**NDEP does not have the resources to conduct the required work.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

IDC rate of 23.03% (page 3, attachment A)

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 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	bsotomay	03/27/2017 13:57:05 PM
Division Approval	jtrent	03/27/2017 14:02:00 PM
Department Approval	moack	03/29/2017 12:36:05 PM
Contract Manager Approval	dbenson	03/29/2017 14:43:16 PM
Budget Analyst Approval	cpalme2	03/30/2017 10:31:39 AM
BOE Agenda Approval	cmurph3	03/31/2017 10:26:34 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18592**

Agency Name:	<b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name:	Southern Nevada Health District
Agency Code:	<b>709</b>	Contractor Name:	<b>Southern Nevada Health District</b>
Appropriation Unit:	<b>3187-20</b>	Address:	<b>PO Box 3902 280 S. Decatur Blvd. Las Vegas, NV 89107</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89107</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Andrew J. Glass, FACHE, MS 702-759-0560
		Vendor No.:	T27001231B
		NV Business ID:	NV20161589068

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: **DEP 17-029**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **UST/LUST Program**

5. Purpose of contract:

**This is a new interlocal agreement to implement the Underground and Leaking Underground Storage Tank (UST/LUST) Program in Southern Nevada. This includes program implementation, UST notifications, compliance, monitoring and tracking, as well as quarterly reporting activities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$680,000.00**

Payment for services will be made at the rate of \$170,000.00 per Year

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Regulated Underground Storage Tank Systems require periodic compliance inspections to prevent and or discover leaks in a timely manner. Enforcement activities at facilities, and owners/operators, may be required if not in compliance. If a regulated Underground Storage Tank System has a release, repair and appropriate corrective action will be taken.**

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

**NDEP does not have the staff to perform all compliance and oversight services.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

Southern Nevada is a political subdivision of the State of Nevada.

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:

DCNR- NDEP- BCA has contracted for the same services with SNHD for over 20 years.

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	bsotomay	04/06/2017 13:36:09 PM
Division Approval	glovato	04/11/2017 16:47:31 PM
Department Approval	glovato	04/11/2017 16:47:36 PM
Contract Manager Approval	kvalde1	04/12/2017 08:33:06 AM
Budget Analyst Approval	cpalme2	04/13/2017 15:36:53 PM
BOE Agenda Approval	cmurph3	04/13/2017 16:21:09 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16696** Amendment Number: **2**  
 Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **Stoller Newport News Nuclear, Inc.**  
 Agency Code: **709** Contractor Name: **Stoller Newport News Nuclear, Inc.**  
 Appropriation Unit: **3187-72** Address: **105 Technology Drive, Suite 190**  
 Is budget authority available?: **Yes** City/State/Zip: **Broomfield, CO 80021**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Curtis G. Hull 303-443-1408**  
 Vendor No.:  
 NV Business ID: **NV20051218497**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: **15-028**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/09/2015**  
 Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **05/31/2017**

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

4. Type of contract: **Contract**

Contract description: **Rad Waste Mgmt**

5. Purpose of contract:

**This is the second amendment to the original contract which provides data collection, program support, and technical services related to radioactive waste profiles. This amendment extends the termination date from May 31, 2017 to May 31, 2019 and increases the maximum amount from \$100,000 to \$250,000 due to the continued need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$100,000.00	\$100,000.00	No
2. Amount of current amendment (#2):	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
3. New maximum contract amount:	\$250,000.00			
and/or the termination date of the original contract has changed to:	05/31/2019			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NDEP has oversight of disposal of radiological contaminated waste material at the Department of Energy's Nevada National Security Site, Area 5 Radioactive Waste Management Site. The purpose of this work is to secure subject-matter expertise to assist NDEP in providing effective risk management of radiologically-contaminated wastes being disposed or stored at the Nevada National Security Site Area 5 Radioactive Waste Management Site.

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 subject matter expertise e.g. health physicist.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This contractor was chosen by RFP (#1402) evaluation committee based on scores of the selection criteria.

d. Last bid date: 02/10/2015 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?

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	bsotomay	03/14/2017 11:24:59 AM
Division Approval	mmclane	03/15/2017 14:10:15 PM
Department Approval	bsotomay	03/20/2017 13:40:17 PM
Contract Manager Approval	mmclane	03/20/2017 13:50:02 PM
Budget Analyst Approval	cpalme2	03/22/2017 15:38:56 PM
BOE Agenda Approval	pnicks	03/23/2017 10:36:04 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: **16695** Amendment Number: **2**

Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **Stoller Newport News Nuclear, Inc.**

Agency Code: **709** Contractor Name: **Stoller Newport News Nuclear, Inc.**

Appropriation Unit: **3187-82** Address: **105 Technology Drive, Suite 190**

Is budget authority available?: **Yes** City/State/Zip: **Broomfield, CO 80021**

If "No" please explain: **Not Applicable** Contact/Phone: **Curtis G. Hull 303-443-1408**

Vendor No.:

NV Business ID: **NV20051218497**

To what State Fiscal Year(s) will the contract be charged? **2015-2018**

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 %	<b>X</b>	Fees	<b>100.00 % Hazardous Waste Fund</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **15-029**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/09/2015**

Anticipated BOE meeting date **04/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **05/31/2017**

Contract term: **2 years and 357 days**

4. Type of contract: **Contract**

Contract description: **Soil Analys/Consult**

5. Purpose of contract:

**This is the second amendment to the original contract which provides training, consultation, and document review services with the identification of sites that may have historical contamination issues. This amendment extends the termination date from May 31, 2017 to May 31, 2018 and increases the maximum amount from \$100,000 to \$150,000 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$100,000.00	\$100,000.00	No
2. Amount of current amendment (#2):	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Action
3. New maximum contract amount:	\$150,000.00			
and/or the termination date of the original contract has changed to:	05/31/2018			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

This work is to provide technical assistance to NDEP for oversight of the Federal Facilities Agreement Consent Order soils activity correction action and site closure program on selected areas of the Nevada National Security Site and adjacent Department of Defense test ranges. The emphasis will be on evaluating radiological risk in soils at certain individual corrective action units and corrective action sites.

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 subject matter expertise e.g. health physicist.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This contractor was chosen by RFP (#1401) evaluation committee based on scores of the selection criteria.

d. Last bid date: 02/10/2015 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?

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	bsotomay	03/14/2017 11:23:54 AM
Division Approval	mmclane	03/15/2017 14:12:29 PM
Department Approval	bsotomay	03/20/2017 13:41:20 PM
Contract Manager Approval	mmclane	03/20/2017 13:52:31 PM
Budget Analyst Approval	cpalme2	03/22/2017 15:56:09 PM
BOE Agenda Approval	pnicks	03/23/2017 10:43:10 AM



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18573**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>BOARD OF REGENTS-TMCC</b>
Agency Code: <b>901</b>	Contractor Name: <b>BOARD OF REGENTS-TMCC</b>
Appropriation Unit: <b>3265-12</b>	Address: <b>CONTROLLERS OFFICE - EL CORD</b>
Is budget authority available?: <b>Yes</b>	<b>7000 DANDINI BLVD RM 318</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89512-3999</b>
	Contact/Phone: <b>775/673-7155</b>
	Vendor No.: <b>D35000841</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2020</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 #: **3021-20-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2020**Contract term: **3 years**4. Type of contract: **Interlocal Agreement**Contract description: **CareerConnect 18-20**

5. Purpose of contract:

**This is a new interlocal agreement that provides support to the CareerConnect program. The CareerConnect Program focuses on serving students with disabilities who are attending college with academic preparation and job skills necessary to successfully obtain and maintain employment. Staff and resources are combined to enhanced vocational rehabilitation services to the students.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$794,483.00**

Other basis for payment: (TMCC) agrees to provide the services set forth in paragraph (6) at a cost not to exceed the amount per State Fiscal Year (SFY) - SFY18: \$260,088; SFY19: \$267,377; SFY20: \$267,018. TMCC will submit a list of certified expenditures, no later than the 20th of the month following when the expenditures were incurred. Earned federal funds must be spent in the SFY they were earned; funds can't be carried into the next fiscal year. Total cost of the contract shall not exceed \$794,483.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Cooperation and coordination of services between the Vocational Rehabilitation and students with disabilities is a high priority focus by the Rehabilitation Services Administration, US Department of Education to better serve high school students with disabilities.

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

The Division does not have the staff or the funding to perform these services.

9. Were quotes or proposals solicited?

**No**

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

Governmental Entity, TMCC indirect rate 10%

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:

TMCC has performed satisfactory service for the Department, on multiple contracts, since 2003.

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	jmcentee	04/04/2017 16:41:00 PM
Division Approval	jmcentee	04/04/2017 16:41:03 PM
Department Approval	jmcentee	04/04/2017 16:41:08 PM
Contract Manager Approval	dohl0	04/05/2017 08:52:44 AM
Budget Analyst Approval	tgreenam	04/10/2017 09:07:46 AM
BOE Agenda Approval	sbrown	04/19/2017 09:26:51 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **17144** Amendment Number: **1**

Agency Name: **DETR - REHABILITATION DIVISION** Legal Entity Name: **BOARD OF REGENTS-UNLV**

Agency Code: **901** Contractor Name: **BOARD OF REGENTS-UNLV**

Appropriation Unit: **3265-09** Address: **UNLV OFFICE OF CONTROLLER**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89154-1005**

If "No" please explain: **Not Applicable** Contact/Phone: **702/895-1142**

Vendor No.: **D35000813**

NV Business ID: **Governmental Entity**

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

Agency Reference #: **2032-19-REHAB**

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

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 180 days**

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

Contract description: **UNLV-CareerConnect**

5. Purpose of contract:  
**This is the first amendment to the new interlocal agreement to provide vocational rehabilitation services to students with disabilities and help them acquire the academic preparation and job skills necessary to successfully obtain employment. This amendment modifies the scope of work and reduces the maximum amount from \$1,092,382 to \$943,545 due to changes in federal regulations and the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,092,382.00	\$1,092,382.00	\$1,092,382.00	Yes - Action
2. Amount of current amendment (#1):	-\$148,837.00	-\$148,837.00	-\$148,837.00	Yes - Action
3. New maximum contract amount:	\$943,545.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**Cooperation and coordination of services between the Vocational Rehabilitation and students with disabilities is a high priority focus by the Rehabilitation Services Administration, US Department of Education to better serve high school students with disabilities.**

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

The Division does not have the staff or the funding to perform these services.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):  
 Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?  
 Intrastate Interlocal agreement  
 Cooperative Agency budget, University of Nevada Las Vegas, Disability Resource Center has an indirect cost of 4.10%

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 performing satisfactory service for the Division since 2003.

- 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	mgassawa	04/07/2017 10:25:08 AM
Division Approval	jmcentee	04/07/2017 14:22:53 PM
Department Approval	jmcentee	04/07/2017 14:22:57 PM
Contract Manager Approval	dohl0	04/07/2017 14:59:53 PM
Budget Analyst Approval	tgreenam	04/10/2017 08:37:00 AM
BOE Agenda Approval	sbrown	04/19/2017 09:29:07 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18591**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>BOARD OF REGENTS-WNC</b>
Agency Code: <b>901</b>	Contractor Name: <b>BOARD OF REGENTS-WNC</b>
Appropriation Unit: <b>3265-12</b>	Address: <b>WNC CONTROLLERS OFFICE</b>
Is budget authority available?: <b>Yes</b>	<b>2201 W COLLEGE PKWY</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>CARSON CITY, NV 89703-7316</b>
	Contact/Phone: <b>Susan Trist 775/445-3268</b>
	Vendor No.: <b>D35000822</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2020</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 #: **3035-20-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years**

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

Contract description: **WNC CareerConnect**

5. Purpose of contract:

**This is a new interlocal agreement that provides support to the CareerConnect Program. The CareerConnect Program focuses on serving students with disabilities who are attending college. Staff and resources are combined to enhanced vocational rehabilitation services to the students which will lead to successful employment outcomes.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$460,302.00**

Other basis for payment: Western Nevada College (WNC) agrees to provide the services set forth in paragraph (6) at a cost not to exceed the amount per State Fiscal Year (SFY) - SFY18: \$149,465; SFY19: \$153,390; SFY20: \$157,447. WNC will submit a list of certified expenditures, no later than the 20th of the month following when the expenditures were incurred. Earned federal funds must be spent in the SFY they were earned; funds can't be carried into the next fiscal year. Total cost of the contract shall not exceed \$460,302.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Cooperation and coordination of services between the Vocational Rehabilitation and students with disabilities is a high priority focus by the Rehabilitation Services Administration, US Department of Education to better serve high school students with disabilities.**

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

**The Division does not have the staff or the funding to perform these services.**

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

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

Governmental Entity, WNC indirect rate of 4.10%

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:

WNC has performed satisfactory service for the Department, on multiple contracts, since 2003.

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	mgassawa	04/05/2017 10:09:28 AM
Division Approval	jmcentee	04/07/2017 12:07:06 PM
Department Approval	jmcentee	04/07/2017 12:07:09 PM
Contract Manager Approval	dohl0	04/07/2017 12:39:05 PM
Budget Analyst Approval	tgreenam	04/10/2017 08:54:34 AM
BOE Agenda Approval	sbrown	04/19/2017 09:28:03 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18590**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>WASHOE COUNTY SCHOOL DISTRICT</b>
Agency Code: <b>901</b>	Contractor Name: <b>WASHOE COUNTY SCHOOL DISTRICT</b>
Appropriation Unit: <b>3265-11</b>	Address: <b>Controller's Office</b>
Is budget authority available?: <b>Yes</b>	<b>425 E 9TH ST</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Reno, NV 89512</b>
	Contact/Phone: <b>Kelly Wales 775-327-3941</b>
	Vendor No.: <b>T40234300B</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

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

Agency Reference #: **3022-20REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 61 days**

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

Contract description: **Voice: 2018 - 2020**

5. Purpose of contract:

**This is a new interlocal agreement that provides support to the Voice Program. The Voice Program focuses on serving students with disabilities who are attending all high schools across the district. Staff and resources are combined to enhance vocational rehabilitation services to the students which will lead to successful employment outcomes.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,096,812.00**

Other basis for payment: Washoe County School District (WCSD) agrees to provide the services at a cost not to exceed the amount per State Fiscal Year (SFY) - SFY18: \$850,211; SFY19: \$854,785; SFY20: \$875,816 and Rehabilitation Division (Division) agrees to provide the services at a cost not to exceed the amount indicated per State Fiscal Year (SFY): SFY18: \$172,000; SFY19 \$172,000; SFY20: \$172,000. Total cost of the contract shall not exceed \$3,096,812.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Cooperation and coordination of services between Vocational Rehabilitation and School Districts is a high priority by the US Dept. of Education's Rehabilitation Services Administration.**

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

**The agency does not have the staff or the expertise to undertake and perform these services.**

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

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

Governmental Entity

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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 has been under contract with Rehabilitation since 2013 and has performed satisfactorily.

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

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

Not Applicable

14. The contractor is 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	mgassawa	04/06/2017 11:47:56 AM
Division Approval	shendren	04/07/2017 17:20:56 PM
Department Approval	jmcentee	04/10/2017 13:24:52 PM
Contract Manager Approval	dohl0	04/10/2017 13:35:58 PM
Budget Analyst Approval	tgreenam	04/11/2017 11:44:43 AM
BOE Agenda Approval	pnicks	04/12/2017 16:12:09 PM
BOE Final Approval	Pending	

# MASTER SERVICE AGREEMENT

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	BATTLE BORN TREE SERVICE, LLC	OTHER: VARIOUS	\$12,406,250	
	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, 4.6 Hauling Services, and 4.9 Road Construction, Maintenance and Rehabilitation.				
		Term of Contract:	05/09/2017 - 05/08/2019	Contract #	18550	
2.		VARIOUS STATE AGENCIES	BORDGES TIMBER, INC.	OTHER: VARIOUS	\$12,406,250	
	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, and 4.9 Road Construction, Maintenance and Rehabilitation.				
		Term of Contract:	05/09/2017 - 05/08/2019	Contract #	18557	
3.		VARIOUS STATE AGENCIES	CROSS CHECK SERVICES, LLC	OTHER: VARIOUS	\$13,656,250	
	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, and 4.9 Road Construction, Maintenance and Rehabilitation.				
		Term of Contract:	05/09/2017 - 05/08/2019	Contract #	18658	
4.		VARIOUS STATE AGENCIES	GTS FORESTRY, INC.	OTHER: VARIOUS	\$9,281,250	
	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, and 4.9 Road Construction, Maintenance and Rehabilitation.				
		Term of Contract:	05/09/2017 - 05/08/2019	Contract #	18588	
5.		VARIOUS STATE AGENCIES	GILES CONSTRUCTION, LLC	OTHER: VARIOUS	\$11,468,750	
	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, 4.6 Hauling Services, and 4.9 Road Construction, Maintenance and Rehabilitation.				
		Term of Contract:	05/09/2017 - 05/08/2019	Contract #	18558	
6.		VARIOUS STATE AGENCIES	HEALTHY TREES	OTHER: VARIOUS	\$8,125,000	
	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, and 4.2 Large Tree Removal.				
		Term of Contract:	05/09/2017 - 05/08/2019	Contract #	18556	

# MASTER SERVICE AGREEMENT

	VARIOUS STATE AGENCIES	QUICKSILVER CONTRACTING CO.	OTHER: VARIOUS	\$10,218,750
7.	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.3 Forestry Equipment, 4.6 Hauling Services, and 4.7 Ground Seeders/Spreaders.		
	Term of Contract:	05/09/2017 - 05/08/2019	Contract # 18566	
	VARIOUS STATE AGENCIES	SUMMITT FORESTS INC.	OTHER: VARIOUS	\$14,418,750
8.	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.3 Forestry Equipment, 4.4 Pesticide Application, 4.6 Hauling Services, 4.7 Ground Seeders/Spreaders, 4.8 Controlled Fire, and 4.9 Road Construction, Maintenance and Rehabilitation.		
	Term of Contract:	05/09/2017 - 05/08/2019	Contract # 18562	

### 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: **18550**

Agency Name: **MSA MASTER SERVICE AGREEMENTS**

Agency Code: **MSA**

Appropriation Unit: **9999 - All Categories**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **Battle Born Tree Service, LLC**

Contractor Name: **Battle Born Tree Service, LLC**

Address: **7385 Schulz Drive**

City/State/Zip: **Carson City, NV 89701**

Contact/Phone: **Michael A. Orlick Jr. 775-232-8243**

Vendor No.:

NV Business ID: **NV20131580674**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2019**

Contract term: **1 year and 364 days**

4. Type of contract: **MSA**

Contract description: **FireFuel Reduction**

5. Purpose of contract:

**This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, 4.6 Hauling Services, and 4.9 Road Construction/Maintenance/Rehabilitation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,406,250.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To reduce the risk of wildfires, fuels reduction must be completed in various locations.**

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

**This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.**

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

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

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

**Cross Check Services, LLC  
GTS Forestry, Inc.  
Swaggart Enterprise**

b. Solicitation Waiver: **Not Applicable**

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

This RFQ is being awarded to 21 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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	mstewa10	04/05/2017 08:31:14 AM
Division Approval	mstewa10	04/05/2017 08:31:17 AM
Department Approval	mstewa10	04/05/2017 08:31:19 AM
Contract Manager Approval	nfese1	04/05/2017 08:45:37 AM
Budget Analyst Approval	knielsen	04/11/2017 11:37:14 AM
BOE Agenda Approval	pnicks	04/12/2017 16:08:55 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18557**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Bordges Timber, Inc.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Bordges Timber, Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>4940 Old French Town Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Shingle Springs, CA 95682</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Tim Bordges 530-626-7930</b>
	Vendor No.:
	NV Business ID: <b>NV20101680787</b>

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2019**

Contract term: **1 year and 364 days**

4. Type of contract: **MSA**

Contract description: **FireFuel Reduction**

5. Purpose of contract:

**This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, and 4.9 Road Construction/Maintenance/Rehabilitation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,406,250.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To reduce the risk of wildfires, fuels reduction must be completed in various locations.**

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

**This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.**

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

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

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

**Summitt Forests, Inc.  
Healthy Trees, Inc.  
Cross Check Services**

b. Solicitation Waiver: **Not Applicable**

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

This RFQ is being awarded to 21 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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	mstewa10	04/05/2017 08:30:38 AM
Division Approval	mstewa10	04/05/2017 08:30:41 AM
Department Approval	mstewa10	04/05/2017 08:30:44 AM
Contract Manager Approval	nfese1	04/05/2017 08:43:49 AM
Budget Analyst Approval	knielsen	04/11/2017 09:17:27 AM
BOE Agenda Approval	pnicks	04/13/2017 16:05:08 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18658**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Cross Check Services, LLC
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Cross Check Services, LLC</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>Olympic Valley, CA 96146</b>
If "No" please explain:	Not Applicable	Contact/Phone:	David Mercer 530-412-0622
		Vendor No.:	
		NV Business ID:	NV20111120089

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2017**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **05/08/2019**Contract term: **1 year and 364 days**4. Type of contract: **MSA**Contract description: **FireFuel Reduction**

5. Purpose of contract:

**This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, and 4.9 Road Construction/Maintenance/Rehabilitation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,656,250.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**To reduce the risk of wildfires, fuels reduction must be completed in various locations.**

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

**This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

**CTL Forest Management Inc.  
Bordges Timber, Inc.  
Battle Born Tree Services**

b. Solicitation Waiver: **Not Applicable**

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

This RFQ is being awarded to 21 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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 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	mstewa10	04/21/2017 08:38:22 AM
Division Approval	mstewa10	04/21/2017 08:38:25 AM
Department Approval	mstewa10	04/21/2017 08:38:27 AM
Contract Manager Approval	nfese1	04/21/2017 08:41:51 AM
Budget Analyst Approval	knielsen	04/21/2017 12:25:32 PM
BOE Agenda Approval	sbrown	04/21/2017 12:28:26 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18588**

Agency Name: **MSA MASTER SERVICE AGREEMENTS**

Agency Code: **MSA**

Appropriation Unit: **9999 - All Categories**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **GTS Forestry, Inc.**

Contractor Name: **GTS Forestry, Inc.**

Address: **1323 Santa Ana Ave.**

City/State/Zip: **Sacramento, CA 95838**

Contact/Phone: **Cesar Garcia 916-920-1003**

Vendor No.:

NV Business ID: **NV20171201270**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2019**

Contract term: **1 year and 364 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuel Reduction**

5. Purpose of contract:

**This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, and 4.9 Road Construction/ Maintenance/ Rehabilitation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,281,250.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This RFQ is being awarded to 21 Vendors that qualified in the various scopes of work.**

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

**This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.**

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

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

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

**Bordges Timber, Inc.  
Cross Check Services  
Battle Born Tree Services**

b. Solicitation Waiver: **Not Applicable**

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

This RFQ is being awarded to 21 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	04/05/2017 08:23:25 AM
Division Approval	mstewa10	04/05/2017 08:23:28 AM
Department Approval	mstewa10	04/05/2017 08:23:30 AM
Contract Manager Approval	nfese1	04/05/2017 08:40:03 AM
Budget Analyst Approval	knielsen	04/11/2017 09:36:55 AM
BOE Agenda Approval	pnicks	04/13/2017 17:16:01 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18558**

Agency Name: **MSA MASTER SERVICE AGREEMENTS**

Agency Code: **MSA**

Appropriation Unit: **9999 - All Categories**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **Giles Construction, LLC**

Contractor Name: **Giles Construction, LLC**

Address: **612 N. Main Street**

City/State/Zip: **Tooele, UT 84074**

Contact/Phone: **John Giles 435-840-8086**

Vendor No.:

NV Business ID: **NV20131483749**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2019**

Contract term: **1 year and 364 days**

4. Type of contract: **MSA**

Contract description: **FireFuel Reduction**

5. Purpose of contract:

**This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal, 4.3 Forestry Equipment, 4.6 Hauling Services, and 4.9 Road Construction/Maintenance/Rehabilitation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,468,750.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To reduce the risk of wildfires, fuels reduction must be completed in various locations.**

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

**This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.**

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

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

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

**Battle Born Tree Services, LLC  
CTL Forest Management, Inc.  
GTS Forestry, Inc.**

b. Solicitation Waiver: **Not Applicable**

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

This RFQ is being awarded to 21 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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	mstewa10	04/05/2017 08:24:07 AM
Division Approval	mstewa10	04/05/2017 08:24:10 AM
Department Approval	mstewa10	04/05/2017 08:24:17 AM
Contract Manager Approval	nfese1	04/05/2017 08:42:49 AM
Budget Analyst Approval	pnicks	04/13/2017 16:07:29 PM
BOE Agenda Approval	pnicks	04/13/2017 16:07:39 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18556**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Healthy Trees</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Healthy Trees</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>2578 S. Curry Street #5</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89703</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Tom Henderson 775-224-3827</b>
	Vendor No.:
	NV Business ID: <b>NV20031522725</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Various Agency funding</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2017**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **05/08/2019**Contract term: **1 year and 364 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

