

### 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: **18319**

|  |  |
|--|--|
| Agency Name: <b>TREASURER - TREASURER'S OFFICE</b> | Legal Entity Name: <b>ARBITRAGE COMPLIANCE</b>               |
| Agency Code: <b>050</b>                            | Contractor Name: <b>ARBITRAGE COMPLIANCE</b>                 |
| Appropriation Unit: <b>1082-04</b>                 | Address: <b>SPECIALISTS INC<br/>5975 S QUEBEC ST STE 205</b> |
| Is budget authority available?: <b>Yes</b>         | City/State/Zip: <b>CENTENNIAL, CO 80111-4566</b>             |
| If "No" please explain: <b>Not Applicable</b>      | Contact/Phone: <b>800/672-9993</b>                           |
|  | Vendor No.: <b>T27029876</b>                                 |
|  | NV Business ID: <b>NV20121023868</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 % Consolidated Bond Debt Service</b> |

2. Contract start date:

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

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Arbitrage**

5. Purpose of contract:

**This is a new contract that continues ongoing arbitrage compliance services to assist the state in complying with the Internal Revenue Service's rules and regulations regarding arbitrage.**

6. NEW CONTRACT

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

Other basis for payment: Contract not to exceed \$40,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contractor provides arbitrage calculation services which were previously performed by the State Controller's Office. These services are needed in order to comply with the Internal Revenue Service's rules and regulations regarding arbitrage.

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

State employees currently do not possess the specialized expertise needed to perform this service.

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

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

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

**Not Applicable**

b. Solicitation Waiver: **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: 07/01/2018

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?

No If "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:

Other **Non Title 7 Business Entity**

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   | vmilazz1 | 12/06/2016 14:28:18 PM |
| Division Approval         | vmilazz1 | 12/06/2016 14:28:20 PM |
| Department Approval       | alaw1    | 12/20/2016 08:49:13 AM |
| Contract Manager Approval | yli00    | 12/20/2016 08:50:25 AM |
| Budget Analyst Approval   | dstoddar | 12/20/2016 11:15:40 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: **18294**

|   |   |
|---|---|
| Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> | Legal Entity Name: <b>SIERRA CONTROLS LLC</b>     |
| Agency Code: <b>082</b>                                 | Contractor Name: <b>SIERRA CONTROLS LLC</b>       |
| Appropriation Unit: <b>1366-04</b>                      | Address: <b>940 MALLORY WAY STE 1</b>             |
| Is budget authority available?: <b>Yes</b>              | City/State/Zip: <b>CARSON CITY, NV 89701-5380</b> |
| If "No" please explain: <b>Not Applicable</b>           | Contact/Phone: <b>775/883-0443</b>                |
|   | Vendor No.: <b>PUR0002695</b>                     |
|   | NV Business ID: <b>NV20121732336</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 % | <b>X Other funding</b> | <b>100.00 % RAW WATER SALES</b> |

2. Contract start date:

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

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2017**

Contract term: **350 days**

4. Type of contract: **Contract**

Contract description: **SCADA COMMUNICATIONS**

5. Purpose of contract:

**This is a new contract that continues ongoing preventive maintenance services for the Marlette Lake Supervising Controls An Data Access System.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,360.00**

Other basis for payment: \$5,000.00 per Annual inspection of RTU Sites and Instruments; \$ 800.00 per Annual Preventive Maintenance- HMI Computer; \$ 450.00 per Remote Access Services for the contract period;\$ 3,810.00 per Renewal of Software Support License for contract period; \$ 3,300.00 per Automatic Database Backup; \$15,000.00 Per IT/Professional/Emergency Services; \$ 15,000.00 per SCADA Systems Enhancement; \$5,000.00 Extra services to be used upon written request and approval of a Buildings and Grounds designee; Thirty (30) days from receipt of itemized invoice and upon inspection and approval by a Buildings and Grounds designee.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

the Marlette Water System requires monitoring and operation of water flow, water pressure, and water level in the tanks and transmission of that information through computer systems via Radio Transmitter units.

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

Sierra Control Systems is the authorized dealer for this 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?

This is the authorized dealer for this system.

d. Last bid date: 10/01/2016 Anticipated re-bid date: 09/01/2017

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:

SPWD has used this vendor and the 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 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 | 12/06/2016 13:35:23 PM |
| Division Approval         | csweeney | 12/06/2016 13:35:26 PM |
| Department Approval       | csweeney | 12/06/2016 13:35:28 PM |
| Contract Manager Approval | ssands   | 12/09/2016 11:55:57 AM |
| Budget Analyst Approval   | dstoddar | 12/09/2016 13:24:59 PM |

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18279**

|   |                                       |
|---|---------------------------------------|
| Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b> | Legal Entity Name: <b>KPS 3 INC</b>   |
| Agency Code: <b>102</b>                                       | Contractor Name: <b>KPS 3 INC</b>     |
| Appropriation Unit: <b>1526-11</b>                            | Address: <b>65 REGENCY WAY</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>775/686-7415</b>    |
|   | Vendor No.: <b>T80988055</b>          |
|   | NV Business ID: <b>NV19941094961</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 % |

Agency Reference #: 102

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/16/2016**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2017**

Contract term: **287 days**

4. Type of contract: **Contract**

Contract description: **Marketing Contract**

5. Purpose of contract:

**This is a new contract to produce and distribute a bimonthly economic development newsletter.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,000.00**

Payment for services will be made at the rate of \$3,500.00 per newsletter

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Per NRS 231, GOED is charged with diversifying Nevada's economy, measuring performance and communicating results.**

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

**GOED does not have the expertise to produce 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):

**Boost Creative  
The Glenn Group  
KPS3**

b. Solicitation Waiver: **Not Applicable**

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

Best overall proposal.

d. Last bid date: 11/10/2016 Anticipated re-bid date: 09/01/2017

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:

GOED, work was satisfactory.