**This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.2 Large Tree Removal.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,125,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**To reduce the risk of wildfires, fuels reduction must be completed in various locations.**

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

**This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

**Summitt Forests, Inc.  
Bordeges Timber, Inc.  
Battle Born Tree Services**b. Solicitation Waiver: **Not Applicable**

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

This RFQ is being awarded to 21 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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:

Health Trees had a previous contract for Fire Fuels Reduction.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	04/05/2017 08:21:59 AM
Division Approval	mstewa10	04/05/2017 08:22:01 AM
Department Approval	mstewa10	04/05/2017 08:22:04 AM
Contract Manager Approval	nfese1	04/05/2017 08:46:23 AM
Budget Analyst Approval	knielsen	04/11/2017 11:08:43 AM
BOE Agenda Approval	pnicks	04/13/2017 16:21:07 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18566**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Quicksilver Contracting Co.
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Quicksilver Contracting Co.</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>64682 Cook Ave. Suite 99</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>Bend, OR 97703</b>
If "No" please explain:	Not Applicable	Contact/Phone:	John Williams 541-382-3653
		Vendor No.:	
		NV Business ID:	NV20121339504

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2017**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2019**

Contract term: **1 year and 364 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

**This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.3 Forestry Equipment, 4.6 Hauling Services, and 4.7 Ground Seeders/Spreaders.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,218,750.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To reduce the risk of wildfires, fuels reduction must be completed in various locations.**

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

**This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.**

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

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

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

**Bordges Timber, Inc.  
CTL Forest Management, Inc.  
Battle Born Tree Services**

b. Solicitation Waiver: **Not Applicable**

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

This RFQ is being awarded to 21 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	mstewa10	04/05/2017 08:20:28 AM
Division Approval	mstewa10	04/05/2017 08:20:32 AM
Department Approval	mstewa10	04/05/2017 08:20:35 AM
Contract Manager Approval	nfese1	04/05/2017 08:40:57 AM
Budget Analyst Approval	knielsen	04/11/2017 09:27:57 AM
BOE Agenda Approval	sbrown	04/19/2017 09:25:58 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18562**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Summitt Forests Inc.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Summitt Forests Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>2305 Ashland Street</b>
Is budget authority available?: <b>Yes</b>	<b>Suite C PMB 432</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Ashland, OR 97520</b>
	Contact/Phone: <b>Scott Nelson 541-535-8620</b>
	Vendor No.:
	NV Business ID: <b>NV20121090199</b>

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2019**

Contract term: **1 year and 364 days**

4. Type of contract: **MSA**

Contract description: **FireFuel Reduction**

5. Purpose of contract:

**This is a new contract to reduce fire fuels and vegetation in various locations throughout the State. This contract is awarded for the following Scopes of Work: 4.1 Forest Management Hand Crew Services, 4.3 Forestry Equipment, 4.4 Pesticide Application, 4.6 Hauling Services, 4.7 Ground Seeders/Spreaders, 4.8 Controlled Fire, and 4.9 Road Construction/Maintenance/Rehabilitation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,418,750.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To reduce the risk of wildfires, fuels reduction must be completed in various locations.**

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

**This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.**

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

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

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

**Western Rangeland Services, LLC  
SWEAT, LLC  
Quick Silver Contracting Co.**

b. Solicitation Waiver: **Not Applicable**

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

This RFQ is being awarded to 21 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	mstewa10	04/05/2017 08:32:06 AM
Division Approval	mstewa10	04/05/2017 08:32:09 AM
Department Approval	mstewa10	04/05/2017 08:32:13 AM
Contract Manager Approval	nfese1	04/05/2017 08:41:51 AM
Budget Analyst Approval	knielsen	04/11/2017 11:28:17 AM
BOE Agenda Approval	pnicks	04/13/2017 16:22:12 PM
BOE Final Approval	Pending	

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	040	SECRETARY OF STATE'S OFFICE	RS COMPUTER ASSOCIATES	GENERAL	\$17,050	
	Contract Description:	This is a new contract to provide remote support for the office's FileNet-based systems and applications.				
		Term of Contract:	03/24/2017 - 06/30/2018	Contract # 18508		
2.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS – BUILDINGS AND GROUNDS	B&L BACKFLOW TESTING SPECIALIST, INC.	FEE: BUILDING RENT INCOME	\$20,000	
	Contract Description:	This is a new contract that continues ongoing statewide backflow testing, repair and cleaning for all state-owned facilities in the northern Nevada area on an as needed basis.				
		Term of Contract:	05/01/2017 - 04/30/2021	Contract # 18545		
3.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS – BUILDINGS AND GROUNDS	CARSON PUMP, LLC	FEE: BUILDING RENT INCOME	\$10,000	
	Contract Description:	This is the first amendment to the original contract which continues ongoing maintenance and repair of various well sites in northern Nevada. This amendment increases the maximum amount from \$15,000 to \$25,000 due to additional well abandonment at the Stewart facilities.				
		Term of Contract:	09/30/2013 - 09/30/2017	Contract # 14984		
4.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS – BUILDINGS AND GROUNDS	INTERMOUNTAIN ELECTRIC, INC.	FEE: BUILDING RENT INCOME	\$45,000	
	Contract Description:	This is a new contract that continues ongoing electrical services for various state owned buildings in northern Nevada.				
		Term of Contract:	03/30/2017 - 05/28/2021	Contract # 18532		
5.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS – BUILDINGS AND GROUNDS	BRUCE KANE DBA BRUCE'S CARPET CLEANING	FEE: BUILDING RENT INCOME	\$35,000	
	Contract Description:	This is the second amendment to the original contract which continues ongoing carpet cleaning services to various state buildings in Carson City and Reno. This amendment increases the maximum amount from \$70,000 to \$105,000 due to additional deep cleaning and stretching of carpets.				
		Term of Contract:	11/01/2014 - 10/31/2018	Contract # 15942		

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS – BUILDINGS AND GROUNDS	ORKIN PEST CONTROL	FEE: BUILDING RENT INCOME	\$15,000	
	Contract Description:	This is a new contract that continues ongoing pest control for state-owned buildings in southern Nevada on an as needed basis.				
		Term of Contract:	04/07/2017 - 03/31/2021	Contract # 18534		
7.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS – BUILDINGS AND GROUNDS	RESOURCE CONCEPTS, INC.	OTHER: AGENCY FUNDED CIP	\$17,600	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for pavements and concrete improvements at the Nevada State Capitol Complex: SPWD Project No. 17-A018; Contract No. 110990.				
		Term of Contract:	04/07/2017 - 06/30/2021	Contract # 18576		
8.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	CARDNO, INC.	GENERAL	\$10,650	Professional Service
	Contract Description:	This is a new contract to provide professional engineering/survey investigative services for the Southern Nevada Mental Health Complex - Sanitary Sewer Rehabilitation CIP project to determine the presence of underground utilities. CIP Project No. 15-M14; SPWD Contract No. 110999.				
		Term of Contract:	04/06/2017 - 06/30/2019	Contract # 18526		
9.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	BATTLE BORN VENTURES, LLC	BONDS	\$11,900	Professional Service
	Contract Description:	This is a new contract to provide professional engineering, surveying and topographical mapping services for the Northern Nevada Child and Adolescent Services ADA Retrofit and Paving CIP projects: CIP Project No. 15-S02(2) and 15-S05; SPWD Contract No. 111019.				
		Term of Contract:	04/05/2017 - 06/30/2019	Contract # 18549		

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	AZTECH INSPECTION & TESTING	BONDS 2% OTHER: TRANSFER FROM EMERGENCY MANAGEMENT; TRANSFER FROM TREASURER 98%	(\$13,870)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides materials, testing and inspection services for the Access Bridge Replacement project at the Caliente Youth Center: CIP Project No. 13-C01; SPWD Contract No. 110327. This amendment decreases the maximum amount from \$60,605 to \$46,735 to eliminate the cost for material testing and inspection services not needed.				
	Term of Contract:	06/07/2016 - 06/30/2017	Contract # 17753			
11.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	JBA CONSULTING ENGINEERS, INC.	HIGHWAY	\$12,500	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the HVAC Replacement project at the Flamingo Department of Motor Vehicles building: CIP Project No. 15-M28; SPWD Contract No. 109609. This amendment increases the maximum contract amount from \$80,000 to \$92,500 to prepare construction documents for the addition of a split HVAC unit for Telecom Room 135.				
	Term of Contract:	09/08/2015 - 06/30/2019	Contract # 17001			
12.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	DG KOCH ASSOCIATES, LLC	BONDS	\$12,000	Professional Service
	Contract Description:	This is a new contract to provide professional project design and construction administration engineering services for the design and construction/installation of a Dehumidification Air System at the Nevada State Museum in Las Vegas: CIP Project No. 15-M32; SPWD Contract No. 111028.				
	Term of Contract:	04/06/2017 - 06/30/2019	Contract # 18564			

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	HYYTINEN, ROGER DBA HYYTINEN ENGINEERING, LLC	OTHER: AGENCY FUNDED CIP	\$13,500	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Nevada Army National Guard Army Aviation Stead Facility Hangar Fall Protection System: CIP Project No. 16-A020; SPWD Contract No. 110078. This amendment increases the maximum amount from \$11,800 to \$25,300 for additional professional services needed as a result of an increase to the project's budget and scope.				
	Term of Contract:	03/21/2016 - 06/30/2020	Contract # 17583			
14.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - ALL BUDGET ACCOUNTS	LUMOS & ASSOCIATES	OTHER: AGENCY FUNDED CIP	\$40,300	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the parking lot and drainage rehabilitation CIP project at the Stead Army Aviation Support Facility: CIP Project No. 14-A013A; SPWD Contract No. 111008.				
	Term of Contract:	04/06/2017 - 06/30/2018	Contract # 18530			
15.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS- DIVISION OF TOURISM	TOWN OF TONOPAH	OTHER: LODGING TAX	\$32,000	
	Contract Description:	This is a new contract to provide the site for the 2018 Rural Roundup Conference to be held in Tonopah, Nevada, April 11-13, 2018.				
	Term of Contract:	04/05/2017 - 04/30/2018	Contract # 18589			
16.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS- NEVADA MAGAZINE	FITZPATRICK, ELAINE	OTHER: EARNED REVENUE	\$20,000	
	Contract Description:	This is a new contract to represent the publication, selling advertising in the Nevada Magazine, Events & Shows magazine and the Visitor's Guide. The vendor will represent Nevada Magazine selling print and web advertising to potential clients in southern Nevada. These ads would be for placement in our publications or on our website, nevadamagazine.com.				
	Term of Contract:	04/05/2017 - 06/30/2018	Contract # 18585			

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	150	COMMISSION ON ETHICS	COMPLETE DOCUMENT MANAGEMENT SOLUTIONS, INC. DBA PRECISION DOCUMENT IMAGING	GENERAL 21% OTHER: LOCAL GOVERNMENTS 79%	\$23,250	
	Contract Description:	This is a new contract to provide a hosted opinion database and internal user interface, a hosted electronic forms database, public access solutions, and a limited, hosted document management system for internal processing of Requests for Opinion.				
	Term of Contract:	04/17/2017 - 04/30/2018	Contract # 18520			
18.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - FEDERAL PROGRAMS AND ADMINISTRATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	FEDERAL	\$18,530	Exempt
	Contract Description:	This is the first amendment to the original contract which continues ongoing training services that seek to address four topics for training each academic year. Topics will be selected from the ongoing program evaluations and/or Division recommendations and include at least three hours of ethics throughout the year. This amendment extends the termination date from June 30, 2017 to June 30, 2018 and increases the maximum amount from \$18,530 to \$37,060 due to the increased need for these services.				
	Term of Contract:	07/01/2016 - 06/30/2018	Contract # 17607			
19.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - COMMUNITY BASED SERVICES	CASEY NEILON & ASSOCIATES, LLC	GENERAL 60.6% OTHER: HEALTHY NEVADA FUNDS 39.4%	\$12,000	
	Contract Description:	This is the first amendment to the original contract which continues forensic financial specialist services to the Elder Protective Services social workers to assist in investigating complex elder abuse exploitation cases. This amendment extends the termination date from June 30, 2017 to June 30, 2018 and increases the maximum amount from \$36,000 to \$48,000 due to the increased need for these services.				
	Term of Contract:	07/01/2014 - 06/30/2018	Contract # 15823			

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - COMMUNITY BASED SERVICES	JS NET ASSOCIATES, LLC	GENERAL 60.6% OTHER: HEALTHY NEVADA FUNDS 39.4%	\$10,000	
	Contract Description:	This is the first amendment to the original contract which continues forensic financial specialist services to the Elder Protective Services social workers to assist in investigating complex elder abuse exploitation cases. This amendment extends the termination date from June 30, 2017 to June 30, 2018 and increases the maximum amount from \$30,000 to \$40,000 due to the increased need for these services.				
		Term of Contract:	08/08/2014 - 06/30/2018	Contract # 15969		
21.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - CHRONIC DISEASE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, LAS VEGAS	FEE: RADIOLOGICAL	\$47,036	
	Contract Description:	This is a new contract to provide funding for oral hygiene education and dental treatment for adults with special health care needs throughout Clark County.				
		Term of Contract:	01/09/2017 - 06/30/2017	Contract # 18512		
22.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION	FEDERAL	\$32,000	
	Contract Description:	This is a new interlocal agreement which continues ongoing vocational assessment testing used to identify possible learning disabilities, employment interests and aptitudes for New Employees of Nevada program eligible participants.				
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18511		

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	JOHN J. GRAVES JR. ESQ, PC	FEDERAL	\$30,000	Professional Service
	Contract Description:	This is a new contract that continues to provide legal services for Temporary Assistance for Needy Families (TANF) eligible participants to attain assistance obtaining legal guardianship of qualified children.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18462			
24.	440	DEPARTMENT OF CORRECTIONS – INMATE WELFARE ACCOUNT	JANUS NEVADA, INC. DBA MOUNTAIN VISTA CHAPEL	OTHER: INMATE WELFARE ACCOUNT	\$21,735	
	Contract Description:	This is a new contract to transport the remains of deceased inmates from Ely State Prison to the Clark County Office of the Coroner/Medical Examiner to conduct required autopsies.				
	Term of Contract:	04/05/2017 - 06/30/2020	Contract # 18436			
25.	650	DEPARTMENT OF PUBLIC SAFETY – DIRECTOR'S OFFICE	MILLER MENDEL, INC.	OTHER: COST ALLOCATION REIMBURSEMENT	\$24,040	
	Contract Description:	This is a new contract to provide ongoing system access, maintenance and support services for a web-based background investigations management software application used in the recruitment of DPS Officers.				
	Term of Contract:	04/01/2017 - 03/31/2018	Contract # 18540			
26.	653	DEPARTMENT OF PUBLIC SAFETY - INVESTIGATIONS	FORENSIC ANALYTICAL SCIENCES, INC.	GENERAL	\$10,000	
	Contract Description:	This is a new contract to provide gunshot residue analysis on an as needed basis.				
	Term of Contract:	03/30/2017 - 03/31/2019	Contract # 18528			

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	702	DEPARTMENT OF WILDLIFE - OPERATIONS	TRIED & TRUE, PATRIOTIC PROJECT MANAGEMENT, INC.	FEE: SPORTSMEN & APPLICATION HUNT	\$9,200	
	Contract Description:	This is the second amendment to the original contract which provides assistance with the development of two requests for proposal for two major interactive databases. This amendment increases the maximum amount from \$20,792 to \$29,992 and includes additional hours of service.				
		Term of Contract:	01/05/2017 - 06/30/2017	Contract # 18359		
28.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	PINK JEEP TOURS LAS VEGAS, INC.	OTHER: REVENUE CONTRACT	\$18,000	
	Contract Description:	This is a new revenue contract to provide commercial sightseeing tours and weddings at the Valley of Fire State Park.				
		Term of Contract:	03/27/2017 - 04/09/2019	Contract # 18521		
29.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	SANITARY SEPTIC SERVICE	GENERAL	\$12,000	
	Contract Description:	This is a new contract to provide maintenance and pumping for septic tanks, restrooms and fish cleaning stations at Cave Lake State Park and Ward Charcoal Ovens State Park.				
		Term of Contract:	03/27/2017 - 04/20/2021	Contract # 18525		
30.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TOMSIK PHOTOGRAPHY, LLC DBA SCENIC LAS VEGAS WEDDINGS	OTHER: REVENUE CONTRACT	\$49,000	
	Contract Description:	This is a new revenue contract to provide commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.				
		Term of Contract:	04/12/2017 - 04/09/2019	Contract # 18619		

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - INTERPRETATIVE AND EDUCATION PROGRAM	THS-VISUALS MOTION PICTURES, LLC	OTHER: GIFT SHOP GRANTS 39% FEDERAL 61%	\$40,865	
	Contract Description:	This is a new contract to provide five informational videos for the following state parks: Cathedral Gorge, Fort Churchill, Sand Harbor, Spring Mountain Ranch and Valley of Fire.				
		Term of Contract:	04/14/2017 - 09/30/2017	Contract # 18638		
32.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	MASON VALLEY FIRE PROTECTION DISTRICT	OTHER: REVENUE AGREEMENT	\$15,000	
	Contract Description:	This is a new revenue interlocal agreement to provide services as part of the Wildland Fire Protection Program. In accordance with this agreement the Division and Mason Valley Fire Protection District will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 18505		
33.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	NORTH LYON COUNTY FIRE PROTECTION DISTRICT	OTHER: REVENUE AGREEMENT	\$15,000	
	Contract Description:	This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the Division and North Lyon County Fire Protection District will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 18506		

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	SMITH VALLEY FIRE PROTECTION DISTRICT	OTHER: REVENUE AGREEMENT	\$20,000	
	Contract Description:	This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the Division and Smith Valley Fire Protection District will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 18583		
35.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	AUTOMATED TEMPERATURE CONTROLS, INC.	GENERAL	\$44,040	
	Contract Description:	This is a new contract to provide for repairs and monitoring of the HVAC system at the Sierra Front Interagency Dispatch Center in Minden.				
		Term of Contract:	03/21/2017 - 06/30/2021	Contract # 18470		
36.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - CONSERVATION CAMPS	WHITE PINE GLASS, INC.	GENERAL	\$11,000	
	Contract Description:	This is a new contract to provide for the replacement of five damaged overhead rollup doors at the Industrial Shop in Ely.				
		Term of Contract:	04/13/2017 - 04/30/2017	Contract # 18614		
37.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS	WEBSOFT DEVELOPERS, INC.	GENERAL	\$34,950	
	Contract Description:	This is a new contract to provide enhancements to the Land Management System for increased usability and management of the system.				
		Term of Contract:	04/05/2017 - 08/09/2017	Contract # 18473		

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - TAHOE MITIGATION-NON-EXEC	INCLINE VILLAGE GENERAL IMPROVEMENT DISTRICT	OTHER: REVENUE AGREEMENT	\$20,000	
	Contract Description:	This is a new revenue interlocal agreement to provide for the sale and transfer of land coverage owned by Incline Village General Improvement District.				
		Term of Contract:	04/07/2017 - 05/09/2021	Contract # 18594		
39.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	CANYON ELECTRIC COMPANY, INC.	OTHER: BUSINESS ENTERPRISES SET ASIDE	\$19,999	
	Contract Description:	This is the second amendment to the original contract which continues ongoing regular and emergency electrical installations, repairs and maintenance services for all needed projects for the Bureau of Services to the Blind and Visually Impaired and the Business Enterprises of Nevada facilities located in southern Nevada, including three sites at the Hoover Dam. This amendment increases the maximum amount from \$30,000 to \$49,999 due to required electrical upgrade that cost more than expected.				
		Term of Contract:	10/24/2013 - 09/30/2017	Contract # 14715		
40.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ACT, INC.	GENERAL 21.3% FEDERAL 78.7%	\$49,740	
	Contract Description:	This is a new contract that provides an online assessment that links to workplace skills, scoring and reporting services that are associated with the assessment. The assessment testing provides individuals with a National Career Readiness Certificate.				
		Term of Contract:	04/10/2017 - 08/31/2019	Contract # 18137		

# INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
41.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - COLLEGE OF SOUTHERN NEVADA	GENERAL 21.3% FEDERAL 78.7%	\$30,360	Exempt
	Contract Description:		This is a new interlocal contract to provide SoftSkills training for eligible clients of the Bureau of Vocational Rehabilitation and Bureau of Services to the Blind and Visually Impaired on their soft work skills to support their efforts in finding and maintaining jobs.			
		Term of Contract:	03/27/2017 - 06/30/2018	Contract # 18483		
42.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	GOODWILL INDUSTRIES OF SOUTHERN NEVADA	GENERAL 21.3% FEDERAL 78.7%	\$24,999	
	Contract Description:		This is a new contract to provide opportunities for students with disabilities, ages 14 thru 21, to engage in career exploration and learning programs during summer vacation from school.			
		Term of Contract:	04/05/2017 - 05/08/2018	Contract # 18523		
43.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	SPECIAL RECREATION SERVICES, INC. DBA AMPLIFY LIFE	GENERAL 21.3% FEDERAL 78.7%	\$49,832	
	Contract Description:		This new contract to provide opportunities for students with disabilities, ages 14 thru 21, to engage in career exploration and learning programs during summer vacation from school.			
		Term of Contract:	04/05/2017 - 05/08/2018	Contract # 18524		

**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: **18508**

Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>RS COMPUTER ASSOCIATES</b>
Agency Code: <b>040</b>	Contractor Name: <b>RS COMPUTER ASSOCIATES</b>
Appropriation Unit: <b>1050-26</b>	Address: <b>3875 HOPYARD RD. #170</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PLEASANTON, CA 94588</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>510-376-4311</b>
	Vendor No.: <b>T27030640</b>
	NV Business ID: <b>NV20121355328</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.

<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 **03/24/2017**

Anticipated BOE meeting date **04/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 98 days**

4. Type of contract: **Contract**

Contract description: **Remote Support**

5. Purpose of contract:

**This is a new contract to provide remote support for the Secretary of State's FileNet-based systems and applications.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,050.00**

Payment for services will be made at the rate of \$170.00 per hour

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Secretary of States is currently engaged in a project to replace the legacy system using FileNet. RSCA has provided the technical support for the legacy system and will be required to provide knowledge of the existing system and data migration

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

State employees lack the time , knowledge, and expertise to complete the work

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

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

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

Cognizant  
22nd Century Technologies  
Bowen ECM Solutions  
IBM  
RSCA

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?

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

Secretary of State 2014 - 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	pdover	03/22/2017 08:37:55 AM
Division Approval	pdover	03/22/2017 08:38:00 AM
Department Approval	pdover	03/22/2017 08:38:04 AM
Contract Manager Approval	shudder	03/22/2017 08:42:17 AM
Budget Analyst Approval	lfree1	03/24/2017 15:55:49 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: **18545**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>B&amp;L BACKFLOW TESTING</b>
Agency Code: <b>082</b>	Contractor Name: <b>B&amp;L BACKFLOW TESTING</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>SPECIALIST LLC PO BOX 4867</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>INCLINE VILLAGE, NV 89450-4867</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-831-0123</b>
	Vendor No.: <b>T80999361</b>
	NV Business ID: <b>NV10011021494</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 %</b>	<b>Building Rent Income Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **ASD 2465483**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Backflow testing**

5. Purpose of contract:

**This is a new contract that continues ongoing statewide backflow testing, repair and cleaning, on an as needed basis, of all for state-owned facilities in the Northern Nevada area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$56.65 per backflow tests; \$30.00 per repair rate will apply to each assembly repaired; \$25.00 per hour-when repair goes over 1 hour then the additional \$25.00 per hour will apply; 15% cost plus repair parts/materials; \$100.00 flat rate service call- after hours, weekends and holidays;\$95.00 per hour-Cross Connection Control Survey (Only if it's requested by the Health Department or Water Purveyor)

**II. JUSTIFICATION**

7. What conditions require that this work be done?

This work is required by the State Health Department to protect potable water systems.

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

Lack of manpower, equipment and experience.

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

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

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

Savage & Sons  
ABC Fire Systems  
B&L Backflow

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple backflow testing contractors on file with Buildings and Grounds. Per SAM 0338.0 each contractor will be contracted to submit bids for available jobs.

d. Last bid date: 03/01/2017 Anticipated re-bid date: 03/01/2021

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:

2002 to current Building and Grounds, 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:

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	04/10/2017 09:25:41 AM
Division Approval	csweeney	04/10/2017 09:25:45 AM
Department Approval	csweeney	04/10/2017 09:25:47 AM
Contract Manager Approval	ssands	04/10/2017 09:34:37 AM
Budget Analyst Approval	jrodrig9	04/10/2017 17:06:53 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: **14984** Amendment Number: **1**  
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **CARSON PUMP LLC**  
 Agency Code: **082** Contractor Name: **CARSON PUMP LLC**  
 Appropriation Unit: **1349-12** Address: **PO BOX 20159**  
 Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89721-0159**  
 If "No" please explain: **Not Applicable** Contact/Phone: **775-888-9926**  
 Vendor No.: **T29022476**  
 NV Business ID: **NV20081409089**

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

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 %	<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 %

Agency Reference #: **ASD #1202068**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2013**  
 Anticipated BOE meeting date **05/2017**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2017**  
 Contract term: **4 years and 1 day**

4. Type of contract: **Contract**  
 Contract description: **Well pump maint**

5. Purpose of contract:  
**This is the first amendment to the original contract which continues ongoing maintenance and repair of various well sites in Northern Nevada. This amendment increases the maximum amount from \$15,000 to \$25,000 due to continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$15,000.00	\$15,000.00	\$15,000.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$25,000.00	Yes - Info
3. New maximum contract amount:	\$25,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
To ensure the integrity of the well sites and perform necessary repairs.

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

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? 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 is one of multiple contracts for well service on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

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	csweeney	04/10/2017 09:22:45 AM
Division Approval	csweeney	04/10/2017 09:22:49 AM
Department Approval	csweeney	04/10/2017 09:22:53 AM
Contract Manager Approval	csweeney	04/10/2017 09:23:03 AM
Budget Analyst Approval	jrodrig9	04/10/2017 17:08:11 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18532**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>INTERMOUNTAIN ELECTRIC, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>INTERMOUNTAIN ELECTRIC, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>4750 LONGLEY LN SUITE 105</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-850-3600</b>
	Vendor No.: <b>T29009636C</b>
	NV Business ID: <b>NV20041478167</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 %</b>	<b>Building Rent Income Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **ASD 2450258**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/30/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/28/2021**

Contract term: **4 years and 60 days**

4. Type of contract: **Contract**

Contract description: **Electrical services**

5. Purpose of contract:

**This is a new contract that continues ongoing electrical services for various state owned buildings in Northern Nevada.**

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$0.00 per Hour

Other basis for payment: \$ 100.00 per Hour - Journeyman Electrician - M-F 8:00am to 4:30pm; \$75.00 per Hour - Apprentice Electrician - M-F 8:00am to 4:30pm; \$141.00 per Overtime Hours - Journeyman Electrician - 2 hour max M-F - 8 hours on Saturdays; \$137.00 per Overtime Hours - 2 hour max M-F - 8 hours on Saturday ; 15% Cost Per rental equipment costs - 10% overhead and 5% profit & applicable taxes

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Electrical improvements are necessary for state buildings for the safety of the public and employees**

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

**Electrical needs are beyond the expertise of B&G personnel.**

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):

Timberline Electric  
Briggs Electric  
Intermountain Electric

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple contracts for electrical services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 02/15/2017 Anticipated re-bid date: 02/15/2021

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:

2009-20017 by Buildings & Grounds 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:  
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	03/27/2017 09:46:56 AM
Division Approval	csweeney	03/27/2017 09:46:59 AM
Department Approval	csweeney	03/27/2017 09:47:03 AM
Contract Manager Approval	ssands	03/27/2017 10:49:51 AM
Budget Analyst Approval	jrodrig9	03/30/2017 12:27:37 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **15942** Amendment Number: **2**  
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **KANE, BRUCE**  
 Agency Code: **082** Address: **DBA BRUCE'S CARPET CLEANING**  
 Appropriation Unit: **1349-12** City/State/Zip: **769 MARSH RD**  
 Is budget authority available?: **Yes** Contact/Phone: **775-882-1115**  
 If "No" please explain: **Not Applicable** Vendor No.: **T80923724**  
 NV Business ID: **NV20101688781**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: **ASD #1669828**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2014**

Anticipated BOE meeting date **06/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **10/31/2018**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Carpet Cleaning Svc**

5. Purpose of contract:

**This is the second amendment to the original contract, which continues ongoing carpet cleaning services to the various state buildings in Carson City and Reno. This amendment increases the maximum amount from \$70,000 to \$105,000 due to the continued need of these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
a. Amendment 1:	\$25,000.00	\$70,000.00	\$70,000.00	Yes - Action
2. Amount of current amendment (#2):	\$35,000.00	\$35,000.00	\$35,000.00	Yes - Info
3. New maximum contract amount:	\$105,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Carpet in state buildings need to be kept clean and sanitary.**

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

Lack of manpower

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

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

\_\_\_\_\_

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple carpet cleaning contractors on file with Buildings and Grounds. Per SAM 0338.0 each contractor will be contacted to submit bids for available jobs.

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 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	csweeney	04/03/2017 13:10:03 PM
Division Approval	csweeney	04/03/2017 13:10:07 PM
Department Approval	csweeney	04/03/2017 13:10:10 PM
Contract Manager Approval	csweeney	04/03/2017 13:10:17 PM
Budget Analyst Approval	jrodrig9	04/06/2017 16:06:34 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: **18534**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ROLLINS INC dba</b>
Agency Code: <b>082</b>	Contractor Name: <b>ORKIN PEST CONTRAL</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>6450 CAMERON ST. SUITE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-4337</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Benjamin Wiebers 702-601-1044</b>
	Vendor No.:
	NV Business ID: <b>NV19641001385</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 % 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 **04/07/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2021**

Contract term: **3 years and 359 days**

4. Type of contract: **Contract**

Contract description: **Pest control**

5. Purpose of contract:

**This is a new ongoing contract that continues pest control for the state-owned buildings in Southern Nevada on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Please see Attachment CC for building pricing.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Pest control is necessary for the safety of the public and employees.**

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

**This will be pest control beyond the expertise of state personnel.**

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):

**ORKIN PEST**

b. Solicitation Waiver: **Not Applicable**

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

This contract will serve as a back-up vendor

d. Last bid date: 02/15/2017 Anticipated re-bid date: 02/15/2021

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:

2004 TO 2017 Buildings & Grounds in Southern Nevada, 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: Foreign Corporation

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

No b. If "No", please explain:

ORKIN is a fully owned subsidiary of Rollins Inc.

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	04/03/2017 13:12:46 PM
Division Approval	csweeney	04/03/2017 13:12:49 PM
Department Approval	csweeney	04/03/2017 13:12:57 PM
Contract Manager Approval	ssands	04/03/2017 13:45:08 PM
Budget Analyst Approval	jrodrig9	04/06/2017 17:06:16 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18576**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Agency Code: **082**

Appropriation Unit: **1349-14**

Is budget authority available? **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will reside in the Account 1349, expenditure category 14 for pavement and concrete rehabilitation.

Legal Entity Name: **RESOURCE CONCEPTS, INC.**

Contractor Name: **RESOURCE CONCEPTS, INC.**

Address: **340 N MINNESOTA ST**

City/State/Zip: **CARSON CITY, NV 89703-4152**

Contact/Phone: **Joe Cacioppo 775-883-1600**

Vendor No.: **T12785100**

NV Business ID: **NV19781005208**

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 % Agency Funded CIP</b>

Agency Reference #: **110990**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years and 85 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Service**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for pavements and concrete improvements at the Nevada State Capitol Complex: SPWD Project No. 17-A018; Contract No. 110990.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,600.00**

Other basis for payment: Monthly progress payments based on service provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2017 Agency CIP.**

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

**Professional architectural/engineering services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering service 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	amarangi	04/03/2017 15:03:14 PM
Division Approval	amarangi	04/03/2017 15:03:16 PM
Department Approval	amarangi	04/03/2017 15:03:18 PM
Contract Manager Approval	amarangi	04/03/2017 15:03:19 PM
Budget Analyst Approval	jrodrig9	04/06/2017 15:47:28 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18526**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CARDNO, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>CARDNO, INC.</b>
Appropriation Unit: <b>1535-18</b>	Address: <b>7115 Amigo Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89119</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dan Padilla 702-990-7523</b>
	Vendor No.: <b>T29035299A</b>
	NV Business ID: <b>NV20111772626</b>

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.

<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 %

Agency Reference #: **110999**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/06/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 85 days**

4. Type of contract: **Contract**

Contract description: **Misc Serv Agr**

5. Purpose of contract:

**This is a new contract to provide professional engineering/survey investigative services for the Southern Nevada Mental Health Complex - Sanitary Sewer Rehabilitation CIP project to determine the presence of underground utilities with geophysical locating equipment, ground penetrating radar, and potholing at select locations: CIP Project No. 15-M14; SPWD Contract No. 110999.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,650.00**

Other basis for payment: **Monthly progress payments based on service provided.**

**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?

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	amarangi	04/06/2017 11:20:45 AM
Division Approval	amarangi	04/06/2017 11:20:49 AM
Department Approval	amarangi	04/06/2017 11:20:51 AM
Contract Manager Approval	amarangi	04/06/2017 11:20:53 AM
Budget Analyst Approval	jrodrig9	04/06/2017 16:07:30 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: **18549**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BATTLE BORN VENTURES LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>BATTLE BORN VENTURES LLC</b>
Appropriation Unit: <b>1585-28</b>	Address: <b>600 GLEESON WAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431-4673</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Erik Lee 775-813-4934</b>
	Vendor No.: <b>T27041331</b>
	NV Business ID: <b>NV20041154031</b>

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 %	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 #: 111019

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2017**

Anticipated BOE meeting date 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 86 days**

4. Type of contract: **Contract**

Contract description: **Misc Serv Agr**

5. Purpose of contract:

**This is a new contract to provide professional engineering surveying and topographical mapping services for the Northern Nevada Child and Adolescent Services ADA Retrofit and Paving CIP projects: CIP Project No. 15-S02(2) and 15-S05; SPWD Contract No. 111019.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,900.00**

Other basis for payment: Monthly progress payments based on services provided.

**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/Professional Code Plan Checking Services/[other discipline] 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?

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	amarangi	03/28/2017 14:57:39 PM
Division Approval	amarangi	03/28/2017 14:57:41 PM
Department Approval	amarangi	03/28/2017 14:57:43 PM
Contract Manager Approval	amarangi	03/28/2017 14:57:45 PM
Budget Analyst Approval	jrodrig9	04/05/2017 18:16:26 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: **17753** Amendment Number: **1**  
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Aztech Inspection & Testing**  
 Agency Code: **082** Contractor Name: **Aztech Inspection & Testing**  
 Appropriation Unit: **1590-45** Address: **4700 COPPER SAGE STREET**  
 Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89115**  
 If "No" please explain: **Not Applicable** Contact/Phone: **CLAIRE KOHATSU 702/247-7645**  
 Vendor No.:  
 NV Business ID: **NV20091455548**

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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 %	X Bonds	2.00 %
Highway Funds	0.00 %	X Other funding	98.00 %

**Transfer from Emergency Management;  
Transfer from Treasurer**

Agency Reference #: **110327**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/07/2016**  
 Anticipated BOE meeting date **05/2017**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2017**  
 Contract term: **1 year and 23 days**

4. Type of contract: **Contract**  
 Contract description: **Mat Tst & Insp**

5. Purpose of contract:  
**This is the first amendment to the original contract, which provides materials testing and inspection services for the Access Bridge Replacement project at the Caliente Youth Center: CIP Project No. 13-C01; SPWD Contract No. 110327. This amendment decreases the maximum amount from \$60,605 to \$46,735 for unused material testing and inspection budget contract deduction.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$60,605.20	\$60,605.20	\$60,605.20	Yes - Action
2. Amount of current amendment (#1):	-\$13,870.40	-\$13,870.40	-\$13,870.40	Yes - Info
3. New maximum contract amount:	\$46,734.80			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
2013 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?

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	amarangi	03/22/2017 13:39:22 PM
Division Approval	amarangi	03/22/2017 13:39:25 PM
Department Approval	amarangi	03/22/2017 13:39:29 PM
Contract Manager Approval	amarangi	03/22/2017 13:39:31 PM
Budget Analyst Approval	jrodrig9	04/03/2017 12:04:53 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: **17001** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **JBA CONSULTING ENGINEERS, INC.**

Agency Code: **082** Contractor Name: **JBA CONSULTING ENGINEERS, INC.**

Appropriation Unit: **1590 - All Categories** Address: **5155 W PATRICK LN SUITE 100**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89118-2828**

If "No" please explain: **Not Applicable** Contact/Phone: **Alex Jankovic 702-362-9200**

Vendor No.: **T80928382**

NV Business ID: **NV19661000733**

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

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

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

Agency Reference #: **109609**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/08/2015**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 296 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

**This is the first amendment to the original contract, which provides professional architectural/engineering services for the HVAC Replacement at the Flamingo Department of Motor Vehicles: CIP Project No. 15-M28; SPWD Contract No. 109609. This amendment increases the maximum contract amount from \$80,000 to \$92,500 to prepare construction documents for the addition of a split HVAC unit for Telecom Room 135.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$80,000.00	\$80,000.00	\$80,000.00	Yes - Action
2. Amount of current amendment (#1):	\$12,500.00	\$12,500.00	\$12,500.00	Yes - Info
3. New maximum contract amount:	\$92,500.00			

**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:

Table with 3 columns: Approval Level, User, Signature Date. Rows include Budget Account Approval, Division Approval, Department Approval, Contract Manager Approval, and Budget Analyst Approval.

**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: **18564**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DG KOCH ASSOCIATES LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>DG KOCH ASSOCIATES LLC</b>
Appropriation Unit: <b>1592-22</b>	Address: <b>2920 S JONES BLVD SUITE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89146-5394</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-221-5160</b>
	Vendor No.: <b>T29026336</b>
	NV Business ID: <b>NV20061487757</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 %	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 #: 111028

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/06/2017**  
Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**  
Contract term: **2 years and 85 days**

4. Type of contract: **Contract**  
Contract description: **Arch/Eng Serv**

5. Purpose of contract:

**This is a new contract to provide professional project design and construction administration engineering services for the design and construction/installation of a Dehumidification Air Systems at the Nevada State Museum in Las Vegas: CIP Project No. 15-M32; SPWD Contract No. 111028.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**  
Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**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?

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	amarangi	03/31/2017 13:28:30 PM
Division Approval	amarangi	03/31/2017 13:28:32 PM
Department Approval	amarangi	03/31/2017 13:28:34 PM
Contract Manager Approval	amarangi	03/31/2017 13:28:37 PM
Budget Analyst Approval	jrodrig9	04/06/2017 10:44:40 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: **17583**

Amendment Number: **1**

Legal Entity Name: **HYYTINEN, ROGER DBA**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **HYYTINEN, ROGER DBA**

Agency Code: **082**

Address: **HYYTINEN ENGINEERING, LLC  
5458 LONGLEY LN STE B**

Appropriation Unit: **All Budget Accounts - Category 10**

Is budget authority available?: **No**

City/State/Zip: **RENO, NV 89511**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will reside in the Account 3650 expenditure category 10, Air Security.

Contact/Phone: **775-826-3019**

Vendor No.: **T80814890**

NV Business ID: **NV20111782953**

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

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

Agency Reference #: **110078**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/21/2016**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 102 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

**This is the first amendment to the original contract providing professional architectural/engineering services for the Nevada Army National Guard Army Aviation Stead Facility Hangar Fall Protection Systems: CIP Project No. 16-A020; SPWD Contract No. 110078. This amendment increases the maximum amount from \$11,800 to \$25,300 for additional professional services as a result of an increase to the project's budget and scope of services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$11,800.00	\$11,800.00	\$11,800.00	Yes - Info
2. Amount of current amendment (#1):	\$13,500.00	\$13,500.00	\$25,300.00	Yes - Info
3. New maximum contract amount:	\$25,300.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

2016 Agency 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	amarangi	04/06/2017 11:17:05 AM
Division Approval	amarangi	04/06/2017 11:17:07 AM
Department Approval	amarangi	04/06/2017 11:17:11 AM
Contract Manager Approval	amarangi	04/06/2017 11:17:13 AM
Budget Analyst Approval	jrodrig9	04/06/2017 12:53:59 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18530**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>Lumos &amp; Associates</b>
Agency Code: <b>082</b>	Contractor Name: <b>Lumos &amp; Associates</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>9222 Prototype Drive</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Reno, NV 89521</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will reside in the Account 3650, expenditure category 10.	Contact/Phone: <b>775-827-6111</b>

Vendor No.:  
NV Business ID: **NV19791006982**

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 % Agency Funded CIP</b>

Agency Reference #: **111008**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/06/2017**Anticipated BOE meeting date **05/2017**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2018**Contract term: **1 year and 85 days**4. Type of contract: **Contract**Contract description: **Arch/Eng Serv**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the parking lot and drainage rehabilitation CIP project at the Stead Army Aviation Support Facility: CIP Project No. 14-A013A; SPWD Contract No. 111008.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,300.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2014 Agency 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	amarangi	04/05/2017 16:10:11 PM
Division Approval	amarangi	04/05/2017 16:10:13 PM
Department Approval	amarangi	04/05/2017 16:10:15 PM
Contract Manager Approval	amarangi	04/05/2017 16:10:17 PM
Budget Analyst Approval	jrodrig9	04/06/2017 10:47:02 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18589**

Agency Name: **DTCA - DIVISION OF TOURISM**  
 Agency Code: **101**  
 Appropriation Unit: **1522-31**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **TOWN OF TONOPAH**  
 Contractor Name: **TOWN OF TONOPAH**  
 Address: **102 BURRO AVENUE  
 PO BOX 151**  
 City/State/Zip: **TONOPAH, NV 89049**  
 Contact/Phone: **CHRIS MULKERN 775-482-6336**  
 Vendor No.: **T80044560F**  
 NV Business ID:

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2018**

Contract term: **1 year and 25 days**

4. Type of contract: **Contract**

Contract description: **2018 Rural Rndp Site**

5. Purpose of contract:

**This is a new contract to provide the site for the 2018 Rural Roundup Conference to be held in Tonopah, Nevada, April 11-13, 2018.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Nevada Division of Tourism is the host for the annual Rural Roundup Conference.**

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

**This contract will provide a location to hold the 2018 Rural Roundup Conference, therefore, State employees would not be able to provide this service.**

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

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

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

**Town of Pahrump  
 Town of Tonopah  
 Beatty Chamber of Commerce**

b. Solicitation Waiver: **Not Applicable**

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

The vendor was the only vendor to respond to the RFP.

d. Last bid date: 02/02/2017 Anticipated re-bid date: 03/02/2017

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 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	amathies	04/04/2017 10:31:08 AM
Division Approval	amathies	04/04/2017 10:31:14 AM
Department Approval	amathies	04/04/2017 10:31:16 AM
Contract Manager Approval	amathies	04/04/2017 10:31:20 AM
Budget Analyst Approval	myoun3	04/05/2017 09:44:05 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: **18585**

Agency Name: **DTCA - DIVISION OF TOURISM**  
 Agency Code: **101**  
 Appropriation Unit: **1530-04**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **FITZPATRICK, ELAINE**  
 Contractor Name: **FITZPATRICK, ELAINE**  
 Address: **1930 VILLAGE CENTER CIRCLE SUITE 3, #401**  
 City/State/Zip: **LAS VEGAS, NV 89134**  
 Contact/Phone: **ELAINE FITZPATRICK 702-812-7085**  
 Vendor No.: **TBD**  
 NV Business ID: **NV20171198616**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**  
 Contract term: **1 year and 86 days**

4. Type of contract: **Contract**  
 Contract description: **Outside Ad Sales Rep**

5. Purpose of contract:

**This is a new contract to represent the publication, selling advertising in the Nevada Magazine, Events & Shows magazine and the Visitor's Guide. The vendor will represent Nevada Magazine selling print and web advertising to potential clients in Southern Nevada. These ads would be for placement in our publications or on our website nevadamagazine.com.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**  
 Other basis for payment: **Payment made on a 20% commission-only basis up to contract maximum.**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Magazine is currently working on a Las Vegas Wedding Chamber Guide and will need someone to call on potential customers to sell ads into this guide.

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

The agency does not have any employees in the Southern Nevada area. Because Nevada Magazine has such a strict travel budget, it would be cost prohibited to have their only sales person travel to Las Vegas frequently enough to set appointments and call on potential customers.

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):

ELAINE FITZPATRICK  
JAMES ELLIOT  
MEDIA CENTRIC

b. Solicitation Waiver: **Not Applicable**

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

The vendor was the only vendor to respond.

d. Last bid date: 03/24/2017 Anticipated re-bid date: 03/24/2018

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is 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	amathies	04/04/2017 11:11:27 AM
Division Approval	amathies	04/04/2017 11:11:29 AM
Department Approval	amathies	04/04/2017 11:11:31 AM
Contract Manager Approval	amathies	04/04/2017 11:11:33 AM
Budget Analyst Approval	myoun3	04/05/2017 10:56:05 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: **18520**

Agency Name: **COMMISSION ON ETHICS**  
 Agency Code: **150**  
 Appropriation Unit: **1343-26**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **COMPLETE DOCUMENTS MANAGEMENT SOLUTIONS, INC.**  
 Contractor Name: **PRECISION DOCUMENT IMAGING**  
 Address: **2440 VASSAR STREET**  
 City/State/Zip: **RENO, NV 89502**  
 Contact/Phone: **JUSTIN LONG 775/337-1987**  
 Vendor No.: **PUR0002739A**  
 NV Business ID: **NV20031298906**

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.

<input checked="" type="checkbox"/>	General Funds	<b>21.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>79.00 % Local governments</b>

Agency Reference #: **ASD #2465019**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/17/2017**

Anticipated BOE meeting date **06/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2018**

Contract term: **1 year and 13 days**

4. Type of contract: **Contract**

Contract description: **Case Mgmt Database**

5. Purpose of contract:

**This is a new contract to provide a hosted opinion database and internal user interface, a hosted electronic forms database, public access solutions, and a limited, hosted document management system for internal processing of Requests for Opinion.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,250.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

An electronic case management/database system will ensure compliance with state law as established in Assembly Bill 60 (2015) and Assembly Bill 236 (2013), including efficiencies in Request for Opinion (RFO) management, providing an online searchable database of published Commission opinions that is accessible through the Commission's website, and providing an online application for electronic forms and submission via the Commission's website

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

The NCOE has limited internal IT staff and utilizes a state contracted vendor (CTS) for desktop/server support only. Several requests were made to EITS to inquire about paid programmers to assist the NCOE with the project, but EITS declined stating they had a backlog and were understaffed.

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

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

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

Precision Document Imaging  
OnBase  
Michael Matters, Inc.  
WingSwept

b. Solicitation Waiver: **Not Applicable**

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

Lowest bidder

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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?

No b. If "No", please explain:

Precision Document Imaging is an alternate 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	csweeney	04/05/2017 09:57:28 AM
Division Approval	csweeney	04/05/2017 09:57:33 AM
Department Approval	csweeney	04/05/2017 09:57:36 AM
Contract Manager Approval	csweeney	04/11/2017 08:23:16 AM
Budget Analyst Approval	myoun3	04/11/2017 10:12:31 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: **17607** Amendment Number: **1**

Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **BOARD OF REGENTS-UNIVERSITY OF NEVADA, RENO**

Agency Code: **402** Contractor Name: **BOARD OF REGENTS-UNIVERSITY OF NEVADA, RENO**

Appropriation Unit: **3151-12** Address: **CONTROLLERS MAIL STOP 124**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89557**

If "No" please explain: **Not Applicable** Contact/Phone: **775-784-4040**

Vendor No.: **D35000849**

NV Business ID: **Governmental Entity**

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 **07/01/2016**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

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

Contract description: **Staff Trainings**

5. Purpose of contract:

**This is the first amendment to the original contract which continues ongoing training services that seek to address four topics for training each academic year. Topics will be selected from the ongoing program evaluations and/or division recommendations and to include at least three hours of ethics throughout the year. This amendment extends the termination date from June 30, 2017 to June 30, 2018 and increases the maximum amount from \$18,530 to \$37,060 due to the increased need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$18,530.00	\$18,530.00	\$18,530.00	Yes - Info
2. Amount of current amendment (#1):	\$18,530.00	\$18,530.00	\$37,060.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$37,060.00 06/30/2018			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The need for training of professional staff is ongoing. Programs are reviewed for quality management issues and program compliance assurances. Through this work, it has become evident that an ongoing training curriculum should be developed to assure staff is best able to perform their duties. The training topics are chosen based on their impact on program management and employee effectiveness.

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

This is an intrastate/interlocal contract to be coordinated through Nevada Higher Education (UNR) Nevada Geriatric Education Center (NGEC) to provide specialized, credentialed training to Aging and Disability Division's staff.

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

The University of Nevada, Reno - Nevada Geriatric Education Center is uniquely qualified to produce geriatric education sessions that meet the criteria for professional credentialing necessary for a Provider's Certification for Specialization in Aging. This contract is an intrastate/interlocal agreement and as such is exempt from RFP requirements as a Cooperative Agreements and Interlocal Contract between public agencies to provide services or facilities to one another or to the public in accordance with the "Interlocal Cooperation Act." (NRS 277.080 to 277.180) Indirect rate 8%.