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

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

Not Applicable

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

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   | swoodbur | 11/10/2016 13:57:57 PM |
| Division Approval         | swoodbur | 11/10/2016 13:58:01 PM |
| Department Approval       | swoodbur | 11/10/2016 13:58:04 PM |
| Contract Manager Approval | swoodbur | 11/10/2016 13:58:08 PM |
| Budget Analyst Approval   | dstoddar | 11/16/2016 14:26:13 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: **17956** Amendment Number: **1**

Agency Name: **DEPARTMENT OF VETERANS SERVICES** Legal Entity Name: **Farr West Engineering**

Agency Code: **240** Contractor Name: **Farr West Engineering**

Appropriation Unit: **2561-04** Address: **5510 Longley Lane**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89511**

If "No" please explain: **Not Applicable** Contact/Phone: **Brent Farr 775-851-4788**

Vendor No.: **T81102795**

NV Business ID: **NV20011242988**

To what State Fiscal Year(s) will the contract be charged? **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>65.00 %</b> | Bonds                  | 0.00 %                        |
| Highway Funds          | 0.00 %         | <b>X</b> Other funding | <b>35.00 % Private/County</b> |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2016**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **03/31/2017**

Termination Date:

Contract term: **1 year and 152 days**

4. Type of contract: **Contract**

Contract description: **Water Quality**

5. Purpose of contract:

**This is the first amendment to the original contract continuing research, alternative solutions analysis, design and bid documents and permits in the continuing process toward the development of a permanent water clarification system for the Nevada Veterans Home. This amendment incorporates changes in the Scope of Work; extends the length of the contract from March 31, 2017 to December 31, 2017; and increases the maximum amount of the Contract from \$57,700 to \$69,700.**

#### 6. CONTRACT AMENDMENT

|  | Trans \$    | Info Accum \$ | Action Accum \$ | Agenda       |
|--|-------------|---------------|-----------------|--------------|
| 1. The max amount of the original contract:                          | \$57,700.00 | \$57,700.00   | \$57,700.00     | Yes - Action |
| 2. Amount of current amendment (#1):                                 | \$12,000.00 | \$12,000.00   | \$12,000.00     | Yes - Info   |
| 3. New maximum contract amount:                                      | \$69,700.00 |               |                 |              |
| and/or the termination date of the original contract has changed to: | 12/31/2017  |               |                 |              |

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Ongoing process toward permanent solution to maintain water clarity at the Nevada State Veterans Home in Boulder City, NV.

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

NDVS is working in conjunction with SPWD for a permanent solution to maintain water clarity at the NSVH. SPWD recommended vendor as the best choice to perform the analysis needed to move forward.

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?

Their expertise and location within the State of Nevada. Recommended by SPWD.

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

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   | agarland | 11/21/2016 07:17:57 AM |
| Division Approval         | agarland | 11/21/2016 07:18:01 AM |
| Department Approval       | agarland | 11/21/2016 07:18:06 AM |
| Contract Manager Approval | jtheil1  | 12/08/2016 13:26:57 PM |
| Budget Analyst Approval   | dstoddar | 12/08/2016 14:04:42 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: **18316**

|                                 |  |                    |  |
|---------------------------------|--|--------------------|--|
| Agency Name:                    | <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b> | Legal Entity Name: | Nevada Department of Veterans Services                 |
| Agency Code:                    | <b>406</b>                                 | Contractor Name:   | <b>Nevada Department of Veterans Services</b>          |
| Appropriation Unit:             | <b>3170-28</b>                             | Address:           | <b>6880 S. McCarran Blvd.<br/>Building A, Suite 12</b> |
| Is budget authority available?: | <b>Yes</b>                                 | City/State/Zip:    | <b>Reno, NV 89509</b>                                  |
| If "No" please explain:         | Not Applicable                             | Contact/Phone:     | geet@veterans.nv.gov 775-688-1653                      |
|                                 |  | Vendor No.:        |  |
|                                 |  | 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 % |

Agency Reference #: C 15865

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2016**  
Anticipated BOE meeting date 01/2017

Retroactive? **Yes**

If "Yes", please explain

**This contract was delayed because the decision was made to change from an interagency agreement to an Intrastate Inter-local contract.**

3. Termination Date: **08/31/2017**

Contract term: **364 days**

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

Contract description: **AmeriCorps Program**

5. Purpose of contract:

**This is a new interlocal agreement to provide host sites and funding for the AmeriCorps Program through the Nevada Department of Veterans Services. The AmeriCorps Program goal is to serve more veterans and to provide opportunities for veterans to serve in their communities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,000.00**

Payment for services will be made at the rate of \$5,250.00 per Member

Other basis for payment: Mileage reimbursement shall not exceed \$1,250.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is required to meet the requirements of the AmeriCorps Program and grant requirements.

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

The work is being completed by State employees.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

**No**

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

**No**

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   | chadwic1 | 12/08/2016 15:17:56 PM |
| Division Approval         | chadwic1 | 12/08/2016 15:17:57 PM |
| Department Approval       | jkolenut | 12/13/2016 11:30:10 AM |
| Contract Manager Approval | rmorse   | 12/14/2016 11:26:55 AM |
| Budget Analyst Approval   | dstoddar | 12/15/2016 13:08:19 PM |

**BRIAN SANDOVAL**  
*Governor*

STATE OF NEVADA

**CODY L. PHINNEY, MPH**  
*Administrator*

**RICHARD WHITLEY, MS**  
*Director*



**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

**December 5, 2016**

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*Budget Analyst*  
*Budget Division*

**THROUGH:** **Mark Winebarger**  
*Administrative Services Officer IV*  
*Division of Public and Behavioral Health*

**FROM:** **Julia Peek**  
*Deputy Administrator, Community Services*  
*Division of Public and Behavioral Health*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – Department of Veteran Services (CETS #18316)**

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This memorandum requests that the following Interlocal Agreement be approved for a retroactive start date effective September 1, 2016. This contract was delayed because the decision was made to change from an interagency agreement to an Intrastate Interlocal contract.

The Bureau will implement the following to prevent future retroactive requests:

- The agency will make every attempt to foresee these delays in the future

If you have any questions, please contact Julia Peek at (775) 684-5280 [jpeek@health.nv.gov](mailto:jpeek@health.nv.gov).

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: **18195**

|  |  |
|--|--|
| Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b> | Legal Entity Name: Evangelina R Lopez      |
| Agency Code: <b>407</b>                                    | Contractor Name: <b>Evangelina R Lopez</b> |
| Appropriation Unit: <b>3233-07</b>                         | Address: <b>PO Box 193</b>                 |
| Is budget authority available?: <b>Yes</b>                 | City/State/Zip: <b>Hawthorne, NV 89415</b> |
| If "No" please explain: Not Applicable                     | Contact/Phone: 775-945-3984                |
|  | Vendor No.:                                |
|  | NV Business ID: NV20101424888              |

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.

|   |                |               |        |
|---|----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | <b>30.00 %</b> | Fees          | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | <b>70.00 %</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 **01/01/2017**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2020**

Contract term: **3 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Service**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the Division of Welfare and Supportive Service District Office in Hawthorne.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,725.00**

Payment for services will be made at the rate of \$425.00 per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are required for a clean and sanitary environment for DWSS staff and clients

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

State Buildings and Grounds does not provide this service to rural areas

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):

BIGG Impressions Cleaning Service, LLC  
ADS-Myers, Inc  
Pro Clean Maintenance Inc  
Eva Lopez  
Executive cleaning Service LLC

b. Solicitation Waiver: **Not Applicable**

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

Selected vendor was the sole responder and providing satisfactory services.

d. Last bid date: 08/29/2016 Anticipated re-bid date: 05/30/2019

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:

Currently under contract and providing satisfactory janitorial services.

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   | tdufresn | 10/25/2016 10:57:40 AM |
| Division Approval         | msmit5   | 11/09/2016 08:35:04 AM |
| Department Approval       | ecreceli | 11/14/2016 09:31:53 AM |
| Contract Manager Approval | mlynn    | 11/16/2016 13:55:18 PM |
| Budget Analyst Approval   | laaron   | 11/17/2016 12:56:50 PM |

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18283**

|   |   |
|---|---|
| Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b> | Legal Entity Name: <b>FMC Maintenance &amp; Hood Cleaning Service</b> |
| Agency Code: <b>431</b>                                   | Contractor Name: <b>FMC Maintenance &amp; Hood Cleaning Service</b>   |
| Appropriation Unit: <b>3650-07</b>                        | Address: <b>9087 Fawn Grove Drive</b>                                 |
| Is budget authority available?: <b>Yes</b>                | City/State/Zip: <b>Las Vegas, NV 89147</b>                            |
| If "No" please explain: <b>Not Applicable</b>             | Contact/Phone: <b>Fidel Cruz 7025131920</b>                           |
|   | Vendor No.:   |
|   | NV Business ID: <b>NV20131586652</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>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 **12/13/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2020**

Contract term: **4 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Hood & Duct Cleaning**

5. Purpose of contract:

**This is a new contract to provide ongoing service and maintenance of kitchen hood and duct cleaning on an "as needed" basis at Nevada Army National Guard locations in Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,960.00**

Payment for services will be made at the rate of \$0.00 per year

Other basis for payment: Not to exceed \$12,490 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Kitchen hood and duct services are required throughout the year as maintenance or repairs are needed.

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

State employees do not have all necessary equipment to perform adequate kitchen hood and duct service and maintenance.