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:

Current contract with Aging and Disability services Division (402) (July 1, 2012-06/30/2017) term date. UNR is a state agency. Through present, services provided by this contractor 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	dbowma1	04/04/2017 07:39:06 AM
Division Approval	dbowma1	04/04/2017 07:39:10 AM
Department Approval	jkolenut	04/07/2017 10:16:32 AM
Contract Manager Approval	jpruneau	04/10/2017 08:36:50 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: **15823** Amendment Number: **1**  
 Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **CASEY NEILON, INC**  
 Contractor Name: **CASEY NEILON & ASSOCIATES LLC**  
 Agency Code: **402** Address: **503 N DIVISION ST**  
 Appropriation Unit: **3266-27** City/State/Zip: **CARSON CITY, NV 89703**  
 Is budget authority available?: **Yes** Contact/Phone: **DARSI CASEY 775/283-5555**  
 If "No" please explain: **Not Applicable** Vendor No.: **T29010569**  
 NV Business ID: **NV20061293367**  
 To what State Fiscal Year(s) will the contract be charged? **2015-2018**

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.

<input checked="" type="checkbox"/>	General Funds	<b>60.60 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>39.40 % Healthy Nevada Funds</b>

Agency Reference #: 402

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2014**  
 Anticipated BOE meeting date 05/2017  
 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: **Forensic Specialist**

5. Purpose of contract:  
**This is the first amendment to the original contract which continues forensic financial specialist services to the Elder Protective Services social workers to assist in investigating complex elder abuse exploitation cases. This amendment extends the termination date from June 30, 2017 to June 30, 2018 and increases the maximum amount from \$36,000 to \$48,000 due to the increased need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$36,000.00	\$36,000.00	\$36,000.00	Yes - Info
2. Amount of current amendment (#1):	\$12,000.00	\$12,000.00	\$48,000.00	Yes - Info
3. New maximum contract amount:	\$48,000.00			
and/or the termination date of the original contract has changed to:	06/30/2018			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 200.5093 ADSD, Elder Protective Services receives and investigates reports of abuse, neglect (including self neglect), exploitation or isolation.

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

State employees do not have the expertise to perform this service.

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

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

JS Net Associates, LLC  
CFNE International  
Avysion Healthcare Services

b. Solicitation Waiver: **Not Applicable**

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

The selected vendor was the highest scoring proposer as determined by an evaluation committee.

d. Last bid date: 03/25/2014 Anticipated re-bid date: 03/01/2018

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

8/8/14 to current contract with Aging and Disability Services Division 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?

No b. If "No", please explain:

**Legal business entity name and type has been changed with Nevada Secretary of State. New vendor registration update has been submitted.**

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	dbowma1	03/24/2017 14:49:23 PM
Division Approval	dbowma1	03/24/2017 14:49:27 PM
Department Approval	jkolenut	03/27/2017 08:35:54 AM
Contract Manager Approval	jpruneau	03/28/2017 09:03:30 AM
Budget Analyst Approval	bwooldri	04/05/2017 11:57:01 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: **15969** Amendment Number: **1**  
 Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **JS NET ASSOCIATES LLC**  
 Agency Code: **402** Contractor Name: **JS NET ASSOCIATES LLC**  
 Appropriation Unit: **3266-27** Address: **46105 BEACH CREST DR STE 777**  
 Is budget authority available?: **Yes** City/State/Zip: **NESKOWIN , OR 97149-8219**  
 If "No" please explain: **Not Applicable** Contact/Phone: **dshered2@jhu.edu 503/392-3114**  
 Vendor No.: **T27035343**  
 NV Business ID: **NV20101345464**  
 To what State Fiscal Year(s) will the contract be charged? **2015-2018**

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.

<input checked="" type="checkbox"/>	General Funds	<b>60.60 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>39.40 % Healthy Nevada Funds</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/08/2014**  
 Anticipated BOE meeting date **05/2017**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2017**  
 Contract term: **3 years and 327 days**

4. Type of contract: **Contract**  
 Contract description: **Forensic Medical**

5. Purpose of contract:  
**This is the first amendment to the original contract which continues forensic financial specialist services to the Elder Protective Services social workers to assist in investigating complex elder abuse exploitation cases. This amendment extends the termination date from June 30, 2017 to June 30, 2018 and increases the maximum amount from \$30,000 to \$40,000 due to the increased need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$40,000.00	Yes - Info
3. New maximum contract amount:	\$40,000.00			
and/or the termination date of the original contract has changed to:	06/30/2018			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 200.5093 ADSD, Elder Protective Services receives and investigates reports of abuse, neglect (including self neglect), exploitation or isolation.

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

State employees do not have the expertise to perform this service.

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

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

JS Net Associates, LLC  
CFNEI  
Avysion Healthcare Services

b. Solicitation Waiver: **Not Applicable**

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

The selected vendor was the highest scoring proposer as determined by an evaluation committee.

d. Last bid date: 03/25/2014 Anticipated re-bid date: 03/01/2018

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

8/8/14 to current contract with Aging and Disability Services Division 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:  
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	dbowma1	03/27/2017 10:54:07 AM
Division Approval	dbowma1	03/27/2017 10:54:11 AM
Department Approval	jkolenut	03/28/2017 09:01:33 AM
Contract Manager Approval	jpruneau	03/30/2017 10:07:05 AM
Budget Analyst Approval	bwooldri	04/05/2017 13:40:26 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: **18512**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>BOARD OF REGENTS-UNLV</b>
Agency Code: <b>406</b>	Contractor Name: <b>BOARD OF REGENTS-UNLV</b>
Appropriation Unit: <b>3220-16</b>	Address: <b>4505 S. Maryland Parkway</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89154-1055</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-895-3011</b>
	Vendor No.: <b>D35000824</b>
	NV Business ID: <b>Governmental Entity</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 %	<b>X</b>	Fees	<b>100.00 % Radiological Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **C 15867**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2017**  
Anticipated BOE meeting date **04/2017**

Retroactive? **Yes**

If "Yes", please explain

**The contract between DPBH Oral Health Program and the Board of Regents, NSHE will provide funds for the UNLV School of Dental Medicine's currently operational Special Care Dental Clinic which provides dental treatment for adults with special healthcare needs. Due to the multiple state holidays in the fall, the signing of this agreement has been delayed. A retroactive start date of January 9th is requested. The UNLV SDM Special Care Dental Clinic resumed their normal operations on this date.**

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

Contract term: **171 days**

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

Contract description: **Dental Services**

5. Purpose of contract:

**This is a new contract to provide funding for UNLV School of Dental Medicine, Special Care Dental Clinic for adults with disabilities. Provides oral hygiene education and services throughout Clark County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,036.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**This agreement will provide resources to expand the dental workforce to serve adults with special healthcare needs.**

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

**State employees are performing the work.**

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Governmental Entity - There is no indirect cost rate charged to this contract.

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 perform services for one another on a routine basis - 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	03/17/2017 10:56:52 AM
Division Approval	chadwic1	03/17/2017 10:56:55 AM
Department Approval	jkolenut	03/22/2017 15:49:19 PM
Contract Manager Approval	rmorse	03/23/2017 12:30:45 PM
Budget Analyst Approval	bwooldri	03/27/2017 10:31:23 AM

**BRIAN SANDOVAL**  
*Governor*

**RICHARD WHITLEY, MS**  
*Director*

STATE OF NEVADA



**CODY L. PHINNEY, MPH**  
*Administrator*

**JOHN DIMURO, D.O., MBA**  
*Chief Medical Officer*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

4150 Technology Way, Suite 300  
Carson City, NV 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4211

**March 27, 2017**

**MEMORANDUM**

**TO:** **Bessie Wooldridge**  
*Budget Analyst*  
*Budget Division*

**THROUGH:** **Mark Winebarger**  
*Administrative Services Officer IV*  
*Division of Public and Behavioral Health*

**FROM:** **Bureau of Child, Family, and Community Wellness**  
*Beth Handler, MPH, Bureau Chief*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF Subgrant –January 9, 2017 (CETS #18512)**

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The contract between the Bureau of Child, Family & Community Wellness Oral Health Program and the Board of Regents, NSHE will provide funds for the UNLV School of Dental Medicine's currently operational Special Care Dental Clinic which provides dental treatment for adults with special healthcare needs. Due to the multiple state holidays in the fall, the signing of this agreement has been delayed. A retroactive start date of January 9<sup>th</sup> is requested. The UNLV SDM Special Care Dental Clinic resumed their normal operations on this date.

We therefore request that this contract be accepted with a retroactive start date of January 9, 2017. To ensure objectives outlined in the interlocal contract are achievable, the UNLV SDM Special Care Dental Clinic should begin the 2017 spring semester with the necessary funding and clear direction as outlined in the interlocal contract to reach project deliverables.

Thank you for your consideration in this matter.

CC: Rick Morse, Management Analyst II  
Division of Public and Behavioral Health

**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: **18511**

Agency Name:	<b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name:	<b>DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION</b>
Agency Code:	<b>407</b>	Contractor Name:	<b>DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION</b>
Appropriation Unit:	<b>3230-15</b>	Address:	<b>500 E THIRD ST</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>CARSON CITY, NV 89713</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>775.684.3860</b>
		Vendor No.:	<b>D90100012</b>
		NV Business ID:	<b>Gov't Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds	0.00 %	Fees	0.00 %
<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 **07/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

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

Contract description: **TANF**

5. Purpose of contract:

**This is a new interlocal agreement which continues ongoing vocational assessment testing used to identify possible learning disabilities, employment interests and aptitudes for the New Employees of Nevada program eligible participants.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Department of Employment, Training and Rehabilitation, Bureau of Vocational Rehabilitation is a state and federally funded program designed to help people with disabilities become employed and to help those already employed perform more successfully through training, counseling and other support methods. TANF eligible recipients must complete activities preparing them for employment. This contract provides vocational assessment testing for TANF eligible recipients to assist case managers with identifying possible learning disabilities, employment interests and aptitudes.

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

The Department of Employment, Training and Rehabilitation is a state agency.

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

[Empty text box]

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

10. Does the contract contain any IT components? **No**

**III. OTHER INFORMATION**

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

**No**

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

**No**

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 under contract with DWSS and providing 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

**Governmental Entity**

[Empty text box]

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	jhoba2	03/23/2017 15:29:41 PM
Division Approval	bberry	04/10/2017 14:30:05 PM
Department Approval	jkolenut	04/11/2017 08:34:54 AM
Contract Manager Approval	mlynn	04/14/2017 08:04:40 AM
Budget Analyst Approval	nhovden	04/14/2017 10:02:48 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: **18462**

Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>JOHN J GRAVES JR ESQ PC</b>
Agency Code: <b>407</b>	Contractor Name: <b>JOHN J GRAVES JR ESQ PC</b>
Appropriation Unit: <b>3230-49</b>	Address: <b>601 S 6TH Street</b>
Is budget authority available?: <b>Yes</b>	<b>601 S 6TH ST</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>LAS VEGAS, NV 89101-6919</b>
	Contact/Phone: <b>702/385-7277</b>
	Vendor No.: <b>T80642680</b>
	NV Business ID: <b>NV19801003294</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds	0.00 %	Fees	0.00 %
<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 **07/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **TANF Kinship Care**

5. Purpose of contract:

**This is a new contract that continues to provide legal services for Temporary Assistance for Needy Families (TANF) eligible participants to attain assistance obtaining legal guardianship of qualified children.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$750.00 per Guardianship

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Legal guardianship is a requirement for the Kinship Care Program, which is funded by the Temporary Assistance for Needy Families (TANF) Block Grant from the U.S. Office of the Administration for Children and Families, Office of Family Assistance.

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

State employees do not have the expertise to perform these duties.

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

Was the solicitation (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?

Vendor has been in contract with the State of Nevada and performing satisfactory 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:

Currently under contract with DWSS and providing 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	jhoba2	03/16/2017 15:21:30 PM
Division Approval	bberry	03/27/2017 14:44:28 PM
Department Approval	jkolenut	03/29/2017 11:15:18 AM
Contract Manager Approval	mlynn	03/30/2017 11:10:15 AM
Budget Analyst Approval	nhovden	03/31/2017 12:31:10 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: **18436**

Agency Name: **DEPARTMENT OF CORRECTIONS**  
 Agency Code: **440**  
 Appropriation Unit: **3763-55**  
 Is budget authority available?: **No**  
 If "No" please explain: Pending approval of WPC38576

Legal Entity Name: Janus Nevada, Inc.  
 Contractor Name: **Janus Nevada, Inc.**  
 Address: **DBA Mountain Vista Chapel  
 4 Governors Lane  
 Chico, CA 95926**  
 City/State/Zip: **Chico, CA 95926**  
 Contact/Phone: Dan Roberts, Director 530/342-5550  
 Vendor No.:  
 NV Business ID: NV20111290058

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 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Inmate Welfare Account</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2017**

Anticipated BOE meeting date 02/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**  
 Contract term: **3 years and 87 days**

4. Type of contract: **Contract**  
 Contract description: **deceased inmates**

5. Purpose of contract:  
**This is a new contract to transport the remains of deceased inmates from Ely State Prison to the Clark County Office of the Coroner/Medical Examiner to conduct required autopsy.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$21,735.00**  
 Payment for services will be made at the rate of \$1,207.50 per inmate

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
Public Health and NRS require proper disposition of deceased inmates. To ensure the Department is in compliance the NRS 451.400 which requires the unclaimed body of a deceased person be buried at public expense and Administrative Regulation 420 relating to the proper disposition, handling and cremation of deceased inmates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
The Department does not have the required licensing to transport or process the remains of a deceased person. No other State agency offers 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):

Walden Funeral Home  
Burns Funeral Home  
Janus Nevada, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Janus Nevada, Inc. was the only vendor interested in performing these services.

d. Last bid date: 01/05/2017 Anticipated re-bid date: 03/05/2020

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	dbec2	02/14/2017 08:23:00 AM
Division Approval	amonro1	02/14/2017 08:23:43 AM
Department Approval	sewart	02/19/2017 12:32:30 PM
Contract Manager Approval	jhardy	04/04/2017 10:28:11 AM
Budget Analyst Approval	sjohnso9	04/05/2017 07:48:46 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18540**

Agency Name: <b>DPS-DIRECTOR'S OFFICE</b>	Legal Entity Name: <b>MILLER MENDEL, INC.</b>
Agency Code: <b>650</b>	Contractor Name: <b>MILLER MENDEL, INC.</b>
Appropriation Unit: <b>4706-18</b>	Address: <b>1425 BROADWAY</b>
Is budget authority available?: <b>Yes</b>	<b>SUITE 430</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>SEATTLE, WA 98122-3854</b>
	Contact/Phone: <b>206-330-2094</b>
	Vendor No.: <b>T29037151</b>
	NV Business ID: <b>NA</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Cost Allocation Reimbursement</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2018**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Background Software**

5. Purpose of contract:

**This is a new contract to provide ongoing system access, maintenance, support services for a web-based background investigations management software application used by the Department of Public Safety (DPS) in the recruitment of DPS Officers.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,040.00**

Payment for services will be made at the rate of \$38.40 per entry

Other basis for payment: plus an additional \$1,000 to cover incidental extra data storage fees when required.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

DPS has bi-annual recruitments for the POST academy, which require many background investigations to qualify for employment. This is a vigorous process that requires a lot of paperwork and organization. This program will be a cost savings in paperwork and additional staff.

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

This software is the sole property of Miller Mendel, INC. and no state employees have the expertise to create the software needed to manage recruitments.

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

Was the solicitation (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 is the current software used and continued maintenance and support was anticipated in the initial contract.

d. Last bid date: 10/09/2015 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:

Yes, the vendor has contracted with the Department of Public Safety in FY 16 & 17 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 NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

**NRS 80.015 clearly defines what a business entity is when considering if a business license is required. NRS 80.015(j) states that isolated transactions that are physically performed in Nevada less than 30 days and are not part of a series of transactions is not a business entity. This contractor will not be physically doing work in the State of NV. Additionally, the vendor does not meet the requirement of NRS 76.100, paragraph (7b).**

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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

**NRS 80.015 clearly defines what a business entity is when considering if a business license is required. NRS 80.015(j) states that isolated transactions that are physically performed in Nevada less than 30 days and are not part of a series of transactions is not a business entity. This contractor will not be physically doing work in the State of NV. Additionally, the vendor does not meet the requirement of NRS 76.100, paragraph (7b).**

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	mcar2	03/27/2017 11:22:27 AM
Division Approval	jdibasil	03/27/2017 13:11:09 PM
Department Approval	jdibasil	03/27/2017 14:35:31 PM
Contract Manager Approval	kdefe1	03/27/2017 14:37:17 PM
Budget Analyst Approval	jrodrig9	03/30/2017 12:15:30 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: **18528**

Agency Name: **DPS-INVESTIGATION DIVISION**  
 Agency Code: **653**  
 Appropriation Unit: **3743-08**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Forensic Analytical Sciences, Inc.**  
 Contractor Name: **Forensic Analytical Sciences, Inc.**  
 Address: **3777 Depot Road Suite 403**  
 City/State/Zip: **Hayward, CA 94545-2761**  
 Contact/Phone: **Jeanne Henderson 510-266-8147**  
 Vendor No.:  
 NV Business ID: **N/A**

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.

<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 **03/30/2017**  
 Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2019**  
 Contract term: **2 years and 1 day**

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

5. Purpose of contract:  
**This is a new contract to provide gunshot residue analysis on an as needed basis for the Department of Public Safety, Nevada Division of Investigation.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$10,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
 There are circumstances when the division is required to investigate crimes that involve firearms. It is necessary to have a laboratory available that can perform gunshot residue analysis to discover if individuals were present when a firearm was discharged. The analysis may also be able to trace gunshot residue to a specific firearm. This evidence is vital to the investigation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
 There are no State agencies that can provide this specific laboratory service for the Department of Public Safety, Nevada Division of Investigation. Other Nevada governmental agencies have in-house laboratories (ie: Las Vegas Metropolitan Police Department), but they do not provide services to outside agencies.

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):

Los Angeles County Department of Medical Examiner-Coroner  
Forensic Analytical Sciences  
McCrone Associates, Inc.  
RJ Lee Group

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected along with two others. They were selected as they were the only vendors found that were taking new clients for this service. Contracting with multiple vendors will allow the Division to have a choice of where to send samples, as one lab may have a longer turnaround time than another at any given time.

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

**NRS 80.015 clearly defines what a business entity is when considering if a business license is required. NRS 80.015(j) states that isolated transactions that are physically performed in Nevada less than 30 days and are not part of a series of transactions is not a business entity. This contractor will not be physically doing work in the State of Nevada. Additionally, the vendor does not meet the requirement of NRS 76.100, paragraph (7b).**

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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

**NRS 80.015 clearly defines what a business entity is when considering if a business license is required. NRS 80.015(j) states that isolated transactions that are physically performed in Nevada less than 30 days and are not part of a series of transactions is not a business entity. This contractor will not be physically doing work in the State of Nevada. Additionally, the vendor does not meet the requirement of NRS 76.100, paragraph (7b).**

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	shoh1	03/24/2017 15:36:37 PM
Division Approval	shoh1	03/24/2017 15:37:04 PM
Department Approval	mcar2	03/24/2017 15:45:32 PM
Contract Manager Approval	kdefe1	03/24/2017 15:46:44 PM
Budget Analyst Approval	jrodrig	03/30/2017 19:32:14 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: **18359** Amendment Number: **2**

Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **Tried & True, Patriotic Project Management, Inc.**

Agency Code: **702** Contractor Name: **Tried & True, Patriotic Project Management, Inc.**

Appropriation Unit: **4461-11** Address: **5401 Longley Lane, Suite 40**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89511**

If "No" please explain: **Not Applicable** Contact/Phone: **Tami Fruhwirth 775-420-5300**

To what State Fiscal Year(s) will the contract be charged? **2017** Vendor No.:  
NV Business ID: **NV20141268682**

What is the source of funds that will be used to 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>Sportsmen &amp; Application Hunt</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 17-43

2. Contract start date:  
a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/05/2017**

Anticipated BOE meeting date: 05/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **175 days**

4. Type of contract: **Contract**

Contract description: **NWDS/AHS RFP Writing**

5. Purpose of contract:  
**This is the second amendment to the original contract to provide assistance with the development of two Request for Proposal's for two major interactive databases. This amendment increases the maximum amount from \$20,792 to \$29,992 and updates the Contractor's Response to include additional hours of service.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$13,760.00	\$13,760.00	\$13,760.00	Yes - Info
a. Amendment 1:	\$7,032.00	\$20,792.00	\$20,792.00	No
2. Amount of current amendment (#2):	\$9,200.00	\$16,232.00	\$29,992.00	Yes - Info
3. New maximum contract amount:	\$29,992.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The current contract is expiring soon and the Department will need to complete two Request for Proposals for the development of the Nevada Wildlife Data System and the Application Hunt System.**

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

NDOW does not have employees with the required expertise in writing Request for Proposals for the Nevada Wildlife Data System and the Application Hunt System.

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):

JMT Technology Group  
NIC  
Info Matrix  
Tried & True , Patriotic Project Management, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #17-02, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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	dwendell	03/29/2017 09:25:52 AM
Division Approval	Igleason	03/29/2017 15:51:31 PM
Department Approval	eobrien	03/30/2017 13:46:57 PM
Contract Manager Approval	dwendell	03/30/2017 14:13:57 PM
Budget Analyst Approval	hfield	04/06/2017 09:59:27 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: **18521**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-00**  
Is budget authority available?: **Yes**  
If "No" please explain: **Not Applicable**

Legal Entity Name: **PINK JEEP TOURS LAS VEGAS, INC.**  
Contractor Name: **PINK JEEP TOURS LAS VEGAS, INC.**  
Address: **3629 WEST HACIENDA AVENUE**  
City/State/Zip: **LAS VEGAS, NV 89118-1755**  
Contact/Phone: **702/778-3930**  
Vendor No.: **T29036854**  
NV Business ID: **NV19941040746**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/09/2019**

Contract term: **2 years and 13 days**

4. Type of contract: **Revenue Contract**

Contract description: **Sightseeing & weddin**

5. Purpose of contract:

**This is a new contract to allow commercial sightseeing tours and weddings at the Valley of Fire State Park.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The vendor will be conducting commercial sightseeing tours, weddings and wedding photo tours at the Valley of Fire State Park.**

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

**NA**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/21/2017 15:11:37 PM
Division Approval	sdecrona	03/21/2017 15:11:41 PM
Department Approval	sdecrona	03/21/2017 15:41:57 PM
Contract Manager Approval	sdecrona	03/24/2017 11:37:40 AM
Budget Analyst Approval	cpalme2	03/27/2017 10:14:35 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: **18525**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-59**  
Is budget authority available?: **Yes**  
If "No" please explain: **Not Applicable**

Legal Entity Name: **SANITARY SEPTIC SERVICE**  
Contractor Name: **SANITARY SEPTIC SERVICE**  
Address: **1209 East Aultman**  
City/State/Zip: **ELY, NV 89301**  
Contact/Phone: **775-289-6611**  
Vendor No.: **T80969398**  
NV Business ID: **NV19961088700**

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

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

<input checked="" type="checkbox"/>	General Funds	<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 **03/27/2017**  
Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/20/2021**  
Contract term: **4 years and 25 days**

4. Type of contract: **Contract**  
Contract description: **Sewage Pumping**

5. Purpose of contract:

**This is a new contract to provide on call maintenance and pumping for septic tanks, restrooms and fish cleaning stations at Cave Lake and Ward Charcoal Oven State Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**  
Payment for services will be made at the rate of \$0.38 per gallon

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Routine maintenance to pump sewage.**

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

**Lack of equipment.**

9. Were quotes or proposals solicited? **No**  
Was the solicitation (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: 03/14/2017 Anticipated re-bid date: 11/01/2020

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:  
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	sdecrona	03/22/2017 13:57:53 PM
Division Approval	sdecrona	03/22/2017 13:59:59 PM
Department Approval	sdecrona	03/22/2017 14:00:01 PM
Contract Manager Approval	sdecrona	03/22/2017 14:00:04 PM
Budget Analyst Approval	cpalme2	03/27/2017 09:53:48 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: **18619**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>Tomsik Photography, LLC</b>
Agency Code: <b>704</b>	Contractor Name: <b>Tomsik Photography, LLC, D/B/A, Scenic Las Vegas Weddings</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>6345 Bridal Cave Avenue</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89131</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Melissa Tomsik 702-515-1100</b>
	Vendor No.:
	NV Business ID: <b>NV20091090417</b>

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2017**

Anticipated BOE meeting date **06/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/09/2019**

Contract term: **1 year and 362 days**

4. Type of contract: **Revenue Contract**

Contract description: **Commercial Weddings**

5. Purpose of contract:

**This is a new revenue contract to conduct commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The vendor will be conducting commercial wedding ceremonies and wedding photo tours at the Valley of Fire State Park.**

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

**NA**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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 a contractor since April 2010 with satisfactory compliance.

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?