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

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

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

Southern Nevada Environmental Services  
FMC Maintenance  
Silver Hood  
Western Commercial Services

b. Solicitation Waiver: **Not Applicable**

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

FMC Maintenance, was the chosen vendor based on the bidding process.

d. Last bid date: 07/19/2016 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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   | ctyle1   | 11/15/2016 12:01:06 PM |
| Division Approval         | ctyle1   | 11/15/2016 12:01:08 PM |
| Department Approval       | ctyle1   | 11/15/2016 12:01:10 PM |
| Contract Manager Approval | twollan1 | 11/15/2016 14:18:11 PM |
| Budget Analyst Approval   | dstoddar | 11/16/2016 16:20:03 PM |

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18266**

|   |   |
|---|---|
| Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b> | Legal Entity Name: <b>MCKEON DOOR OF NEVADA INC</b> |
| Agency Code: <b>431</b>                                   | Contractor Name: <b>MCKEON DOOR OF NEVADA INC</b>   |
| Appropriation Unit: <b>3650-07</b>                        | Address: <b>3174 W POST RD BLDG C</b>               |
| Is budget authority available?: <b>Yes</b>                | City/State/Zip: <b>LAS VEGAS, NV 89118-3838</b>     |
| If "No" please explain: <b>Not Applicable</b>             | Contact/Phone: <b>Susie Melendez 702/636-9338</b>   |
|   | Vendor No.: <b>T27024374</b>                        |
|   | NV Business ID: <b>NV20051496054</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>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 **11/22/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2018**

Contract term: **2 years and 21 days**

4. Type of contract: **Contract**

Contract description: **Roll up Doors**

5. Purpose of contract:

**This is a new contract to perform installation, repair or maintenance needs on roll up and sectional doors on an "as needed" basis at Office of the Military locations in Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,960.00**

Payment for services will be made at the rate of \$0.00 per year

Other basis for payment: Not to exceed \$24,990 per year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Statewide motorized and hand operated roll up and sectional doors are required throughout the year as maintenance or repairs are needed.

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

Staff do not have the necessary equipment and skills to properly repair the roll-up doors.

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):



Vortex Doors  
Vortex Industries  
Nevada Overhead Door Company  
McKeon Door of Nevada

b. Solicitation Waiver: **Not Applicable**

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

McKeon Door of Nevada, Inc. was one of the vendors chosen based on the bidding process.

d. Last bid date: 06/23/2016 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

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   | ctyle1   | 11/15/2016 10:41:41 AM |
| Division Approval         | ctyle1   | 11/15/2016 10:41:43 AM |
| Department Approval       | ctyle1   | 11/15/2016 10:41:45 AM |
| Contract Manager Approval | twollan1 | 11/15/2016 11:24:02 AM |
| Budget Analyst Approval   | dstoddar | 11/22/2016 13:49:08 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: **18267**

|                                 |  |                    |                                      |
|---------------------------------|--|--------------------|--------------------------------------|
| Agency Name:                    | <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b> | Legal Entity Name: | NEVADA OVERHEAD DOOR/GLOR INC        |
| Agency Code:                    | <b>431</b>                                   | Contractor Name:   | <b>NEVADA OVERHEAD DOOR/GLOR INC</b> |
| Appropriation Unit:             | <b>3650-07</b>                               | Address:           | <b>2255 GLENDALE AVE</b>             |
| Is budget authority available?: | <b>Yes</b>                                   | City/State/Zip:    | <b>SPARKS, NV 89431</b>              |
| If "No" please explain:         | Not Applicable                               | Contact/Phone:     | Chris Smith 7753559100               |
|                                 |  | Vendor No.:        | T80941827                            |
|                                 |  | NV Business ID:    | NV19781009872                        |

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>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 **11/16/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2018**

Contract term: **2 years and 27 days**

4. Type of contract: **Contract**

Contract description: **Roll Up Doors**

5. Purpose of contract:

**This is a new contract to perform installation, repair or maintenance needs on roll up and sectional doors on an "as needed" basis at Office of the Military locations in Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,960.00**

Payment for services will be made at the rate of \$0.00 per year

Other basis for payment: Not to exceed \$24,990 per year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Statewide motorized and hand operated roll up and sectional doors are required throughout the year as maintenance or repairs are needed.

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

Staff do not have the necessary equipment and skills to properly repair the roll-up doors.

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

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

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

Nevada Overhead Door Company  
Vortex Industries  
Vortex Doors  
McKeon Door of Nevada

b. Solicitation Waiver: **Not Applicable**

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

Nevada Overhead Door Company was one of the vendors chosen based on the bidding process.

d. Last bid date: 06/23/2016 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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   | ctyle1   | 11/15/2016 10:45:43 AM |
| Division Approval         | ctyle1   | 11/15/2016 10:45:46 AM |
| Department Approval       | ctyle1   | 11/15/2016 10:45:49 AM |
| Contract Manager Approval | twollan1 | 11/15/2016 11:24:20 AM |
| Budget Analyst Approval   | dstoddar | 11/16/2016 16:21:53 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: **18269**

|   |   |
|---|---|
| Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b> | Legal Entity Name: <b>Vortex Doors</b>        |
| Agency Code: <b>431</b>                                   | Contractor Name: <b>Vortex Doors</b>          |
| Appropriation Unit: <b>3650-07</b>                        | Address: <b>3955 W. Mesa Vista Ave. #A-11</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>Gary Inglis 7022229185</b>  |
|   | Vendor No.:                                   |
|   | NV Business ID: <b>NV19941094581</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>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 **11/16/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2018**

Contract term: **2 years and 27 days**

4. Type of contract: **Contract**

Contract description: **Roll Up Doors**

5. Purpose of contract:

**This is a new contract to perform installation, repair or maintenance needs on roll up and sectional doors on an "as needed" basis at Office of the Military locations in Henderson, N. Las Vegas, and Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,960.00**

Payment for services will be made at the rate of \$0.00 per year

Other basis for payment: Not to exceed \$24,990 per year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Statewide motorized and hand operated roll up and sectional doors are required throughout the year as maintenance or repairs are needed.

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

Staff do not have the necessary equipment and skills to properly repair the roll-up doors.

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):

Vortex Industries  
Nevada Overhead Door Company  
McKeon Door of Nevada  
Vortex Doors

b. Solicitation Waiver: **Not Applicable**

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

Vortex Doors was one of the vendors chosen based on the bidding process.

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   | ctyle1   | 11/15/2016 10:33:15 AM |
| Division Approval         | ctyle1   | 11/15/2016 10:33:17 AM |
| Department Approval       | ctyle1   | 11/15/2016 10:33:19 AM |
| Contract Manager Approval | twollan1 | 11/15/2016 11:23:09 AM |
| Budget Analyst Approval   | dstoddar | 11/16/2016 16:20:40 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: **18268**

|   |   |
|---|---|
| Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b> | Legal Entity Name: <b>Vortex Industries</b>   |
| Agency Code: <b>431</b>                                   | Contractor Name: <b>Vortex Industries</b>     |
| Appropriation Unit: <b>3650-07</b>                        | Address: <b>3951 Research Dr. #A</b>          |
| Is budget authority available?: <b>Yes</b>                | City/State/Zip: <b>Sacramento, CA 95838</b>   |
| If "No" please explain: <b>Not Applicable</b>             | Contact/Phone: <b>Gus Guerrero 9169203667</b> |
|   | Vendor No.:                                   |
|   | NV Business ID: <b>NV19941094581</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>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 **11/16/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/13/2018**

Contract term: **2 years and 27 days**

4. Type of contract: **Contract**

Contract description: **Roll up Doors**

5. Purpose of contract:

**This is a new contract to perform installation, repair or maintenance needs on roll up and sectional doors on an "as needed" basis at Office of the Military locations in Reno, Stead, Carson City, Yerington & Fallon.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,960.00**

Payment for services will be made at the rate of \$0.00 per year

Other basis for payment: Not to exceed \$24,990 per year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Statewide motorized and hand operated roll up and sectional doors are required throughout the year as maintenance or repairs are needed.

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

Staff do not have the necessary equipment and skills to properly repair the roll-up doors.

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):

McKeon Door of Nevada  
Nevada Overhead Door Company  
Vortex Industries  
Vortex Doors

b. Solicitation Waiver: **Not Applicable**

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

Vortex Industries was one of the vendors chosen based on the bidding process.

d. Last bid date: 06/23/2016 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

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   | ctyle1   | 11/15/2016 10:35:24 AM |
| Division Approval         | ctyle1   | 11/15/2016 10:35:25 AM |
| Department Approval       | ctyle1   | 11/15/2016 10:35:31 AM |
| Contract Manager Approval | twollan1 | 11/15/2016 11:23:39 AM |
| Budget Analyst Approval   | dstoddar | 11/16/2016 16:21:18 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: **18237**

|  |   |
|--|---|
| Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>  | Legal Entity Name: Board of Regents, Nevada System of Higher Education (NSHE) OBO                     |
| Agency Code: <b>440</b>  | Contractor Name: <b>Board of Regents, Nevada System of Higher Education (NSHE) OBO</b>                |
| Appropriation Unit: <b>3711-22</b>   | Address: <b>University of NV, Las Vegas<br/>4505 S. Maryland Parkway<br/>Las Vegas, NV 89154-5009</b> |
| Is budget authority available?: <b>No</b>  | City/State/Zip: <b>Las Vegas, NV 89154-5009</b>   |
| If "No" please explain: Pending approval of WP C38293 scheduled for IFC Meeting on December 15, 2016 | Contact/Phone: Dr. Emily J. Salisbury 702-895-0236  |
| To what State Fiscal Year(s) will the contract be charged?   | Vendor No.:<br>NV Business ID: Governmental Entity<br><b>2017-2018</b>                                |

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

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

Agency Reference #: DHHS RFP 3106

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/02/2016**  
Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2017**

Contract term: **301 days**

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

Contract description: **Re-Entry Programs**

5. Purpose of contract:

**This is a new interlocal agreement to provide an evaluation on the effectiveness of Nevada's Strategic Recidivism Grant goals.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,276.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department was provided a grant through the Bureau of Justice Assistance Second Chance Act to provide re-entry services to reduce recidivism rates. The Department is contracting with UNLV to evaluate the effectiveness of the grant goals.

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

An outside party is required for this service and therefore services cannot be provided by the Department.

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

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

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

**Not Applicable**



b. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 Any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of its public agencies is authorized by law to perform. The indirect cost rate is 26% which was federally approved.

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   | sewart   | 10/31/2016 15:10:57 PM |
| Division Approval         | sewart   | 10/31/2016 15:10:59 PM |
| Department Approval       | jborrowm | 11/14/2016 09:04:41 AM |
| Contract Manager Approval | jhardy   | 12/01/2016 15:27:39 PM |
| Budget Analyst Approval   | laaron   | 12/02/2016 12:43:53 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: **18184**

|   |   |
|---|---|
| Agency Name: <b>DEPARTMENT OF CORRECTIONS</b> | Legal Entity Name: James F. Thomson, Jr., Sole Proprietor                   |
| Agency Code: <b>440</b>                       | Contractor Name: <b>James F. Thomson, Jr., Sole Proprietor</b>              |
| Appropriation Unit: <b>3738-95</b>            | Address: <b>DBA American Southwest Electric<br/>4485 Riviera Ridge Ave.</b> |
| Is budget authority available?: <b>Yes</b>    | City/State/Zip: <b>Las Vegas, NV 89115</b>                                  |
| If "No" please explain: Not Applicable        | Contact/Phone: John F. Thomson, Jr., Owner 702/643-2900                     |
|   | Vendor No.: T29035625   |
|   | NV Business ID: NV20101199025   |

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 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/20/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **191 days**

4. Type of contract: **Contract**

Contract description: **pond maintenance**

5. Purpose of contract:

**This is a new contract to provide for the removal of accumulated sludge from wastewater pond #1 located at Southern Desert Correctional Center per Nevada Division of Environmental Protection guidelines.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,928.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The department was instructed by the Nevada Division of Environmental Protection (NDEP) to have the sludge in Pond #1 removed because it is currently at 25% which exceeds the NDEP guidelines of 20% maximum sludge buildup.