No b. If "No", please explain:

DBA

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	04/11/2017 10:21:21 AM
Division Approval	sdecrona	04/11/2017 10:21:23 AM
Department Approval	sdecrona	04/11/2017 10:21:25 AM
Contract Manager Approval	sdecrona	04/11/2017 10:21:27 AM
Budget Analyst Approval	cpalme2	04/12/2017 11:40:48 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: **18638**

Agency Name: **DCNR - PARKS DIVISION**

Agency Code: **704**

Appropriation Unit: **4165-18**

Is budget authority available? **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **THS-VISUALS MOTION PICTURES, LLC**

Contractor Name: **THS-VISUALS MOTION PICTURES, LLC**

Address: **PO BOX 2192**

City/State/Zip: **STATELINE, NV 89449-2192**

Contact/Phone: **Todd H. Simon 775/588-6976**

Vendor No.: **T32003455**

NV Business ID: **NV20141542440**

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>61.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>39.00 % Gift Shop Grants</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2017**

Contract term: **169 days**

4. Type of contract: **Contract**

Contract description: **Introduction Videos**

5. Purpose of contract:

**This is a new contract to produce 5 videos for the following state parks: Cathedral Gorge, Fort Churchill, Sand Harbor, Spring Mountain Ranch and Valley of Fire. The purpose is to increase the curiosity and understanding of the uniqueness of each of these state parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,865.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**State Parks wants to increase the curiosity and knowledge about the uniqueness of 5 state parks.**

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

**We don't have the equipment or training to produce the videos.**

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):

**THS-Visuals  
Tahoe Production House**

b. Solicitation Waiver: **Not Applicable**

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

We did a RFP and received two responses. This vendor showed the most understanding of the 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?

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	sdecrona	04/13/2017 08:56:35 AM
Division Approval	sdecrona	04/13/2017 08:56:37 AM
Department Approval	sdecrona	04/13/2017 08:56:39 AM
Contract Manager Approval	sdecrona	04/13/2017 08:56:41 AM
Budget Analyst Approval	cpalme2	04/14/2017 16:16:40 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: **18505**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>MASON VALLEY FIRE PROTECTION DISTRICT</b>
Agency Code: <b>706</b>	Contractor Name: <b>MASON VALLEY FIRE PROTECTION DISTRICT</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>118 S MAIN STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>YERINGTON, NV 89447-2535</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/463-2261</b>
	Vendor No.: <b>T40156600M</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: **NDF17-024**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**  
Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

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

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services as part of the Wildland Fire Protection Program. In accordance with this agreement the division and Mason Valley Fire Protection District will work closely to maintain effective wildfire management regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Payment for services will be made at the rate of \$1,875.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2017 for State Fiscal Year 2018-2019

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and Mason Valley Fire Protection District will work closely together to maintain effective wildfire management without duplication of efforts with federal cooperators to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the fire protection district will make payment to the division.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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?

Yes If "Yes", please explain

Mason Valley Fire Protection District is a political subdivision of the State of Nevada.

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:

Mason Valley Fire Protection District is currently under contract for the Wildland Fire Protection Program and has been under contract since July 2013. The current contract expires June 30, 2017.

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	dprather	03/15/2017 07:27:09 AM
Division Approval	dprather	03/15/2017 07:27:13 AM
Department Approval	dprather	03/15/2017 07:27:16 AM
Contract Manager Approval	ldunn	03/15/2017 07:40:00 AM
Budget Analyst Approval	cpalme2	04/10/2017 13:01:52 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18506**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>NORTH LYON COUNTY FIRE PROTECTION DISTRICT</b>
Agency Code: <b>706</b>	Contractor Name: <b>NORTH LYON COUNTY FIRE PROTECTION DISTRICT</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>195 E MAIN STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>FERNLEY, NV 89408</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/575-3310</b>
	Vendor No.: <b>T29011435</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: **NDF17-025**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**  
Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**  
Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**  
Contract description: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the division and North Lyon County Fire Protection District will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**  
Payment for services will be made at the rate of \$1,875.00 per Quarter  
Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2017 for State Fiscal Year 2018-2019.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and North Lyon County Fire Protection District will work closely together to maintain effective wildfire management without duplication of efforts with federal cooperators to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the fire protection district will make payment to the division.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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?

**Yes** If "Yes", please explain

North Lyon County Fire Protection District is a political subdivision of the State of Nevada.

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:

North Lyon County Fire Protection District is currently under contract for the Wildland Fire Protection Program and has been under contract since July 2013. The current contract expires June 30, 2017.

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	dprather	03/15/2017 07:26:41 AM
Division Approval	dprather	03/15/2017 07:26:44 AM
Department Approval	dprather	03/15/2017 07:26:47 AM
Contract Manager Approval	ldunn	03/15/2017 07:40:59 AM
Budget Analyst Approval	cpalme2	04/10/2017 13:07:02 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18583**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>SMITH VALLEY FIRE PROTECTION DISTRICT</b>
Agency Code: <b>706</b>	Contractor Name: <b>SMITH VALLEY FIRE PROTECTION DISTRICT</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>ONE HARDIE LANE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SMITH, NV 89430</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/465-2577</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Revenue Agreement</b>

Agency Reference #: **NDF17-037**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**  
Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement the division and Smith Valley Fire Protection District will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$2,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2017 for State Fiscal Year 2018-2019.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and Smith Valley Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the fire protection district will make payment to the division.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

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?

**Yes** If "Yes", please explain

Smith Valley Fire Protection District is a political subdivision of the State of Nevada.

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:

Smith Valley Fire Protection District is currently under contract for the Wildland Fire Protection Program and has been under contract since July 2013. The current contract expires June 30, 2017.

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	dprather	04/04/2017 08:44:00 AM
Division Approval	dprather	04/04/2017 08:44:03 AM
Department Approval	dprather	04/04/2017 08:44:07 AM
Contract Manager Approval	ldunn	04/04/2017 09:02:55 AM
Budget Analyst Approval	cpalme2	04/10/2017 13:18:43 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: **18470**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>AUTOMATED TEMPERATURE CONTROLS, INC.</b>
Agency Code: <b>706</b>	Contractor Name: <b>AUTOMATED TEMPERATURE CONTROLS, INC.</b>
Appropriation Unit: <b>4195-95</b>	Address: <b>INC</b>
Is budget authority available?: <b>Yes</b>	<b>8535 DOUBLE R BOULEVARD</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89511</b>
	Contact/Phone: <b>775/826-7700</b>
	Vendor No.: <b>PUR0003825</b>
	NV Business ID: <b>NV19871039226</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.

<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 %

Agency Reference #: **NDF17-022**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/21/2017**  
Anticipated BOE meeting date **04/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **4 years and 102 days**

4. Type of contract: **Contract**

Contract description: **HVAC Repairs/Monitor**

5. Purpose of contract:

**This is a new contract for repairs and monitoring of the HVAC system at the Sierra Front Interagency Dispatch Center in Minden.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,040.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: \$23,485 for immediate repairs; Monitoring-\$5,700 in FY2018; \$4,665 in FY19; \$4,945 in FY20; \$5,245 in FY21 payable upon receipt and approval of vendor invoices.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Sierra Front Interagency Dispatch Center is a 24-hour emergency dispatch center. The HVAC system at the center is a complex system that requires constant monitoring to ensure efficient operation and prevent system failure which could potentially disrupt the operation of the center.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The HVAC system at this dispatch center is very complex and, as such, requires the services of a professional vendor to ensure efficient operation and system failure prevention.

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):

Summit Plumbing Co.  
Nevada Yamas Controls  
Automated Temperature Controls, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen as the best value to the Division of Forestry and State of Nevada. Additionally, this vendor provides the same monitoring service at the divisions Elko Interagency Dispatch Center and is, therefore, familiar with the division's HVAC systems.

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 is currently under contract with the Division of Forestry so this same service at the Elko Interagency Dispatch Center. Performance under this contract has been deemed 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	jkidd	03/08/2017 15:14:55 PM
Division Approval	dprather	03/09/2017 06:18:21 AM
Department Approval	dprather	03/09/2017 06:18:24 AM
Contract Manager Approval	ldunn	03/13/2017 08:22:27 AM
Budget Analyst Approval	cpalme2	03/21/2017 13:03:37 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18614**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>WHITE PINE GLASS INC</b>
Agency Code: <b>706</b>	Contractor Name: <b>WHITE PINE GLASS INC</b>
Appropriation Unit: <b>4198-95</b>	Address: <b>710 AVENUE M</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELY, NV 89301</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/289-4363</b>
	Vendor No.: <b>T27010207</b>
	NV Business ID: <b>NV20041702236</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.

<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 %

Agency Reference #: **NDF17-021**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2017**

Anticipated BOE meeting date **06/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2017**

Contract term: **17 days**

4. Type of contract: **Contract**

Contract description: **Overhead Door Replac**

5. Purpose of contract:

**This is a new contract to replace five damaged overhead rollup doors at the division's Industrial Shop in Ely.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,000.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Payable upon verification of successful completion of satisfactory work and receipt/approval of contractor's invoice.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The division's Ely Industrial Shop has overhead doors and operators that are partially functioning, damaged, and/or unserviceable. Several of the facility's overhead doors are damaged and unserviceable to the point of not being able to open. Also, this region of the state has very extreme weather conditions and with the damaged door seals and panels, personnel are exposed to unhealthy temperatures daily. The replacement of this facility's overhead doors is vital to ensure the health and safety of staff and to support emergency services operations in this area.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the technical expertise for this work.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Reliable Garage Door  
Elko Overhead Door  
White Pine Glass, Inc.

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 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	dprather	04/10/2017 09:08:47 AM
Division Approval	dprather	04/10/2017 09:08:50 AM
Department Approval	dprather	04/10/2017 09:08:52 AM
Contract Manager Approval	ldunn	04/11/2017 10:33:47 AM
Budget Analyst Approval	cpalme2	04/13/2017 12:55:37 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18473**

Agency Name: **DCNR - STATE LANDS**  
 Agency Code: **707**  
 Appropriation Unit: **4173-26**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **WEBSOFT DEVELOPERS INC**  
 Contractor Name: **WEBSOFT DEVELOPERS INC**  
 Address: **2020 RESEARCH PARK DR STE 140**  
 City/State/Zip: **DAVIS, CA 95618-6150**  
 Contact/Phone: **530/759-8754**  
 Vendor No.: **PUR0004383**  
 NV Business ID: **NV20121454363**

To what State Fiscal Year(s) will the contract be charged? **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.

<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 **04/05/2017**  
 Anticipated BOE meeting date **04/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/09/2017**

Contract term: **126 days**

4. Type of contract: **Contract**

Contract description: **LMS Enhancements**

5. Purpose of contract:

**This is a new contract to continue enhancements to the Land Management System for increased usability and management of the system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,950.00**

Other basis for payment: \$17,475 (50%) upon approval, \$8,737.50 (25%) Task 1 completion and acceptance, \$8,737.50 (25%) Task 2-9 completion and acceptance.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Land Management System (LMS) is not only a digital document archive for land records, it is the primary system used to issue permits and issue monthly billing as well as track received revenue. This contract will enhance performance and functionality for the LMS thereby improving performance for the staff within the Division of State Lands.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Technical support for the Land Management System (LMS) requires the services of an expert application developer. The skills required for enhancements to LMS include .NET application development and advanced knowledge of SQL Server protocols and relational database design. The Nevada Division of State Lands does not have the skill set in-house to perform the tasks in the contract.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is an existing application that was created by WebSoft. Since WebSoft is familiar with the system and how agency processes work, it was more cost effective for them to continue maintenance and support that improves the original system.

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:

The Nevada Division of State Lands contracted with WebSoft for original development of the Land Management System in FY08 and FY09. In 2014, the Department of Conservation and Natural Resources contracted with WebSoft to implement Geocortex software within the Department and to create web maps for five agencies within the Department. In both instances the 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	bre00	03/03/2017 11:25:11 AM
Division Approval	bre00	03/03/2017 11:25:14 AM
Department Approval	kwilliam	03/06/2017 13:58:48 PM
Contract Manager Approval	bre00	03/07/2017 09:43:08 AM
DoIT Approval	rkeith	03/07/2017 13:12:07 PM
Budget Analyst Approval	cmurph3	04/05/2017 08:49:15 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: **18594**

Agency Name: <b>DCNR - STATE LANDS</b>	Legal Entity Name: <b>INCLINE VILLAGE GENERAL IMPROVEMENT DISTRICT</b>
Agency Code: <b>707</b>	Contractor Name: <b>INCLINE VILLAGE GENERAL IMPROVEMENT DISTRICT</b>
Appropriation Unit: <b>4200 - All Categories</b>	Address: <b>1220 SWEETWATER ROAD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>INCLINE VILLAGE, NV 89451-9214</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/832-1337</b>
	Vendor No.: <b>T81019194A</b>
	NV Business ID: <b>MIS777.5-1961</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue - Tahoe Mitigation</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/09/2021**

Contract term: **4 years and 33 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **IVGID/NDSL Revenue**

5. Purpose of contract:

**This is a new interlocal revenue contract to administer the sale and transfer of land coverage owned by Incline Village General Improvement District.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: One dollar (\$1.00) per square foot of land coverage sold and transferred by the Nevada Division of State Lands, plus a \$250.00 application fee for each application that is received for processing.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 321.5954 grants authority to the Nevada Division of State Lands to carry out programs to preserve, protect, restore and enhance the natural environment of the Lake Tahoe Basin, including the acquisition and sale of coverage. NRS 277.180 authorizes any one or more agencies to perform any governmental service, activity or undertaking, which any of the agencies entering into the contract is authorized by law to perform.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Not Applicable - The Nevada Division of State Lands will be performing the service for Incline Village General Improvement District.

9. Were quotes or proposals solicited? **No**

Was the solicitation (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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Division of State Lands; 2003-2007, 2011-2013, 2013-2017; 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	bre00	04/06/2017 08:11:09 AM
Division Approval	bre00	04/06/2017 08:11:12 AM
Department Approval	kwilliam	04/06/2017 09:24:59 AM
Contract Manager Approval	bre00	04/06/2017 09:41:56 AM
Budget Analyst Approval	cpalme2	04/07/2017 14:21:46 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **14715** Amendment Number: **2**  
 Agency Name: **DETR - REHABILITATION DIVISION** Legal Entity Name: **Canyon Electric Co., Inc.**  
 Agency Code: **901** Contractor Name: **Canyon Electric Co., Inc.**  
 Appropriation Unit: **3253-10** Address: **P.O. Box 363369**  
 Is budget authority available?: **Yes** City/State/Zip: **North Las Vegas, NV 89036-7369**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Ms. Terry Gomes 702.384.4747**  
 Vendor No.: **T27003566**  
 NV Business ID: **NV19881005351**

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 %</b> <b>Busines Enterprises Set Aside</b>

Agency Reference #: **1848-16-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/24/2013**  
 Anticipated BOE meeting date **04/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2017**

Contract term: **3 years and 342 days**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

**This is the second amendment to the original contract which continues ongoing regular and emergency electrical installations, repairs and maintenance services for all needed projects for the Bureau of Services to the Blind and Visually Impaired and the Business Enterprises of Nevada facilities located in southern Nevada; including 3 sites at the Hoover Dam. This amendment increases the maximum amount from \$30,000 to \$49,999 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$30,000.00	\$30,000.00	No
2. Amount of current amendment (#2):	\$19,999.00	\$19,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount:	\$49,999.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has on-going needs for electrical 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 the city, county and state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or licensed to perform these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Canyon Electric  
Pueblo Electrical  
LC Electric  
Tiger Communications

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only responsive bid.

d. Last bid date: 05/21/2013 Anticipated re-bid date: 04/01/2015

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:

Contractor has provided satisfactory work for DETR since 2005.

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	mgassawa	03/30/2017 16:20:39 PM
Division Approval	shendren	04/03/2017 14:34:11 PM
Department Approval	jmcentee	04/07/2017 07:53:53 AM
Contract Manager Approval	dohl0	04/07/2017 12:46:00 PM
Budget Analyst Approval	tgreenam	04/10/2017 09:54:54 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18137**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>ACT INC</b>
Agency Code: <b>901</b>	Contractor Name: <b>ACT INC</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>500 ACT Dr</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>IOWA CITY, IA 52243-4072</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sue 319/337-1000</b>
	Vendor No.: <b>T29022931</b>
	NV Business ID: <b>NV20071357380</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2017-2020</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>21.30 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **2092-18-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2019**

Contract term: **2 years and 143 days**

4. Type of contract: **Contract**

Contract description: **ACT**

5. Purpose of contract:

**This is a new contract that provides an online assessment that links to workplace skills, scoring and reporting services that are associated with the assessment. The assessment testing provides individuals with a National Career Readiness Certificate.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,740.00**

Other basis for payment: **Payment upon receipt and approval of detailed invoice submitted monthly.**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Governor's vision is to provide a vibrant, innovative and sustainable economy through workforce development. This testing improves career outcomes for everyone from people just entering the workforce to longtime employees, and it enhances employers, hiring, training, and promotion decisions.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The State does not have employees qualified to provide the assessments, nor provide the certification.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (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?

Only Qualified Vendor to respond

d. Last bid date: 09/01/2016 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?

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?

Yes If "Yes", please provide details of the litigation and facts supporting approval of the contract:

This contractor has been performing satisfactory service for the Department of Employment, Training and Rehabilitation, Employment Security Division since 2015.

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

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	jmcentee	03/28/2017 11:50:44 AM
Division Approval	jmcentee	03/28/2017 11:50:46 AM
Department Approval	jmcentee	03/28/2017 11:50:49 AM
Contract Manager Approval	dohl0	03/29/2017 08:53:55 AM
Budget Analyst Approval	tgreenam	04/10/2017 13:14:12 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: **18483**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>BOARD OF REGENTS-CSN</b>
Agency Code: <b>901</b>	Contractor Name: <b>BOARD OF REGENTS-CSN</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>3200 E. Cheyenne Ave</b>
Is budget authority available?: <b>Yes</b>	<b>CSN Controllers Office</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>North Las Vegas, NV 89030</b>
	Contact/Phone: <b>Lyndalou Bullard 702-651-4109</b>
	Vendor No.: <b>D35000800</b>
	NV Business ID: <b>Governmental Entity</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.

<input checked="" type="checkbox"/> General Funds	<b>21.30 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3014-18-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2017**

Anticipated BOE meeting date **03/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **1 year and 95 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **CSN - Softskills**

5. Purpose of contract:

**This is a new interlocal contract to provide SoftSkills training for eligible clients of the Bureau of Vocational Rehabilitation and Bureau of Services to the Blind and Visually Impaired on their soft work skills to support their efforts in finding and maintaining jobs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,360.00**

Payment for services will be made at the rate of \$2,530.00 per training session

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The contract will provide BVR/BSBVI clients with training by skilled instructors and prepares the clients for interviews by employers for training programs. The clients will receive a completion certificate that will show prospective employers that the clients are prepared for their employment programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the training to perform these functions.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal - Governmental Entity

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 multiple contracts with VR/BSBVI since March 2003 and has been providing satisfactory service for the entire time.

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	mgassawa	03/09/2017 14:21:01 PM
Division Approval	shendren	03/10/2017 12:14:52 PM
Department Approval	jmcentee	03/15/2017 15:40:18 PM
Contract Manager Approval	dohl0	03/17/2017 10:34:15 AM
Budget Analyst Approval	tgreenam	03/27/2017 10:18:34 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18523**

Agency Name: **DETR - REHABILITATION DIVISION**  
Agency Code: **901**  
Appropriation Unit: **3265-09**  
Is budget authority available?: **Yes**  
If "No" please explain: **Not Applicable**

Legal Entity Name: **GOODWILL INDUSTRIES OF**  
Contractor Name: **GOODWILL INDUSTRIES OF**  
Address: **SOUTHERN NEVADA**  
**1280 W CHEYENNE AVE**  
City/State/Zip: **NORTH LAS VEGAS, NV 89030-7818**  
Contact/Phone: **Terri Conway, 702-214-2000 702/214-2032**  
Vendor No.: **T81016674**  
NV Business ID: **NV19751000845**

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.

<input checked="" type="checkbox"/> General Funds	<b>21.30 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3034-18-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2017**  
Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2018**  
Contract term: **1 year and 33 days**

4. Type of contract: **Contract**  
Contract description: **Transition Smmr Camp**

5. Purpose of contract:  
**This new contract to provide opportunities for students with disabilities, ages 14 thru 21 to engage in career exploration and learning programs during summer vacation from school.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$24,998.60**  
Payment for services will be made at the rate of \$24,998.60 per Contract

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**This new contract will provide opportunities for students with disabilities, ages 14 thru 21, to engage in career exploration and learning programs during summer vacation from school.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**State employees are not trained or have the skills to provide the training.**

9. Were quotes or proposals solicited? **Yes**  
Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Children's Cabinet  
Amplify Life  
Goodwill of Southern Nevada

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ #3299, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 12/28/2016 Anticipated re-bid date: 12/28/2017

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:

Bureau of Vocational Rehabilitation 1997-Ongoing. Workforce Connections 2009-Present. 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:  
Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

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	mgassawa	03/23/2017 15:01:51 PM
Division Approval	shendren	03/24/2017 09:56:10 AM
Department Approval	jmcentee	03/31/2017 15:19:08 PM
Contract Manager Approval	dohl0	04/05/2017 10:10:39 AM
Budget Analyst Approval	tgreenam	04/05/2017 10:13:42 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18524**

Agency Name: **DETR - REHABILITATION DIVISION**  
 Agency Code: **901**  
 Appropriation Unit: **3265-09**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **SPECIAL RECREATION SRVCS INC**  
 Contractor Name: **SPECIAL RECREATION SRVCS INC**  
 Address: **DBA AMPLIFY LIFE**  
**164 Hubbard Way, Suite D**  
 City/State/Zip: **RENO, NV 89052**  
 Contact/Phone: **775/827-3866**  
 Vendor No.: **T80935771A**  
 NV Business ID: **NV19801000216**

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.

<input checked="" type="checkbox"/>	General Funds	<b>21.30 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3033-18-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2017**

Anticipated BOE meeting date **05/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2018**

Contract term: **1 year and 33 days**

4. Type of contract: **Contract**

Contract description: **Transition Smmr Camp**

5. Purpose of contract:

**This new contract to provide opportunities for students with disabilities, ages 14 thru 21, to engage in career exploration and learning programs during summer vacation from school.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,832.00**

Payment for services will be made at the rate of \$49,832.00 per Contract

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**This new contract will provide opportunities for students with disabilities, ages 14 thru 21, to engage in career exploration and learning programs during summer vacation from school.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees are not trained or have the skills to provide the training.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Children's Cabinet  
 Amplify Life  
 Goodwill of Southern Nevada**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ #3299, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 12/28/2016 Anticipated re-bid date: 12/28/2017

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:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

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	mgassawa	03/31/2017 15:43:32 PM
Division Approval	jmcentee	04/03/2017 14:15:54 PM
Department Approval	jmcentee	04/03/2017 14:15:58 PM
Contract Manager Approval	dohl0	04/03/2017 15:58:02 PM
Budget Analyst Approval	tgreenam	04/05/2017 10:13:28 AM

# MISSED INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	DG KOCH ASSOCIATES, LLC	FEE: BUILDING RENT INCOME	(\$23,000)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides ongoing professional architectural/engineering services for the HVAC system upgrades for the Bradley Building; Project No. 13-A022; Contract No. 72769. This amendment decreases the maximum amount from \$45,000 to \$22,000 due to the fact that the project is being cancelled.				
		Term of Contract:	05/14/2013 - 06/30/2017	Contract # 14259		
2.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	BISBEE, PATRICIA L.	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$48,000	
	Contract Description:	This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.				
		Term of Contract:	07/25/2015 - 06/30/2019	Contract # 17588		
3.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	BUENROSTRO, LUIS NAPOLEON	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$43,000	
	Contract Description:	This is the second amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$6,999 to \$49,999, due to an increased need for interpreter services.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 17355		
4.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	CARDILLO, NATALIA DBA TRANSLATIONS, LLC	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$48,000	
	Contract Description:	This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services				
		Term of Contract:	07/31/2015 - 06/30/2019	Contract # 17593		

# MISSED INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	EVANS, RICHARD D.	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$48,000	
	Contract Description:	This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 17667		
6.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	KHONSAVAN, LAMPHOUT	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$48,000	
	Contract Description:	This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.				
		Term of Contract:	07/16/2015 - 06/30/2019	Contract # 17587		
7.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	MITIK DIMOVSKA, SNEZANA M.	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$48,000	
	Contract Description:	This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 17589		
8.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	NORTHERN NEVADA INTERNATIONAL CENTER	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$48,000	
	Contract Description:	This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.				
		Term of Contract:	07/15/2015 - 06/30/2019	Contract # 17590		

# MISSED INFORMATIONAL CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	PAPAIONNOU, EVDOXIA	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$48,000	
	Contract Description:	This is the first amendment to the original contact which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.				
	Term of Contract:	07/01/2015 - 06/30/2019	Contract # 17591			
10.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	SANCHEZ GASTELUM, IRMA P.	OTHER: TRANSFER FROM INDUSTRIAL RELATIONS	\$48,000	
	Contract Description:	This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.				
	Term of Contract:	07/01/2015 - 06/30/2019	Contract # 17592			

**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: **14259** Amendment Number: **1**  
 Agency Name: **STATE PUBLIC WORKS DIVISION** Legal Entity Name: **DG KOCH ASSOCIATES LLC**  
 Agency Code: **082** Contractor Name: **DG KOCH ASSOCIATES LLC**  
 Appropriation Unit: **1349-14** Address: **2000 S JONES STE 110**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89146**  
 If "No" please explain: **Not Applicable** Contact/Phone: **702/221-5160**  
 Vendor No.: **T27013094**  
 NV Business ID: **NV20061487757**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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 % Building Rent Income</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **72769**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2013**  
 Anticipated BOE meeting date **08/2013**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2017**  
 Termination Date:  
 Contract term: **4 years and 48 days**

4. Type of contract: **Contract**  
 Contract description: **Arch/Eng Serv**

5. Purpose of contract:  
**This is the first amendment to the original contract; which provides ongoing professional architectural/engineering services for the HVAC system upgrades for the Bradley Building; Project No. 13-A022; Contract No. 72769. This amendment decreases the maximum amount from \$45,000 to \$22,000 due to the fact that the project is being cancelled.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
2. Amount of current amendment (#1):	-\$23,000.00	-\$23,000.00	\$22,000.00	Yes - Info
3. New maximum contract amount:	\$22,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
Agency requested

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?