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

These services require the use of a Nevada registered engineer as well as a contractor with the required equipment to empty the pond. The department does not have the required staff to perform this service. No other state agency does 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):

American Southwest Electric  
H2O Environmental  
Clean Harbors

b. Solicitation Waiver: **Not Applicable**

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

The department obtained quotes and awarded the contract to the 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?

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

Nevada Department of Corrections - contract ended 06/30/2016; quality of service provided was satisfactory.

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

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

Not Applicable

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

Sole Proprietor

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level            | User     | Signature Date         |
|---------------------------|----------|------------------------|
| Budget Account Approval   | sewart   | 10/31/2016 14:44:45 PM |
| Division Approval         | sewart   | 10/31/2016 14:44:48 PM |
| Department Approval       | sewart   | 11/30/2016 16:21:06 PM |
| Contract Manager Approval | jhardy   | 12/19/2016 08:55:57 AM |
| Budget Analyst Approval   | dstoddar | 12/20/2016 08:55:14 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: **18300**

|   |   |
|---|---|
| Agency Name: <b>DEPARTMENT OF WILDLIFE</b>    | Legal Entity Name: <b>BOARD OF REGENTS-NSHE OBO UNR</b> |
| Agency Code: <b>702</b>                       | Contractor Name: <b>BOARD OF REGENTS-NSHE OBO UNR</b>   |
| Appropriation Unit: <b>4464-24</b>            | Address: <b>CONTROLLERS MAIL STOP 325</b>               |
| Is budget authority available?: <b>Yes</b>    | City/State/Zip: <b>RENO, NV 89557</b>                   |
| If "No" please explain: <b>Not Applicable</b> | Contact/Phone: <b>775-784-4040</b>                      |
|   | Vendor No.: <b>D35000849</b>                            |
|   | NV Business ID: <b>N/A</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 %         | <b>X</b> | Fees          | <b>25.00 % License</b> |
| <b>X</b> Federal Funds | <b>75.00 %</b> |          | Bonds         | 0.00 %                 |
| Highway Funds          | 0.00 %         |          | Other funding | 0.00 %                 |

Agency Reference #: 17-35

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/08/2016**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2018**

Contract term: **2 years and 23 days**

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

Contract description: **Sage-Grouse Plan**

5. Purpose of contract:

**This is a new interlocal agreement providing project planning and meeting support services to Greater Sage-Grouse local area working group meetings occurring in Lincoln County, Humbolt County and Bridgeport California. Nevada System of Higher Education Cooperative Extension staff will provide support for thirteen work group meetings.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,019.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

There remains a need to exhibit measurable progress in the conservation of the species by improving habitat, securing or protecting existing habitat and restoring habitat; ultimately stabilizing or increasing populations of Sage-Grouse. It is essential to continue the "grassroots" effort of conservation planning and implementation utilizing local working groups that were formed in 2000 as part of the Governor's Sage-Grouse Conservation Strategy to help inform and identify these efforts.

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

Meeting facilitation should be conducted by a trained unbiased and neutral individual. Some NDOW personnel are trained in facilitation; however, past experience with Nevada System of Higher Education (Cooperative Extension) facilitators has been well received by most attendees at Sage-Grouse local area working group meetings.

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

Was the solicitation (RFP) done by the 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 another governmental agency.

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 Nevada System of Higher Education (University of Nevada, Reno Cooperative Extension) is a government agency and has conducted contract work for several local and state government agencies. A contract for similar work was executed in the early 2000's and the work was considered above standard.

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   | dwendell | 11/28/2016 10:05:06 AM |
| Division Approval         | lgleason | 11/28/2016 16:45:16 PM |
| Department Approval       | eobrien  | 12/01/2016 17:06:29 PM |
| Contract Manager Approval | dwendell | 12/08/2016 10:56:19 AM |
| Budget Analyst Approval   | dstoddar | 12/08/2016 11:36:18 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: **18296**

|  |  |
|--|--|
| Agency Name: <b>DEPARTMENT OF WILDLIFE</b>                             | Legal Entity Name: <b>Walter Wehtje</b>          |
| Agency Code: <b>702</b>  | Contractor Name: <b>Walter Wehtje</b>            |
| Appropriation Unit: <b>4464-12</b>                                     | Address: <b>3125 Laredo Lane</b>                 |
| Is budget authority available?: <b>Yes</b>                             | City/State/Zip: <b>Fort Collins, CO 80526</b>    |
| If "No" please explain: <b>Not Applicable</b>                          | Contact/Phone: <b>Walter Wehtje 757-332-0688</b> |
|  | Vendor No.:                                      |
|  | NV Business ID: <b>NV20161559425</b>             |
| To what State Fiscal Year(s) will the contract be charged? <b>2017</b> |  |

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

|                        |                 |               |        |
|------------------------|-----------------|---------------|--------|
| 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 #: 17-33

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/19/2016**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **192 days**

4. Type of contract: **Contract**

Contract description: **Raven Capture**

5. Purpose of contract:

**This is a new contract to provide common raven captures, banding, and recording statewide utilizing rocket nets and other techniques.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$1,000.00 per bird

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Develop a protocol to estimate common raven populations and increase the understanding of common raven density and distribution.

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

Capturing common ravens is very laborious and time consuming. It is also specialized work, no one with Nevada Department of Wildlife has this 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):

Walter Wehtje  
Jonathan Fusaro  
Bryan Bedrosian

b. Solicitation Waiver: **Not Applicable**

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

This vendor was the only one to submit a proposal.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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   | dwendell | 11/22/2016 08:27:20 AM |
| Division Approval         | Igleason | 11/28/2016 16:43:41 PM |
| Department Approval       | eobrien  | 12/07/2016 08:56:16 AM |
| Contract Manager Approval | dwendell | 12/07/2016 10:24:09 AM |
| Budget Analyst Approval   | dstoddar | 12/19/2016 08:51:11 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: **18302**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4467-14**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **KAUTZ ENVIRONMENTAL**  
 Contractor Name: **KAUTZ ENVIRONMENTAL CONSULTANTS, INC.**  
 Address: **1140 FINANCIAL BLVD, SUITE 100 RENO, NV 89502**  
 City/State/Zip: **RENO, NV 89502**  
 Contact/Phone: **ZoAnn Campana 775/829-4411**  
 Vendor No.:  
 NV Business ID: **NV19941033589**

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>Habitat Conservation</b> |
| Federal Funds | 0.00 % |          | Bonds         | 0.00 %          |                             |
| Highway Funds | 0.00 % |          | Other funding | 0.00 %          |                             |

Agency Reference #: 17-36

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/06/2016**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2018**

Contract term: **2 years and 25 days**

4. Type of contract: **Contract**

Contract description: **Stowell Ranch**

5. Purpose of contract:

**This is a new contract providing historical context of the Stowell Ranch in Elko County, Nevada in preparation for the removal of various structures, including an architectural inventory, photo documentation, and GPS mapping to create a historical narrative. Structures will be removed as part of a larger restoration project.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,361.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Stowell Ranch property was purchased by the Nevada Department of Wildlife and will remove all structures as part of a larger restoration project to the Wildlife Management Area.

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

The Department of Wildlife does not have any employees with the knowledge of historical and architectural field surveys.

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):

Kautz  
 Stantec  
 Enviroscientists, Inc.



b. Solicitation Waiver: **Not Applicable**

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

This vendor was highly qualified and their proposal fit the needs of the department.

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 performed work for the Division of Public Works and the quality of service was satisfactory.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
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 | 11/29/2016 11:59:12 AM |
| Division Approval         | Igleason | 11/30/2016 08:00:24 AM |
| Department Approval       | eobrien  | 12/01/2016 17:27:09 PM |
| Contract Manager Approval | dwendell | 12/02/2016 09:42:25 AM |
| Budget Analyst Approval   | dstoddar | 12/06/2016 13:07:47 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: **18307**

|   |  |
|---|--|
| Agency Name: <b>DCNR - PARKS DIVISION</b>     | Legal Entity Name: <b>Tranquility Ponds Sales and Construction LLC</b> |
| Agency Code: <b>704</b>                       | Contractor Name: <b>Tranquility Ponds Sales and Construction LLC</b>   |
| Appropriation Unit: <b>4604-06</b>            | Address: <b>1601 W. Sunset Road</b>                                    |
| Is budget authority available?: <b>Yes</b>    | City/State/Zip: <b>Henderson, NV 89014</b>                             |
| If "No" please explain: <b>Not Applicable</b> | Contact/Phone: <b>Holly Stauskas 702-270-3791</b>                      |
|   | Vendor No.:  |
|   | NV Business ID: <b>NV20131084172</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 % Maintance 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 **12/16/2016**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/25/2017**

Contract term: **159 days**

4. Type of contract: **Contract**

Contract description: **Pond remodel**

5. Purpose of contract:

**This is a new contract to replace pumps and filtration system for Old Las Vegas Mormon Fort. This will also include three months of service.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,912.00**

Other basis for payment: We will pay 50% (\$6,743.50) up front, and the remainder of \$6,743.50 upon completion. The service payments will be made after the service is completed.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The main pumps and filtration system for the pond/creek have failed. The pond/creek are one of the main features in 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 staff with the skill set or expertise or specialized equipment to complete the job.

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

Was the solicitation (RFP) done by the 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?

Lowest bid.