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	dgrimm	08/02/2013 13:12:09 PM
Division Approval	dgrimm	08/02/2013 13:12:12 PM
Department Approval	dgrimm	08/02/2013 13:12:15 PM
Contract Manager Approval	dgrimm	08/06/2013 16:08:47 PM
Budget Analyst Approval	jrodrig9	04/17/2017 09:20:02 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **17588** Amendment Number: **1**  
 Agency Name: **ADMIN - HEARINGS AND APPEALS DIVISION** Legal Entity Name: **BISBEE, PATRICIA L**  
 Agency Code: **089** Contractor Name: **BISBEE, PATRICIA L**  
 Appropriation Unit: **1015-04** Address: **1189 TOWNHOUSE CIR APT D**  
 Is budget authority available?: **Yes** City/State/Zip: **GARDNERVILLE, NV 89410-5164**  
 If "No" please explain: **Not Applicable** Contact/Phone: **775/783-9143**  
 Vendor No.: **T27030735**  
 NV Business ID: **NV20151105336**  
 To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/25/2015**  
 Anticipated BOE meeting date **05/2016**  
 Retroactive? **No**  
 If "Yes", please explain  
**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **3 years and 341 days**

4. Type of contract: **Contract**  
 Contract description: **Interpreter**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,999.00	\$1,999.00	\$1,999.00	No
2. Amount of current amendment (#1):	\$48,000.00	\$49,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$49,999.00 06/30/2019			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Division is required by statute to provide interpreter services to non-English speaking injured workers to be properly represented at appeal hearings.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the language skills.

9. Were quotes or proposals solicited? No

Was the solicitation (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 is one of several interpreters available to Hearings and Appeals.

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 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	csweeney	04/11/2016 13:24:19 PM
Division Approval	csweeney	04/11/2016 13:24:22 PM
Department Approval	csweeney	04/11/2016 13:24:25 PM
Contract Manager Approval	csweeney	04/11/2016 13:24:28 PM
Budget Analyst Approval	sbrown	03/27/2017 13:18:06 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **17355** Amendment Number: **2**  
 Agency Name: **ADMIN - HEARINGS AND APPEALS DIVISION** Legal Entity Name: **BUENROSTRO, LUIS NAPOLEON**  
 Agency Code: **089** Contractor Name: **BUENROSTRO, LUIS NAPOLEON**  
 Appropriation Unit: **1015-04** Address: **650 OAKMONT AVE UNIT 2118**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89109-0267**  
 If "No" please explain: **Not Applicable** Contact/Phone: **702/581-4474**  
 Vendor No.: **T29033746**  
 NV Business ID: **NV20111436578**  
 To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

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 **04/2017**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **4 years**

4. Type of contract: **Contract**  
 Contract description: **Interpreter**

5. Purpose of contract:  
**This is the second amendment to the original contract, which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$6,999 to \$49,999, due to an increased need for interpreter services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,999.00	\$1,999.00	\$1,999.00	No
a. Amendment 1:	\$5,000.00	\$6,999.00	\$6,999.00	No
2. Amount of current amendment (#2):	\$43,000.00	\$49,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount:	\$49,999.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Division is required by statute to provide interpreter services to non-English speaking injured works to be properly represented at appeal hearing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The contractor must be able to appear for scheduled hearings in a timely manner with professional appearance and attitude.

9. Were quotes or proposals solicited? No

Was the solicitation (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?

Napoleon Buenrostro is one of several interpreters available to Hearings and Appeals

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 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	csweeney	04/11/2016 13:34:14 PM
Division Approval	csweeney	04/11/2016 13:34:21 PM
Department Approval	csweeney	04/11/2016 13:34:24 PM
Contract Manager Approval	csweeney	04/11/2016 13:34:28 PM
Budget Analyst Approval	knielsen	04/12/2016 00:00:00 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: **17593** Amendment Number: **1**  
 Agency Name: **ADMIN - HEARINGS AND APPEALS DIVISION** Legal Entity Name: **CARDILLO, NATALIA**  
 Agency Code: **089** Contractor Name: **CARDILLO, NATALIA**  
 Appropriation Unit: **1015-04** Address: **ON POINT TRANSLATIONS LLC  
3113 SWEET CLOVER STREET**  
 Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89509-6905**  
 If "No" please explain: **Not Applicable** Contact/Phone: **775/376-8476**  
 Vendor No.: **T29028518**  
 NV Business ID: **NV20102992212**  
 To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/31/2015**  
 Anticipated BOE meeting date **05/2016**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **3 years and 335 days**

4. Type of contract: **Contract**  
 Contract description: **Interpreter**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,999.00	\$1,999.00	\$1,999.00	No
2. Amount of current amendment (#1):	\$48,000.00	\$49,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$49,999.00 06/30/2019			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
 The Division is required by statute to provide interpreter services to non-English speaking injured workers to be properly represented at appeal hearings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees to not have the language skills.

9. Were quotes or proposals solicited? No

Was the solicitation (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 is one of several interpreters available to Hearings and Appeals.

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 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	csweeney	04/13/2016 13:36:33 PM
Division Approval	csweeney	04/13/2016 13:36:35 PM
Department Approval	csweeney	04/13/2016 13:36:38 PM
Contract Manager Approval	csweeney	04/13/2016 13:36:41 PM
Budget Analyst Approval	sbrown	03/27/2017 13:21:02 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **17667** Amendment Number: **1**  
 Agency Name: **ADMIN - HEARINGS AND APPEALS DIVISION** Legal Entity Name: **EVANS, RICHARD D**  
 Agency Code: **089** Contractor Name: **EVANS, RICHARD D**  
 Appropriation Unit: **1015-04** Address: **10728 WINDROSE POINT AVE**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89144-5423**  
 If "No" please explain: **Not Applicable** Contact/Phone: **702/274-3052**  
 Vendor No.: **T29003005**  
 NV Business ID: **NV20111580342**  
 To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

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: **null/null**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **4 years**

4. Type of contract: **Contract**  
 Contract description: **Interpreter**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,999.00	\$1,999.00	\$1,999.00	No
2. Amount of current amendment (#1):	\$48,000.00	\$49,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$49,999.00 06/30/2019			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Division is required by statute to provide interpreter services to non-English speaking injured workers to be properly represented at appeal hearings.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the language skills.

9. Were quotes or proposals solicited? No

Was the solicitation (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 is one of several interpreters available to Hearings and Appeals.

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 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	csweeney	04/18/2016 15:39:24 PM
Division Approval	csweeney	04/18/2016 15:39:29 PM
Department Approval	csweeney	04/18/2016 15:39:34 PM
Contract Manager Approval	csweeney	04/18/2016 15:39:40 PM
Budget Analyst Approval	sbrown	03/27/2017 13:22:41 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **17587** Amendment Number: **1**  
 Agency Name: **ADMIN - HEARINGS AND APPEALS DIVISION** Legal Entity Name: **KHONSAVAN, LAMPHOUT**  
 Agency Code: **089** Contractor Name: **KHONSAVAN, LAMPHOUT**  
 Appropriation Unit: **1015-04** Address: **5420 CENTURION CT UNIT 203**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89122-7316**  
 If "No" please explain: **Not Applicable** Contact/Phone: **702/384-3552**  
 Vendor No.: **T27032758**  
 NV Business ID: **NV20131726605**  
 To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/16/2015**  
 Anticipated BOE meeting date **05/2016**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **3 years and 350 days**

4. Type of contract: **Contract**  
 Contract description: **Interpreter**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,999.00	\$1,999.00	\$1,999.00	No
2. Amount of current amendment (#1):	\$48,000.00	\$49,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$49,999.00 06/30/2019			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Division is required by statute to provide interpreter services to non-English speaking injured workers to be properly represented at appeal hearings.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the language skills.

9. Were quotes or proposals solicited? No

Was the solicitation (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 is one of several interpreters available to Hearings and Appeals.

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 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	csweeney	04/13/2016 13:32:53 PM
Division Approval	csweeney	04/13/2016 13:32:56 PM
Department Approval	csweeney	04/13/2016 13:32:59 PM
Contract Manager Approval	csweeney	04/13/2016 13:33:03 PM
Budget Analyst Approval	sbrown	03/27/2017 13:21:51 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: **17589** Amendment Number: **1**  
 Agency Name: **ADMIN - HEARINGS AND APPEALS DIVISION** Legal Entity Name: **MITIK DIMOVSKA, SNEZANA M**  
 Agency Code: **089** Contractor Name: **MITIK DIMOVSKA, SNEZANA M**  
 Appropriation Unit: **1015-04** Address: **5433 OLYMPIC SPIRIT LN**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89113-1570**  
 If "No" please explain: **Not Applicable** Contact/Phone: **702/798-0485**  
 Vendor No.: **T81030130**  
 NV Business ID: **NV20101441099**  
 To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

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 **null/null**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **4 years**  
 4. Type of contract: **Contract**  
 Contract description: **Interpreter**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,999.00	\$1,999.00	\$1,999.00	No
2. Amount of current amendment (#1):	\$48,000.00	\$49,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount:	\$49,999.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Division is required by statute to provide interpreter services to non-English speaking injured workers to be properly represented at appeal hearings.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the language skills.

9. Were quotes or proposals solicited? No

Was the solicitation (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 is one of several interpreters available to Hearings and Appeals.

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 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	csweeney	04/11/2016 13:46:19 PM
Division Approval	csweeney	04/11/2016 13:46:22 PM
Department Approval	csweeney	04/11/2016 13:46:25 PM
Contract Manager Approval	csweeney	04/11/2016 13:46:28 PM
Budget Analyst Approval	sbrown	03/27/2017 13:17:22 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **17590** Amendment Number: **1**  
 Agency Name: **ADMIN - HEARINGS AND APPEALS DIVISION** Legal Entity Name: **NORTHERN NEVADA INTERNATIONAL**  
 Agency Code: **089** Contractor Name: **NORTHERN NEVADA INTERNATIONAL**  
 Appropriation Unit: **1015-04** Address: **CENTER**  
 Is budget authority available?: **Yes** City/State/Zip: **821 N CENTER ST RENO, NV 89501**  
 If "No" please explain: **Not Applicable** Contact/Phone: **775/784-7515**  
 Vendor No.: **T81099201**  
 NV Business ID: **NV19811015213**  
 To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2015**  
 Anticipated BOE meeting date **05/2016**  
 Retroactive? **No**  
 If "Yes", please explain  
**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **3 years and 351 days**

4. Type of contract: **Contract**  
 Contract description: **Interpreter**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,999.00	\$1,999.00	\$1,999.00	No
2. Amount of current amendment (#1):	\$48,000.00	\$49,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount:	\$49,999.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Division is required by statute to provide interpreter services to non-English speaking injured workers to be properly represented at appeal hearings.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the language skills.

9. Were quotes or proposals solicited? No

Was the solicitation (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 is one of several interpreters available to Hearings and Appeals.

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:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

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	04/13/2016 13:28:47 PM
Division Approval	csweeney	04/13/2016 13:28:50 PM
Department Approval	csweeney	04/13/2016 13:28:56 PM
Contract Manager Approval	csweeney	04/13/2016 13:28:59 PM
Budget Analyst Approval	sbrown	03/27/2017 13:20:24 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: **17591** Amendment Number: **1**  
 Agency Name: **ADMIN - HEARINGS AND APPEALS DIVISION** Legal Entity Name: **PAPAIONNOU, EVDOXIA**  
 Agency Code: **089** Contractor Name: **PAPAIONNOU, EVDOXIA**  
 Appropriation Unit: **1015-04** Address: **6868 SKY POINTE DR UNIT 2043**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89131-6114**  
 If "No" please explain: **Not Applicable** Contact/Phone: **702/340-6460**  
 Vendor No.: **T29033632**  
 NV Business ID: **NV20091510084**  
 To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**  
 Anticipated BOE meeting date **05/2016**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **4 years**

4. Type of contract: **Contract**  
 Contract description: **Interpreter**

5. Purpose of contract:  
**This is the first amendment to the original contact which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,999.00	\$1,999.00	\$1,999.00	No
2. Amount of current amendment (#1):	\$48,000.00	\$49,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount:	\$49,999.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Division is required by statute to provide interpreter services to non-English speaking injured workers to be properly represented at appeal hearings.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the language skills.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor is one of several interpreters available to Hearings and Appeals.

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 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	csweeney	04/13/2016 13:41:12 PM
Division Approval	csweeney	04/13/2016 13:41:17 PM
Department Approval	csweeney	04/13/2016 13:41:20 PM
Contract Manager Approval	csweeney	04/13/2016 13:41:23 PM
Budget Analyst Approval	sbrown	03/27/2017 13:19:39 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: **17592** Amendment Number: **1**  
 Agency Name: **ADMIN - HEARINGS AND APPEALS DIVISION** Legal Entity Name: **SANCHEZ GASTELUM, IRMA P**  
 Agency Code: **089** Contractor Name: **SANCHEZ GASTELUM, IRMA P**  
 Appropriation Unit: **1015-04** Address: **762 OAKMONT AVE UNIT 503**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89109-0166**  
 If "No" please explain: **Not Applicable** Contact/Phone: **702/839-8641**  
 Vendor No.: **T27029298**  
 NV Business ID: **NV20111560318**  
 To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**  
 Anticipated BOE meeting date **05/2016**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **4 years**

4. Type of contract: **Contract**  
 Contract description: **Interpreter**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides translation and interpreter services. This amendment extends the termination date from June 30, 2016 to June 30, 2019 and increases the maximum amount from \$1,999 to \$49,999 due to an increased need for interpreter services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,999.00	\$1,999.00	\$1,999.00	No
2. Amount of current amendment (#1):	\$48,000.00	\$49,999.00	\$49,999.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$49,999.00 06/30/2019			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Division is required to provide translation and interpreter services for Hearings and Appeals.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the language skills.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (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 is one of several interpreters available to Hearings and Appeals.

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 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	csweeney	04/11/2016 13:40:17 PM
Division Approval	csweeney	04/11/2016 13:40:20 PM
Department Approval	csweeney	04/11/2016 13:40:24 PM
Contract Manager Approval	csweeney	04/11/2016 13:40:27 PM
Budget Analyst Approval	sbrown	03/27/2017 13:18:52 PM

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Janet Murphy  
Deputy Director

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE**

**Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 17, 2017

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Paul Nicks, Executive Branch Budget Officer *M*  
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

**DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM**

Agenda Item Write-up:

Pursuant to NRS 482.480, Subsection 11, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report is for the period beginning January 1, 2017 and ending March 31, 2017.

Additional Information:

The department shall deduct and withhold one percent of the contributions collected pursuant to statute to reimburse the department of its expenditures in collecting and distributing the contributions. The department began accepting contributions on December 15, 2014.

Statutory Authority: NRS 482.480, Subsection 11

REVIEWED: *M*  
INFO ITEM: \_\_\_\_\_

**Brian Sandoval**  
Governor



**Terri L. Albertson**  
Director

555 Wright Way  
Carson City, Nevada 89711-0900  
Telephone (775) 684-4368  
www.dmvnv.com

April 10, 2017

Board of Examiners

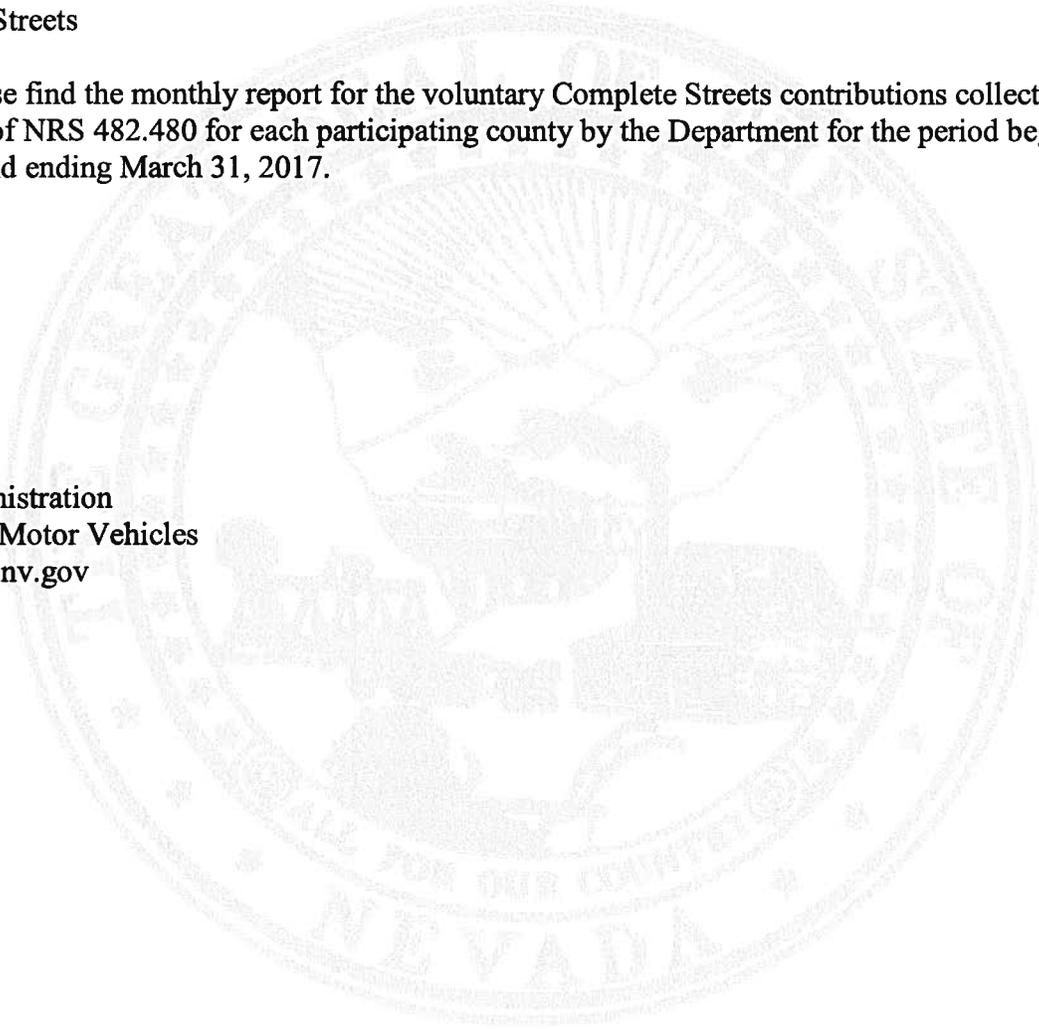
Re: Complete Streets

Attached, please find the monthly report for the voluntary Complete Streets contributions collected pursuant to subsection 11 of NRS 482.480 for each participating county by the Department for the period beginning July 1, 2016 and ending March 31, 2017.

Sincerely,

Cyndie Munoz

Chief of Administration  
Department of Motor Vehicles  
cmunoz@dmv.nv.gov  
775-684-4501



Department of Motor Vehicles  
 Complete Streets: Monthly Report FY17  
 Report Date: 1/11/2017  
 Reporting Period: December 2016

County	Contributions			FY17 Q1		FY17 Q2		Year to Date		FY 16		FY 15	
	January	February	March	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$807.00	\$810.00	\$1,078.00	\$ 2,724.00	3.23%	\$ 2,172.00	3.07%	\$7,591.00	3.17%	\$9,312.00	3.09%	\$2,005.00	4.18%
Clark	\$19,818.00	\$19,972.00	\$25,560.00	\$ 64,948.00	76.99%	\$ 55,078.00	77.80%	\$185,376.00	77.39%	\$240,872.00	79.80%	\$33,676.00	70.22%
Douglas	\$724.00	\$724.00	\$926.00	\$ 2,376.00	2.82%	\$ 2,020.00	2.85%	\$6,780.00	2.83%	\$1,304.00	0.43%	\$0.00	0.00%
Washoe	\$4,106.00	\$4,356.00	\$5,496.00	\$ 14,310.00	16.96%	\$ 11,520.00	16.27%	\$39,798.00	16.61%	\$50,350.00	16.68%	\$12,278.00	26.00%
<b>Total</b>	<b>\$26,455.00</b>	<b>\$26,872.00</b>	<b>\$33,060.00</b>	<b>\$ 84,358.00</b>	<b>100.00%</b>	<b>\$ 70,790.00</b>	<b>100.00%</b>	<b>\$239,555.00</b>	<b>100%</b>	<b>\$301,838.00</b>	<b>100.00%</b>	<b>\$47,659.00</b>	<b>100.00%</b>

County	DMV Commission (1%)			FY17 Q1		FY17 Q2		Year to Date		FY 16		FY 15	
	January	February	March	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$8.07	\$8.10	\$10.78	\$27.24	3.26%	\$ 21.72	3.07%	\$75.91	3.17%	\$93.12	3.09%	\$20.05	4.18%
Clark	\$196.18	\$199.72	\$255.60	\$649.48	76.99%	\$ 550.78	77.80%	\$1,853.76	77.39%	\$2,408.72	79.80%	\$336.76	70.22%
Douglas	\$7.24	\$7.24	\$9.26	\$23.76	2.82%	\$ 20.20	2.85%	\$67.80	2.83%	\$13.04	0.43%	\$0.00	0.00%
Washoe	\$41.06	\$43.56	\$54.96	\$143.10	16.96%	\$ 115.20	16.27%	\$397.88	16.61%	\$503.50	16.68%	\$122.78	26.00%
<b>Total</b>	<b>\$254.55</b>	<b>\$258.72</b>	<b>\$330.60</b>	<b>\$843.58</b>	<b>100.00%</b>	<b>\$707.90</b>	<b>100.00%</b>	<b>\$2,395.35</b>	<b>100%</b>	<b>\$3,018.38</b>	<b>100.00%</b>	<b>\$479.59</b>	<b>100.00%</b>

County	Distributions			FY17 Q1		FY17 Q2		Year to Date		FY 16		FY 15	
	January	February	March	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$798.93	\$801.90	\$1,067.22	\$2,696.76	3.23%	\$ 2,150.28	3.07%	\$7,515.09	3.17%	\$9,218.88	3.09%	\$1,984.95	4.18%
Clark	\$19,619.82	\$19,772.28	\$25,304.40	\$64,298.52	76.99%	\$ 54,527.22	77.80%	\$183,522.24	77.39%	\$238,463.28	79.80%	\$33,339.24	70.22%
Douglas	\$716.76	\$726.66	\$916.74	\$2,352.24	2.82%	\$ 1,999.80	2.85%	\$6,712.20	2.83%	\$1,290.96	0.43%	\$0.00	0.00%
Washoe	\$4,084.94	\$4,312.44	\$5,441.04	\$14,166.90	16.96%	\$ 11,404.80	16.27%	\$39,390.12	16.61%	\$49,846.50	16.68%	\$12,155.22	26.00%
<b>Total</b>	<b>\$26,200.45</b>	<b>\$26,613.28</b>	<b>\$32,729.40</b>	<b>\$83,514.42</b>	<b>100.00%</b>	<b>\$70,082.10</b>	<b>100.00%</b>	<b>\$237,139.65</b>	<b>100%</b>	<b>\$298,818.62</b>	<b>100.00%</b>	<b>\$47,479.41</b>	<b>100.00%</b>

- Note:
1. DMV began accepting contributions on 12/15/14.
  2. DMV began accepting Douglas County contributions on 5/9/16.

**Department of Motor Vehicles  
Complete Streets Report: Donations  
2017**

County	January	February	March	FY17 Q1	FY17 Q2	Year To Date	FY16	FY15
<b>Carson City</b>								
Donations	404	405	539	1,362	1,086	3,796	4,656	942
Registrations	2857	2866	3685	9,918	8,384	27,710	36,588	18,438
Percent that Donated	14.14%	14.13%	14.63%	13.73%	12.95%	13.70%	12.73%	5.11%
<b>Clark</b>								
Donations	9,909	9,986	12,780	32,474	27,539	92,688	120,436	15,782
Registrations	69,925	64,590	82,210	214,321	192,717	623,763	835,131	416,961
Percent that Donated	14.17%	15.46%	15.55%	15.15%	14.29%	14.86%	14.42%	3.79%
<b>Douglas</b>								
Donations	362	367	463	1,188	1,010	3,390	652	0
Registrations	3,221	2,995	3,929	11,345	9,712	31,202	7,791	0
Percent that Donated	11.24%	12.25%	11.78%	10.47%	10.40%	10.86%	8.37%	0.00%
<b>Washoe</b>								
Donations	1,790	2,053	2,178	7,155	5,760	21,684	25,175	5,753
Registrations	16,188	17,038	16,905	61,576	51,180	185,033	232,229	119,959
Percent that Donated	11.06%	12.05%	12.88%	11.62%	11.25%	11.72%	10.84%	4.80%
<b>Total</b>								
Donations	12,465	12,811	15,960	42,179	35,395	121,558	150,919	22,477
Registrations	92,191	87,489	106,729	297,160	261,993	867,708	1,111,739	555,358
Percent that Donated	13.52%	14.64%	14.95%	14.19%	13.51%	14.01%	13.58%	4.05%

**Notes**

1. Registration transaction counts come from: G:\Crystal Report\VR\Registrations\New and Renewal Registrations
2. Registration transactions include new registrations and registration renewals completed on the Kiosk, Web and MyDMV Portal only.
3. DMV began accepting Douglas County contributions on 5/9/16.

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Janet Murphy  
Deputy Director

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 17, 2017

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Paul Nicks, Executive Branch Budget Officer *PN*  
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

**DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM**

Agenda Item Write-up:

Per the Governor's request during the November 2015 BOE meeting, a letter was sent to Clark and Washoe counties and Carson City Consolidated Municipality requesting a report on how the Complete Streets Program funds are being utilized. This report is for funds received through March 2017.

Additional Information:

Douglas County started receiving funds in May 2016 and has been added to this report. The four counties will continue to report out on a quarterly basis.

Statutory Authority: NRS 244.2643, NRS 277A.285 and NRS 403.573

REVIEWED: JM  
INFO ITEM: \_\_\_\_\_



600 S. Grand Central Pkwy. • Las Vegas, Nevada 89106-4512 • 702-676-1500 • FAX: 702-676-1518

Tina Quigley,  
General Manager

March 29, 2017

Mr. Paul Nicks, Budget Analyst  
State of Nevada – Governor’s Finance Office  
209 E. Musser Street, Room 200  
Carson City, NV 89701-4298

Dear Mr. Nicks:

I am writing to provide the update for the 1st Quarter of calendar 2017 on the RTC’s activities on projects funded with the Complete Streets Program funds (CSP funds).

During calendar year 2016, the RTC received a total of **\$242,947.98** in CSP funds from the DMV. Following the procedure described in the Q4 2015 report, the local jurisdictions met on November 24, 2016 and it was determined these funds will be allocated to the City of Henderson and the City of Mesquite for complete streets projects to be constructed during calendar 2017/2018.

Interlocal contracts between the RTC and Mesquite and Henderson were executed at the February 9, 2017 RTC board meeting. The projects to be completed during calendar 2017/2018 are summarized as follows:

1. **City of Mesquite Rectangular Rapid Flashing Beacon Project (\$24,000.00 allocation).**

The city of Mesquite will construct Rectangular Rapid Flashing Beacons at the locations shown in **Figure 1**. Construction is anticipated to be complete on or before December 31, 2017.

2. **City of Henderson Buffered Bike Lanes/Road Diets Project (\$218,947.98 allocation).**

The city of Henderson will construct buffered bike lanes/road diets and related Complete Street improvements at the locations described in **Figure 2**. Construction is anticipated to be complete on or before June 30, 2018.

Should you have any questions or require any additional information, please don't hesitate to contact me at (702) 676-1612 or by email to [handm@rtcsonv.com](mailto:handm@rtcsonv.com).

Sincerely,

A handwritten signature in black ink, appearing to read 'P. Hand', written in a cursive style.

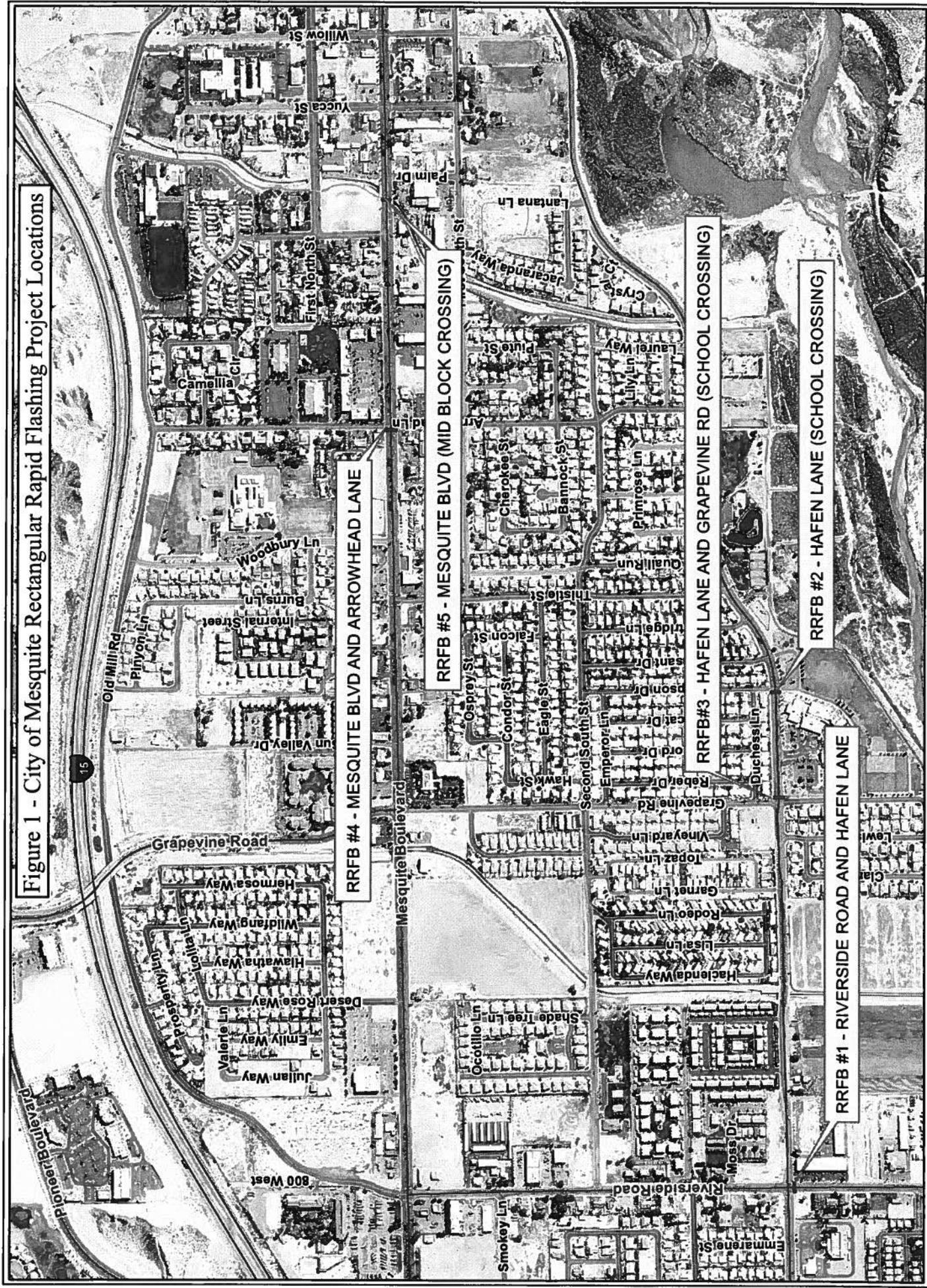
Paul M. (Mike) Hand, P.E.  
Director of Engineering Services – Streets & Highways

Attachment

cc: (via e-mail)

Tina Quigley, General Manager  
Fred Ohene, Deputy General Manager  
Robert Herr, Director of Public Works, Parks and Recreation, City of Henderson  
Bill Tanner, Director of Public Works, City of Mesquite  
Travis Anderson, City Engineer, City of Mesquite

Figure 1 - City of Mesquite Rectangular Rapid Flashing Project Locations



## Figure 2 - City of Henderson Buffered Bike Lanes/Road Diets Project Locations

### EXHIBIT A

#### Proposed Project List

Priority	Project Name	Description
1	Montelago Boulevard	restripe – traffic calming
2	Cassia Way – American Pacific to Wigwam	buffered bike lanes/road diet
3	Stephanie St. – Dragon Ridge CC to Arroyo Grande	buffered bike lanes/road diet
4	Greenway Rd. – Mission to Paradise Hills	buffered bike lanes/road diet
5	Coronado Center – Horizon Ridge to Sunridge Heights	buffered bike lanes/road diet
6	Patrick Rd. – Whitney Ranch to Stephanie	buffered bike lanes/road diet

Hi Paul –

Please see the attached LTD Complete Street revenue report through March 31, 2017. The RTC is starting design in FY 2018 for the Oddie/Wells corridor multi-modal improvements. We'll use the accumulated revenue from this funding source towards the construction of the project which should occur sometime in FY 2019.

Please let me know if you have any additional questions.

Thanks,  
Stephanie Haddock, CGFM  
Director of Finance/CFO  
*Regional Transportation Commission (RTC)*  
*1105 Terminal Way, Suite 300*  
*Reno, NV 89502*

# REGIONAL TRANSPORTATION COMMISSION OF WASHOE COUNTY

## Complete Streets Program Revenue

Account ID	Account Name	Organization ID	Organization Name	Project ID	Project Name	Fiscal Year	Period	Month	Amount
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2015	9	MAR	(3,391.74)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		10	APR	(2,061.18)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		11	MAY	(1,896.84)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		12	JUN	(1,991.88)
<b>Fiscal Year 2015 - Total</b>									<b>(9,341.64)</b>
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2016	1	JUL	(2,049.30)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		2	AUG	(4,502.52)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		3	SEP	(4,460.94)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		4	OCT	(4,255.02)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		5	NOV	(3,993.66)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		6	DEC	(3,534.30)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		7	JAN	(3,352.14)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		8	FEB	(3,819.42)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		9	MAR	(3,983.76)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		10	APR	(4,783.68)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		11	MAY	(4,542.12)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		12	JUN	(4,171.86)
<b>Fiscal Year 2016 - Total</b>									<b>(47,448.72)</b>
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2017	1	JUL	(4,447.08)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		2	AUG	(4,649.04)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		3	SEP	(4,876.74)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		4	OCT	(4,641.12)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		5	NOV	(4,138.20)
407-9-00	Misc. Non-	1.01.13	STREET & HIGHWAY	8131070	DMV Complete St		6	DEC	(3,722.40)

# REGIONAL TRANSPORTATION COMMISSION OF WASHOE COUNTY

## Complete Streets Program Revenue

Account ID	Account Name	Organization ID	Organization Name	Project ID	Project Name	Fiscal Year	Period	Month	Amount
	Transp'n. Rev.		PROGRAM		Plates	2017			
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		7	JAN	(3,544.20)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		8	FEB	(4,064.94)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		9	MAR	(4,312.44)
<b>Fiscal Year 2017 - Total</b>									<b>(38,396.16)</b>
<b>PROJECT - LTD Total</b>									<b>(95,186.52)</b>

April 6, 2017

Mr. Paul Nicks  
Budget Analyst V  
State of Nevada, Governor's Finance Office  
209 E. Musser Street, Room 200  
Carson City, NV 89701

RE: Complete Streets Program Fund

Dear Mr. Nicks:

In response to a letter received from the Director of the Governor's Finance Office, Carson City is pleased to report on the use of funds received through the Department of Motor Vehicles' (DMV's) Complete Streets Program. On December 16, 2016, Carson City used all available funds of Carson City's DMV Complete Streets Program funds on the City's Downtown Complete Streets Project. Staff plans to let the funds accumulate for the near future, however, future Complete Streets projects are in development and would benefit from these funds.

Carson City is grateful to be a part of this program. Staff believes this is a very beneficial program that will continue to grow as the public sees more successful projects like the Downtown Carson Complete Street project. Please feel free to contact me at 283-7396 with any questions or concerns. Thank you.

Sincerely,

Patrick Pittenger, AICP, PTP  
Transportation Manager  
Carson City Public Works



## BOARD OF COMMISSIONERS

1594 Esmeralda Avenue, Minden, Nevada 89423

Lawrence A. Werner  
COUNTY MANAGER  
775-782-9821

**COMMISSIONERS:**  
Barry Penzel, CHAIRMAN  
Steven Thaler, VICE-CHAIRMAN  
Nancy McDermid  
Larry Walsh  
Dave Nelson

April 17, 2017

Paul Nicks  
Executive Branch Budget Officer  
Governor's Finance Office  
209 E. Musser St. Suite 200  
Carson City, NV 89701

Dear Mr. Nicks,

Douglas County received \$2,080.98 for the Second Quarter FY17. These funds are being accumulated partially fund our Tillman Lane Road Reconstruction project which include bike lanes and ADA features.

Please let me know if you have any questions.

Thank you,

Caroline Chieffo  
Senior Accountant  
Douglas County Finance Division  
1594 Esmeralda Ave  
Minden NV 89423  
Ph: 775-783-6451 Fax: 775-782-6271

Via Email Only, No Hard Copy Will Be Mailed

Mailing Address: P.O. Box 218, Minden, NV 89423

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Janet Murphy  
Deputy Director

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 17, 2017  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Jim Rodriguez, Budget Analyst *JR*  
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF PUBLIC SAFETY – EMERGENCY MANAGEMENT – DISASTER RELIEF ACCOUNT REQUEST**

Agenda Item Write-up:

Pursuant to NRS 353.2755, the Division of Emergency Management is notifying the Board of Examiners of its intent to request a recommendation by the Board of Examiners to the Interim Finance Committee for approval of grants and/or loans from the Disaster Relief Account to multiple state and local agencies to cover expenses for storm cleanup and repairs incurred as a result of January 2017 flooding events.

Additional Information:

Between January 7, 2017 and January 14, 2017, Nevada was impacted by a severe weather event caused by a series of atmospheric rivers resulting in record rainfall and record snowfall in northern Nevada. These events resulted in the region receiving over half of its normal annual rainfall and snowfall in this brief period. The combination of the resulting rain and melting snow runoff resulted in widespread flooding along the rivers and urban flood prone areas in northern Nevada. The flooding affected residents in the counties of Washoe, Douglas, Lyon and Storey; the City of Carson; the Reno-Sparks Indian Colony; the Pyramid Lake Paiute Tribe; and the Washoe Tribe of Nevada and California. The flooding caused damage to homes, property and businesses, including areas within tribal jurisdictions.

Storm waters damaged dozens of homes and businesses and washed out 88 county transportation routes and 20 state transportation routes, prompting first response emergency agency actions at all levels of state and local government.

The state and local agencies listed above declared local emergencies and, in turn, requested assistance from the State of Nevada. A State Declaration of Emergency was issued on January 7, 2017, and amended on February 2, 2017, pursuant to state law, for these agencies. This declaration activated State resources to assist local and tribal governments through the Emergency Operations Plan in accordance with Section 501(a) of the Stafford Act.

Preliminary damage assessments were conducted from January 10, 2017 through January 25, 2017 and revealed that severe damage occurred to public infrastructure, including roads, bridges, culverts, buildings, equipment, utilities and parks. At least 36 homes and 108 roads were seriously damaged and needed to be repaired and/or cleared.

The following state, federal and private agencies/organizations provided emergency response assistance in this emergency: the Governor's Office, Nevada Division of Emergency Management, Nevada Department of Transportation, Nevada Highway Patrol, Nevada Division of Forestry, Nevada Department of Health and Human Services, Nevada National Guard, National Weather Service, Federal Emergency Management Agency, Bureau of Indian Affairs, American Red Cross and the Voluntary Organizations Active Disasters.

Due to the loss and damages to the public infrastructure at the state and local level throughout northern Nevada, and due to the financial impacts resulting from the responses to these events, state, local and tribal governments identified herein have notified the Division of their intent to seek financial assistance from the State Disaster Relief Account as well as other relief options.

Pursuant to NRS 353.2755, the Department of Public Safety, Division of Emergency Management received letters from the following state and local entities indicating their intent to apply for grant funds from the Disaster Relief Account for partial reimbursement of expenses incurred during the January 2017 flooding events: the counties of Washoe, Douglas, Lyon and Storey; the Cities of Carson, Reno and Sparks; the Nevada System of Higher Education, Reno; the Reno-Sparks Indian Colony and the Washoe and Pyramid Lake Indian Tribes; Carson Valley Conservation District; Carson Water Sub-conservancy District; Kingsbury General Improvement District; Minden/Gardnerville Sanitation District; Nevada Department of Transportation, Nevada State Railroad Museum; North Lake Tahoe Fire Protection District; Palomino Valley General Improvement District; REMSA; Topaz Ranch Estates General Improvement District; Truckee Meadows Water Authority; and the Virginia & Truckee Railway.

Pursuant to NRS 353.2755(3)(a), these state and local agencies and tribal entities have up to 18 months after declaration of a disaster to submit a complete their requests to the Division of Emergency Management and the Department of Taxation.

The Division is still in the process of collecting the preliminary cost estimates for each of the identified agencies/entities, so an accurate estimate of the total expected amount to be requested



## Jim Rodriguez

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**Subject:** FW: BA 1335 DRA - Intent to Apply from multiple local governments for Jan flooding disaster event  
**Attachments:** Jan DRA notice of intent letters.zip

**From:** Justin Luna  
**Sent:** Friday, April 28, 2017 5:03 PM  
**To:** Jim Rodriguez  
**Subject:** RE: BA 1335 DRA - Intent to Apply from multiple local governments for Jan flooding disaster event

NDOT letter is only one pending. I should be able to get that to you first of next week.

The updated list for the January flooding disaster is as follows:

the counties of Washoe, Douglas, Lyon and Storey; the Cities of Carson, Reno and Sparks; the Nevada System of Higher Education, Reno; the Reno-Sparks Indian Colony and the Washoe and Pyramid Lake Indian Tribes; Carson Valley Conservation District; Carson Water Sub-conservancy District; Kingsbury General Improvement District; Minden/Gardnerville Sanitation District; Nevada Department of Transportation, Nevada State Railroad Museum; North Lake Tahoe Fire Protection District; Palomino Valley General Improvement District; REMSA; Topaz Ranch Estates General Improvement District; Truckee Meadows Water Authority; and the Virginia & Truckee Railway.

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**From:** Justin Luna  
**Sent:** Friday, April 14, 2017 9:43 PM  
**To:** Jim Rodriguez  
**Subject:** RE: BA 1335 DRA - Intent to Apply from multiple local governments for Jan flooding disaster event

Declarations for January event

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**From:** Justin Luna  
**Sent:** Friday, April 14, 2017 5:56 PM  
**To:** James R. Wells; 'director@lcb.state.nv.us'  
**Cc:** James Wright; Jackie Muth; Caleb S. Cage; Janet E. Murphy; Jim Rodriguez; 'Kolbe, Kristen'; 'Mark.Krmpotic@lcb.state.nv.us'; 'Cindy.Jones@lcb.state.nv.us'; Kelly Langley  
**Subject:** RE: BA 1335 DRA - Intent to Apply from multiple local governments for Jan flooding disaster event

As agencies are working with our FEMA partners on the Presidential disaster declaration, they are learning that the State DRA is a separate process; because of this there have been additional agencies who have indicated their intent to apply.

The updated list for the January flooding disaster is as follows:

Carson City, **Carson Valley Conservation District**, **Carson Water Subconservancy District**, ~~Churchill County~~, City of Reno, City of Sparks, **Lyon County**, Kingsbury General Improvement District, Minden/Gardnerville Sanitation District, **NDOT**, **Nevada State Railroad Museum**, North Lake Tahoe Fire Protection District, Palomino Valley General Improvement District, Storey County, **Topaz Ranch Estates General Improvement District**, Truckee Meadows Water Authority, Virginia & Truckee Railway, *Washoe County*, and the Washoe County School District.

Thank you for your understanding and cooperation. Please let us know if you have any questions or need additional information at this time.

Justin

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**From:** Justin Luna  
**Sent:** Monday, March 27, 2017 9:30 AM

**To:** James R. Wells; 'director@lcb.state.nv.us'  
**Cc:** James Wright; Jackie Muth; Caleb S. Cage; Janet E. Murphy; Jim Rodriguez; 'Kolbe, Kristen';  
'Mark.Krmpotic@lcb.state.nv.us'; 'Cindy.Jones@lcb.state.nv.us'; Kelly Langley  
**Subject:** RE: BA 1335 DRA - Intent to Apply from multiple local governments for Jan flooding disaster event

I apologize for the inconvenience, but this notice of intent should have included Washoe County instead of Churchill County.

So, the local governments that have indicated their intent to apply for the January flooding disaster event are as follows: Carson City, ~~Churchill County~~, City of Reno, City of Sparks, Kingsbury General Improvement District, Minden/Gardnerville Sanitation District, North Lake Tahoe Fire Protection District, Palomino Valley General Improvement District, Storey County, Truckee Meadows Water Authority, Virginia & Truckee Railway, **Washoe County**, and the Washoe County School District.

Thank you for your understanding and cooperation. Please let us know if you have any questions or need additional information at this time.

Justin

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**From:** Justin Luna  
**Sent:** Thursday, March 16, 2017 2:21 PM  
**To:** James R. Wells; 'director@lcb.state.nv.us'  
**Cc:** James Wright; Jackie Muth; Caleb S. Cage; Janet E. Murphy; Jim Rodriguez; 'Kolbe, Kristen';  
'Mark.Krmpotic@lcb.state.nv.us'; 'Cindy.Jones@lcb.state.nv.us'; Kelly Langley  
**Subject:** BA 1335 DRA - Intent to Apply from multiple local governments for Jan flooding disaster event

Dear Director Wells and Director Combs:

Subject: Letter of Intent to Request Funding from the Nevada Disaster Relief Account (DRA) – multiple local governments Flooding Disaster Event January 2017

Per NRS 353.2755, please accept this email as formal notice that multiple local governments intend to submit individual full applications to the DRA for reimbursement of a portion of their expenditures incurred in responding to, and recovering from, the January 2017 flooding disaster.

The local governments that have indicated their intent to apply are as follows: Carson City, Churchill County, City of Reno, City of Sparks, Kingsbury General Improvement District, Minden/Gardnerville Sanitation District, North Lake Tahoe Fire Protection District, Palomino Valley General Improvement District, Storey County, Truckee Meadows Water Authority, Virginia & Truckee Railway, and the Washoe County School District.

The Division is committed to continue to work closely with the multiple local governments in developing the submission of the final applications for funding under the DRA.

Please let us know if you have any questions or need additional information at this time.

Thank you,

Justin Luna  
Administrative Services Officer

Division of Emergency Management  
& Homeland Security, State of Nevada  
2478 Fairview Drive  
Carson City, NV 89701

Office (775) 687-0304

[justin.luna@dps.state.nv.us](mailto:justin.luna@dps.state.nv.us)

Website: <http://dem.nv.gov/>

Follow us on Twitter at: @NVEmergencyMgmt

Find us on Facebook: <https://www.facebook.com/NDEMDHS>



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ONE HUNDRED ONE NORTH CARSON STREET  
CARSON CITY, NEVADA 89701  
OFFICE: (775) 684-5670  
FAX NO.: (775) 684-5683



555 EAST WASHINGTON AVENUE, SUITE 5100  
LAS VEGAS, NEVADA 89101  
OFFICE: (702) 486-2500  
FAX NO.: (702) 486-2505

## Office of the Governor

February 9, 2017

The Honorable Donald J. Trump  
President of the United States  
The White House  
1600 Pennsylvania Avenue NW  
Washington, D.C. 20500

Dr. Ahsha Tribble, Acting Regional Administrator  
Federal Emergency Management Agency  
Region IX  
1111 Broadway Street, Suite 1200  
Oakland, CA 94607

Dear Mr. President:

I respectfully request that you declare a major disaster for the State of Nevada as a result of severe and widespread flooding that occurred in the counties of Washoe, Douglas, Lyon, Storey, the City of Carson City, the Reno-Sparks Indian Colony, the Pyramid Lake Paiute Tribe, and the Washoe Tribe of Nevada and California. The State of Nevada seeks federal assistance through the public assistance program and the hazard mitigation program. This request is being made pursuant to the provisions of Section 410 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5207, as implemented by 44 CFR § 206.36.

### BACKGROUND

Between the dates of January 7, 2017, and January 14, 2017, Nevada was impacted by a severe weather event caused by series of atmospheric rivers, resulting in record rainfall and record snowfall in northern Nevada. During this event, northern Nevada received half of its annual average rainfall, totaling 4.6 inches of 7.5 inches annually, and according to records, the eastern front of the Sierra Nevada Mountains near Lake Tahoe received 358 inches of snow when the average January snowfall is 74 inches. The combination of melting snow and unusually heavy rains resulted in widespread flooding along the rivers and urban flood prone areas in northern Nevada. The flooding affected residents in the counties of Washoe, Douglas, Lyon, Storey, the City of Carson City, the Reno-Sparks Indian Colony, the Pyramid Lake Paiute Tribe, and the Washoe Tribe of Nevada and California. The flooding caused damage to homes, property, and businesses, including areas within tribal jurisdictions. Water and debris damaged dozens of homes and

businesses. It flooded or washed out 88 county transportation routes and 20 state transportation routes, engaging first response emergency agencies at all levels of government.

Many residents were instructed to shelter in place for multiple days due to closed transportation routes from the effects of flooding as well as the effects of unmanageable quantities of snow, including avalanche danger. Use of heavy equipment was necessary for debris removal, snow management, and the delivery of water, food, and various survival supplies to families who lost access to roads.

The counties of Washoe, Douglas, Lyon, Storey, the City of Carson City, the Reno-Sparks Indian Colony, the Pyramid Lake Paiute Tribe, and the Washoe Tribe of Nevada and California declared local emergencies, and in turn, requested assistance from the State of Nevada. A State Declaration of Emergency was issued on January 7, 2017, and amended on February 2, 2017, pursuant to state law, for the above listed city, counties and tribes. This Declaration activated state resources to assist local and tribal governments through the State Emergency Operations Plan (EOP), in accordance with Section 501(a) of the Stafford Act.

A joint local, tribal, and state team was assembled to conduct damage assessment on the affected areas. The joint damage assessment team met from January 10, 2017, through January 25, 2017, to survey the damaged areas and to estimate the costs to return the communities back to pre-disaster conditions. The United States Department of Homeland Security (FEMA Region IX) provided a team to assist Nevada in conducting local, state, tribal, and federal technical assistance and preliminary damage assessments (PDA).

The initial PDA analysis revealed that severe damage occurred to public infrastructure, including roads, bridges, culverts, buildings, equipment, utilities, and parks. At least 36 homes were seriously damaged throughout all of the counties and tribal jurisdictions assessed, and portions of 108 roads were damaged and needed to be repaired/cleared to allow for emergency responder access. The transportation damages include the following roadways: Interstate 580, Interstate 80, State Route 206 (Genoa Lane), State Route 207 (Kingsbury Grade), State Route 2671 (Holcomb Lane), State Route 341 (Geiger Grade), State Route 342, State Route 439 (USA Parkway), State Route 445 (Pyramid Way), State Route 446 (Sutcliffe Highway), State Route 447, State Route 887 (Franktown Road), State Route 647 (W. 4th Street), State Route 659 (McCarran Loop), State Route 667 SB (Kietzke Lane), State Route 757 (Muller Lane), US 395, US 395A, US 50, US 50A. US 95 was closed at Walker Lake due to rockslide for 7-8 hours. This is a truck route and the main road between Las Vegas and Reno.

There were debris removal efforts and emergency protective measures on county roads as well as permanent work. Permanent work sites captured in our PDA are included in Enclosure B: Preliminary Estimate of Damages by Categories Needed under the Stafford Act. Impacts to communities that caused the damages discussed in this attached report include the following:

1. Washoe County was impacted by flooding along Truckee River, Steamboat Creek, and locally, resulting in evacuations. Interstate 80 west of Reno: 13 miles of highway was closed down to one lane westbound and one lane eastbound for three days. This is the main route between Reno and Sacramento. Heavy traffic in the area impacted travel for tourists and workers that commute to and from Truckee for work. State Route 431 was closed due to recurring avalanches and avalanche controls. This is the main route between Lake Tahoe and Reno. Commuters to and from Incline Village were seriously impacted as well as three ski resorts—Mt. Rose, Diamond Peak, and Sky Tavern, as well as other local businesses. Multiple avalanches on State Route 431 caused repeated closures limiting access to and from Incline Village, where 7,500 residents were left without power and asked to shelter in place due to extreme avalanche danger. A mudslide at Red Rock blocked access to and from the Rancho Haven Community, and boil water orders were issued for Verdi and the Sutcliffe community of the Pyramid Lake Paiute Tribal Reservation. Several privately-owned access roads into neighborhoods in the unincorporated areas of Washoe County were also washed out, stranding residents until county road crews could provide temporary repairs for life/safety protection.
  
2. Douglas County experienced flooding and road closures due to a sinkhole and avalanche. State Route 207 was closed for five days between Tramway Drive and Foothill Drive due to a sinkhole, on the Carson Valley side of Kingsbury Grade. Residences and businesses in the Tahoe area of Kingsbury Grade remained accessible. Unfortunately, with the overwhelming amount of precipitation, additional erosion occurred in the area, particularly to drainage areas. Alternative routes between the Carson Valley and Lake Tahoe are available through US 50, State Route 431 and various routes in California, however these routes were also impacted by hazardous conditions. Many Carson Valley residents work in South Lake Tahoe ski resorts and businesses. The closure of this road has a serious impact on employees who must drive another 20 miles out of their way over other storm-impacted roads. This is the most direct access to South Lake Tahoe resorts from Highway 395, which also impacts tourism to the area. Additionally, multiple roads were washed out and undermined in several areas; water control systems have been inundated with debris and undermined by rushing waters; and, damages to riverbanks caused flooding in one mobile home park, and three mobile home parks were evacuated due to flooding.
  
3. Lyon County experienced significant flooding and power outages that caused the evacuation and sheltering of 110 residents. Some privately-owned access roads into neighborhoods were washed out, making them inaccessible. Dozens of homes were impacted by damage to driveways, culverts, and fencing. In addition to roadway damage, water control ditches and retention basins were blown out and filled with debris.

4. Storey County experienced washed out roads, flooding in the Lockwood community, a mudslide on SR 341, and damage to culverts and water diversion systems and riverbanks. Heavy snowstorms complicated damage assessment and repairs to roads. The Nevada National Guard was needed to provide assistance with snow removal. S R 342 in the Gold Hill area of Storey County was closed for five days. This is the main access route for tourists and residents to Virginia City from Carson City. SR 342 between Virginia City and the SR 341 junction south of Gold Hill was closed due to flood-related damages. Specifically, roadway shoulders and guardrail on a section of the northbound lane was damaged. The nearby alternate route of SR 341 was intermittently available.
5. The City of Carson City experienced flooding and major roadway damage. Public parks were seriously impacted by washouts and debris. Some public buildings were impacted by water intrusion and require mold abatement. Wastewater treatment facilities were damaged as well.
6. The Pyramid Lake Paiute Tribe experienced a water line break on Reservation land, leaving 650 residents without potable water and sewer services. There was extensive damage to state roads in the Pyramid Lake area, with extensive damage to State Routes 445, 446, and 447. State Route 446 is currently only open to emergency vehicles. Many sections of State Routes 445 (Pyramid Highway), 446, and 447 were damaged by washouts and water flowing over the roadway. The Nevada Department of Transportation is clearing and evaluating roadway damages and has begun contracting for emergency repairs to areas of washout, but sections of state roads in the Pyramid Lake area will continue to be closed indefinitely as repairs are made.

Highway 446, which provides access to key services for the Pyramid Lake Paiute Tribe, was washed out and impassable. Surprise Valley Road, a secondary road to Gerlach and Susanville, was washed out cutting off a community of 21 ranches on the reservation. The boat launch facility that is used by the Pyramid Lake Paiute Tribe for search and rescue operations has been damaged and rendered unusable until the ramp area can be dredged and the boat docks repaired. Additionally, the Virginia Peak station communications repeaters were rendered inoperable due to power outages, resulting in the inability to conduct radio communications.

In the interests of public safety the Tribe closed Pyramid Lake to the public for all recreational activities. During this period the Tribe cannot issue any tribal recreation permits to the public resulting in a loss of permit revenue during the winter fishing season at Pyramid Lake. Estimates of loss are not available at this time.

Due to the lack of potable water in the Sutcliffe community and subsequent closure of Pyramid Lake to the public, the Pyramid Lake Paiute Tribe sustained a loss of business revenue from Tribal owned and operated business in Sutcliffe. In Sutcliffe, the Tribe operates the Pyramid Lake Marina convenience store and the

Pyramid Lake Marina recreational vehicle park. Estimates of loss are not available at this time.

With the lack of potable water in the Sutcliffe community and subsequent closure of Pyramid Lake to the public, the Tribe sustained loss of tax revenue from all businesses in Sutcliffe. The Tribe collects sales tax, fuel tax, and transient lodging taxes from Tribal owned and other private businesses in Sutcliffe. Estimates of loss are not available at this time.

7. The Reno-Sparks Indian Colony activated the Reno Indian Colony Emergency Operations Center, emergency management staff, and volunteers to provide 376 total hours for emergency protective measures across their jurisdiction. While the Reno-Sparks Indian Colony was successful in preventing damage to their infrastructure, the intense rains caused damage to several gravesites in their cemetery.
8. The Washoe Tribe of Nevada and California sustained damages to their Wellness Center roof, which resulted in leakage and water damage during the storm. Tribal Roads staff addressed flooding at the Indian Creek Bridge on Memdewee Run (Ranch Road) south of Dresslerville, cleared debris clogging the bridge, and noted approximately 111 square feet of undermined upstream roadway.

The repair, along with debris removal, emergency response, and other protective measures, resulted in substantial costs, as shown in the attached PDA report. Based on these findings, I have determined that the damages created by the severe winter storm, and resulting flooding, are of such severity and magnitude that effective response and recovery is beyond the capabilities of the State of Nevada and the affected communities. Federal assistance is necessary.

## **RESPONSE AND RECOVERY**

The response by public and private partners to the January 2017 winter storm event and resulting flooding reflected a well-coordinated, whole community approach to assisting disaster-impacted areas in Nevada. Local, state, and tribal officials issued emergency declarations and activated emergency operations plans. Public information announcements were coordinated utilizing television, radio, newspaper, and social media. Public safety organizations transmitted emergency and other data to ambulance crews, fire departments, law enforcement, public works, and other response units. State and local health departments provided technical assistance to ensure safe drinking water. Law enforcement, in conjunction with transportation officials, determined traffic movement restriction and coordinated safety support. Public works crews closed and flagged roads, and also determined the extent of damages. Fire crews and engineers assisted with impact assessments. Emergency managers coordinated resource requests and damage assessments in their respective communities.

Nevada agencies provided the following support:

1. Governor's Office – Staff members have conducted site visits, monitored conditions, and coordinated with federal, state, local, and tribal partners to identify recovery and mitigation measures.
2. Nevada Division of Emergency Management (DEM) – DEM participated in National Weather Service, federal, state, local, and tribal briefings, and posted information on WebEOC, which is Nevada's online incident management system. State Emergency Operation Center (SEOC) staff coordinated 113 resource requests by local jurisdictions, tribal reservations, and state agencies to save lives, protect property, and to initiate short-term recovery measures. SEOC staff also disseminated impact analyses and daily situation reports. Additionally:
  - State Technical Assistance and Response Teams conducted damage assessments, organized the PDA in coordination with FEMA, and provided recovery program guidance.
  - DEM provided a communications network for receiving and transmitting emergency and warning information among all levels of government and also provided support to emergency operations staff.
3. Nevada Department of Transportation (NDOT) – NDOT collaborated with the Nevada Highway Patrol to issue travel alerts and advisories as storm conditions intensified. NDOT road maintenance crews were out in force prior to and during the heavy rains and flooding, clearing state freeway drainages. NDOT contractors staged heavy equipment at dozens of state road bridges from Reno south to the Carson Valley to remove flood-related debris, etc. In addition, more than 50 NDOT staff volunteers were mobilized to work state road closures. NDOT assisted with redirecting traffic on closed roads and initiated immediate repair of the roads listed above, which was necessary to provide access for emergency responders and ensure public safety.
4. Nevada Highway Patrol (NHP) – NHP coordinated with NDOT to assess conditions, close roads, re-route traffic, escort essential personnel through restricted areas, and issue advisories to the Nevada Trucking Association and the traveling public. NHP Troopers also responded to traffic accidents that resulted from hazardous driving conditions.
5. Nevada Department of Forestry (NDF) – NDF assigned 555 personnel to this event to assist with life/safety protection, critical infrastructure preservation and protection, home/property protection, evacuation, and cleanup efforts in impacted areas. NDF also provided technical assistance and support through their Geospatial Information Systems capability, to track deployment of resources and damages resulting from the weather event.

6. Nevada Department of Health and Human Services (NDHHS) – NDHHS provided technical assistance to emergency managers, who helped assist residents, and to responders addressing safe drinking water issues. NDHHS also applied for and received two emergency waivers for the Supplemental Nutrition Assistance Program (SNAP) to assist the Sutcliffe community in recovering from the weather related emergencies.
7. Nevada National Guard (NVNG) – NVNG provided personnel and high water trucks for transportation of responders and evacuees in the flood damaged areas, as well as heavy equipment and personnel to assist with sandbag efforts and snow removal. NVNG also provided potable water to vulnerable areas.

Federal agencies provided the following support:

1. National Weather Service (NWS) – NWS provided emergency personnel with analysis of severe storm watches and warnings.
2. Federal Emergency Management Agency (FEMA) – FEMA dispatched an Incident Management Assistance Team during the response period, as well as a survey team to support damage assessment efforts during the initial recovery phase.
3. Bureau of Indian Affairs (BIA) – BIA dispatched emergency personnel, to assist in the coordination of resources on tribal land.

Volunteer organizations provided the following support:

1. The American Red Cross (ARC) – ARC opened three shelters that provided 289 overnight stays, as well as 4,211 meals and 19,280 light meals. Additionally, the ARC provided 1,160 meals and 1,224 cases of water to the Pyramid Lake Paiute Tribe in Sutcliffe, Nevada. ARC volunteers assessed 517 homes and provided 51 clean up kits.
2. Voluntary Organizations Active in Disasters (VOAD) – Volunteers from the Nevada VOAD, in particular Washoe County Medical Reserve Corp and the Washoe County Sheriff's Office Citizen Corps Program provided support to the ARC shelters, EOC operational support, operated the 211 Call Center, conducted traffic control, and ARES provided amateur radio services. Civil Air Patrol also provided personnel for Emergency Support Function 9 in the State Emergency Operations Center, and provided flyover support for Douglas, Washoe, and Storey Counties to provide situational awareness and document damage.

## **POPULATION OF AFFECTED AREAS**

	County Population*	Percent of People Below Poverty Level*	Median Household Income*	Percent Elderly (65 and over)*	Percent Disabled under the age of 65*	Percent Pre-Disaster Unemployment (as of November 2016)**
Nevada Totals	2,890,845	14.7%	\$51,847	14.6%	9.0%	5.1%
Carson City	54,521	16.8%	\$47,668	16.5%	17.2%	5.3%
Douglas County	47,710	9.4%	\$58,535	25.6%	10.5%	4.9%
Humboldt County	17,019	9.4%	\$65,212	11.0%	8.3%	4.5%
Lyon County	52,585	13.8%	\$47,255	20.6%	14.6%	6.2%
Storey County	3,987	7.8%	\$64,832	29.1%	19.3%	4.9%
Washoe County	446,903	13.8%	\$52,870	15.1%	8.2%	4.2%
Pyramid Lake Paiute Tribe	1,270 (service area pop.)****	33.5%^^^	\$29,722^^	10.3%****	11.2%^	44%***
Reno Sparks Indian Colony	1100 #					
Washoe Tribe of NV & CA	1116 #					
Nevada Tribal Totals	3,302 (service area pop.)****	16.5%****		8.1%****		12.6%****

Sources		
*	<a href="http://www.census.gov">www.census.gov</a>	
**	<a href="http://nevadaworkforce.com">nevadaworkforce.com</a> (Part of the Nevada Department of Employment, Training & Rehabilitation)	
***	<a href="http://pplt.nsn.us">pplt.nsn.us</a> (Pyramid Lake Paiute Tribe official website)	
****	<a href="http://bia.gov">bia.gov</a> (2013 American Indian Population and Labor Force Report)	
^	SEX BY AGE BY DISABILITY STATUS Report - U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates	These three surveys provided information from the Pyramid Lake Census County Division (CCD) on the Census Bureau's American FactFinder website
^^	MEDIAN INCOME IN THE PAST 12 MONTHS (IN 2015 INFLATION-ADJUSTED DOLLARS) U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates	
^^^	POVERTY STATUS IN THE PAST 12 MONTHS U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates	

#	<a href="https://en.wikipedia.org/wiki/Washoe_Tribe_of_Nevada_and_California">https://en.wikipedia.org/wiki/Washoe_Tribe_of_Nevada_and_California</a>
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**TWELVE MONTH DISASTER HISTORY**

**Lincoln County Bombing Incident, July 13, 2016:** A bombing incident occurred in the Town of Panaca, in Lincoln County, Nevada, that posed a severe and immediate threat to the lives and safety of visitors and residents and caused damage to homes and property within the community. The Governor of the State of Nevada, on July 13, 2016, authorized and directed the State of Nevada to mobilize and make available all State agencies and resources necessary and requested by Lincoln County to respond to this emergency.

On July 15, 2016, the Lincoln County Board of Commissioners approved and issued a Declaration of Emergency due to the bombing incident. The State of Nevada provided a multi-agency response effort to assist Panaca and Lincoln County, which included the Division of Emergency Management, the Fire Marshal Division, the Nevada Highway Patrol Division, the Division of Investigations, the Nevada Threat Analysis Center, and the Nevada Department of Health and Human Services, to coordinate and work with other local, county, State, and federal agencies.

**Pyramid Lake Paiute Tribe (PLPT) Tule Wildfire, July 29, 2016:** Beginning on July 28, 2016, fires began throughout Washoe County and on Saturday, July 30, the Tule Fire burned in the Sutcliffe area and community, which is located on the Pyramid Lake Paiute Tribe’s Reservation. The five fires were designated as the Virginia Mountains Complex, and included the Rock, Anderson, Sage, Seven Lakes, and Tule fires, all of which were determined to be caused by lightning strikes. The Tule Fire on the Pyramid Lake Paiute Tribe’s Reservation was the biggest and caused the most damage.

Officials released the following fire statistics:

- Rock Fire – 2,293 acres
- Sage Fire – 4,238 acres
- Seven Lakes Fire – 3,063 acres
- Anderson Fire – 16,284 acres
- Tule Fire – 36,142 acres

Major firefighting operations forced the closure of Pyramid Lake for recreational use, and the Lake remained closed for several days. Pyramid Lake Paiute Tribe officials issued evacuation notices for Sutcliffe on the Saturday of the fire due to shifting wind patterns and the intensity of the fire, which endangered a total of approximately 350 homes and 600 residents. Tribal leadership reported that evacuations for beaches at Pyramid Lake numbered approximately 200 people.

Late Sunday afternoon, Tribal police also began conducting a mandatory evacuation of

Big Canyon drainage area. The Reservation experienced several hours of power, water, and sewer service outages. State Routes 445 and 446 were shut down for several days while fire crews were suppressing the fires. Tribal officials reported on Saturday that three mobile homes, two vehicles, and one home were destroyed. The fire also destroyed six unoccupied historic structures at the Hardscrabble Ranch. Tribal members and residents were encouraged to seek shelter at the gymnasium in Nixon, Nevada, where approximately 40 families were sheltered. Additionally cell services were lost as an AT&T cell phone tower was destroyed. On July 30, 2016, Pyramid Lake Paiute Tribal leadership declared a State of Disaster for the Reservation due to the Tule Fire, and on August 8, the Governor signed a Declaration of Emergency for Virginia Mountains Complex Fire, to include Washoe County and the Pyramid Lake Paiute Tribe.

Because this fire was on a Tribal Reservation and the Tribe had the option of going directly to FEMA, DEM requested assistance from FEMA and the Small Business Administration (SBA) to conduct a joint Federal, State, and Tribal damage assessment. It was determined that Nevada did not meet Presidential or SBA declaration criteria. SBA's criteria includes at least 25 homes (primary residences) and/or businesses if a county/reservation have uninsured losses of 40% or more of their estimated fair replacement value. A Burned Area Emergency Response (BAER) Team was also requested immediately to assist the Tribe with restoration of the burned area.

On July 29, a Fire Management Assistance Grant was granted for this fire. Eligible firefighting costs include expenses for emergency protective measures and firefighting activities such as field camps; equipment use, repair and replacement; tools, materials and supplies; and mobilization and demobilization activities. This grant provided a 75 percent federal cost share.

**Little Valley Wildfire, October 14, 2016:** The Little Valley Fire started in the Franktown Road area of Washoe Valley at 2:00 AM on Friday, October 14, 2016. The fire was driven by strong winds out of the southwest, at 35 MPH and gusting to 70 MPH in the hills. The Little Valley Fire spread quickly, burning a total of 2,291 acres. Embers were believed to be the cause of a secondary fire near Mount Rose highway, which was called the Rolling Hills Fire. The secondary fire burned 10 acres and emergency response personnel contained it within three hours. Heavy rains helped with the firefighting effort, but also caused minor flash flooding in the fire area. The Little Valley Fire was 100% contained on October 19, 2016, but firefighters continued to monitor and patrol the fire perimeter through October 31, 2016.

A total of 23 homes and 17 outbuildings were destroyed in this fire, with one home sustaining major damages. Homeowners were insured, but according to insurance adjusters on the scene many homes were under-insured. Costs estimates based on replacement costs were developed using county assessor data, and were calculated to be nearly \$4,000,000. The State's cost to activate the SEOC, deploy Satellite Communications support, and the National Guard security detail were approximately \$35,000. The costs to fight the fire have not been reported by Washoe County or state agencies at this time.

Although the community was greatly affected by this fire it did not meet the threshold for a Presidential Declaration or a SBA declaration. However, a request for a Fire Management Assistance Grant was granted on October 14, 2016. Eligible firefighting costs included expenses for emergency protective measures and firefighting activities such as field camps; equipment use, repair and replacement; tools, materials and supplies; and mobilization and demobilization activities. This grant provided a 75 percent federal cost share.

The cumulative impact of these events has been devastating. Given the millions of dollars spent throughout the past 12 months to protect, repair, restore and rebuild communities, significant state, tribal, county, and city resources have been depleted. Each entity is impaired in its ability to assist and respond to the dire needs within these rural and tribal communities.

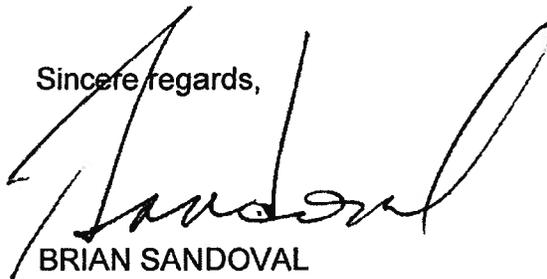
### CONCLUSION

The State of Nevada is committed to its recovery from the destruction caused by the January 2017 weather events in the counties of Washoe, Douglas, Lyon, Storey, the City of Carson City, the Reno-Sparks Indian Colony, the Pyramid Lake Paiute Tribe, and the Washoe Tribe of Nevada and California. State, local, and tribal entities have expended substantial resources in their response and need the assistance of the federal government to recover effectively and efficiently. Therefore, I respectfully request that you declare a major disaster for the State of Nevada.

Caleb Cage, the Chief of the Nevada Department of Public Safety's Division of Emergency Management, has been designated as the Governor's Authorized Representative and the State Coordinating Officer for this request. Chief Cage will work with FEMA on damage assessments and will provide further information or justification if needed.

Thank you for your expedited consideration, and I look forward to your response and assistance. Please do not hesitate to contact me with any questions.

Sincere regards,

A handwritten signature in black ink, appearing to read "B. Sandoval", written over a large, stylized flourish.

BRIAN SANDOVAL  
Governor

# DECLARED FEBRUARY 17, 2017

## SUMMARY

STATE: Nevada  
NUMBER: FEMA-4303-DR  
INCIDENT: Severe Winter Storms, Flooding, and Mudslides  
INCIDENT PERIOD: January 5-14, 2017  
DATE REQUESTED BY GOVERNOR: February 10, 2017  
FEDERAL COORDINATING OFFICER: Rosalyn L. Cole  
National FCO Program

### DESIGNATIONS AND TYPES OF ASSISTANCE:

#### INDIVIDUAL ASSISTANCE (Assistance to individuals and households):

Not Requested.

#### PUBLIC ASSISTANCE (Assistance for emergency work and the repair or replacement of disaster-damaged facilities):

The counties of Douglas, Lyon, Storey, and Washoe; the independent city of Carson City; and the Pyramid Lake Paiute Tribe, the Reno-Sparks Indian Colony, and the Washoe Tribe of Nevada and California.

#### HAZARD MITIGATION GRANT PROGRAM (Assistance for actions taken to prevent or reduce long term risk to life and property from natural hazards):

All areas in the State of Nevada are eligible for assistance under the Hazard Mitigation Grant Program.

OTHER: Additional designations may be made at a later date if requested by the state and warranted by the results of further damage assessments.