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 | 12/01/2016 10:14:41 AM |
| Division Approval         | sdecrona | 12/16/2016 09:18:31 AM |
| Department Approval       | sdecrona | 12/16/2016 09:19:13 AM |
| Contract Manager Approval | sdecrona | 12/16/2016 09:36:07 AM |
| Budget Analyst Approval   | dstoddar | 12/16/2016 15:34:38 PM |

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18301**

|  |   |
|--|---|
| Agency Name: <b>DCNR - PARKS DIVISION</b>                              | Legal Entity Name: <b>OVERTON POWER DISTRICT #5</b> |
| Agency Code: <b>704</b>  | Contractor Name: <b>OVERTON POWER DISTRICT #5</b>   |
| Appropriation Unit: <b>4605-19</b>                                     | Address: <b>PO BOX 395</b>                          |
| Is budget authority available?: <b>Yes</b>                             | City/State/Zip: <b>OVERTON, NV 89040-0395</b>       |
| If "No" please explain: <b>Not Applicable</b>                          | Contact/Phone: <b>702/397-2512</b>                  |
|  | Vendor No.: <b>T80720450</b>                        |
|  | NV Business ID: <b>NA</b>                           |
| To what State Fiscal Year(s) will the contract be charged? <b>2017</b> |   |

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

|               |        |                        |                 |
|---------------|--------|------------------------|-----------------|
| 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 **12/06/2016**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/20/2017**

Contract term: **76 days**

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

Contract description: **Install Transformers**

5. Purpose of contract:

**This is a new contract to install primary power cable in the new underground conduit pipe for power to new well head, maintenance shop and visitors center at the Valley of Fire State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,870.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Removing unsafe conditions for Park maintenance staff and outside contractors by utilities installed using non-standard construction practices of the past.

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

State employees do not have the expertise or specialized equipment to perform this work.

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

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

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

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 161108**

**Approval Date: 11/29/2016**

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:

State Parks has had several contracts with Overton Power through out the years with satisfactory completion.

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 | 11/28/2016 12:45:12 PM |
| Division Approval         | sdecrona | 11/28/2016 12:45:14 PM |
| Department Approval       | sdecrona | 11/30/2016 11:13:48 AM |
| Contract Manager Approval | sdecrona | 11/30/2016 11:13:51 AM |
| Budget Analyst Approval   | laaron   | 12/06/2016 09:28:46 AM |

State of Nevada  
Department of Administration

Purchasing Division

515-B. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haug  
Administrator

|                             |        |
|-----------------------------|--------|
| <b>Purchasing Use Only:</b> |        |
| Approval#:                  | 161108 |

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM** *Revised pg. 1*

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

|           |   |   |                        |
|-----------|---|---|------------------------|
| <b>1a</b> | <b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b> |   |                        |
|           | <b>State Agency:</b>  | Department of Conservation and Natural Resources, Division of State Parks |                        |
|           | <i>Contact Name and Title</i>   | <i>Phone Number</i>   | <i>Email Address</i>   |
|           | Shannon McKnight, Staff II Engineer   | 775-684-2790  | smcknight@parks.nv.gov |

|                            |   |
|----------------------------|---|
| <b>Vendor Information:</b> |   |
| <b>1b</b>                  | Identify Vendor: Overton Power District #5    |
|                            | Contact Name: Brett Gale                      |
|                            | Address: P.O. Box 395, Overton, NV 89040-0395 |
|                            | Telephone Number: 702-397-2512                |
|                            | Email Address: bgale@opd5.com                 |

|           |   |             |
|-----------|---|-------------|
| <b>1c</b> | <b>Type of Waiver Requested - Check the appropriate type:</b> |             |
|           | <b>Sole or Single Source:</b>                                 | Sole Source |
|           | <b>Professional Service Exemption:</b>                        |             |

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

|           |                               |                    |               |                                |
|-----------|-------------------------------|--------------------|---------------|--------------------------------|
| <b>1e</b> | <b>Term:</b>                  |                    |               |                                |
|           | <b>One (1) Time Purchase:</b> |                    |               |                                |
|           | <b>Contract:</b>              | <b>Start Date:</b> | November 2016 | <b>End Date:</b> February 2017 |

|           |                            |   |
|-----------|----------------------------|---|
| <b>1f</b> | <b>Funding:</b>            |   |
|           | <b>State Appropriated:</b> |   |
|           | <b>Federal Funds:</b>      |   |
|           | <b>Grant Funds:</b>        |   |
|           | <b>Other (Explain):</b>    | Valley of Fire State Park fee - Utility Surcharge \$37,870.00 4605-19 |

|           |   |
|-----------|---|
| <b>1g</b> | <b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b> |
|           | \$ 37,870.00  |

|   |   |
|---|---|
| 2 | <b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>  |
|   | Overton Power District No. 5 is the local utility company providing electricity to customers in the region. The existing project was pursued to replace primary power currently in storm drain channels. The wire cable which conveys electricity was buried at an unsafe depth, without any sleeving (conduit pipe). This project removes a potentially dangerous situation for Park Maintenance Staff, outside contractors and vendors. All of these people could be digging for and repairing other facilities when they encounter primary power at unknown depths and locations. This could be instantly fatal or cause severe permanent injury. The Park's electrical system has had some reliability issues as well, due to most utilities having been installed using non-standard construction practices of the past. |

|   |   |
|---|---|
| 3 | <b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>  |
|   | Overton Power District No. 5 is the local utility company providing electricity to customers in the region. OPD#5 is familiar with the existing electrical system, the State Park's electrical equipment is currently maintained by and in cooperation with OPD#5. OPD#5 also has property easements on the adjacent Lake Mead National Park, they are allowed to perform work adjacent to the State of Nevada property on federal property, which is where the main electrical feed for Valley of Fire State Park crosses. |

|   |   |
|---|---|
| 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>  |
|   | Overton Power District No. 5 is the local utility company providing electricity to customers in the region. The Valley of Fire State Park is in a rural area, approximately 50 miles northeast of Las Vegas, NV. OPD#5 are responsible for the maintenance of the Valley of Fire State Park's electrical equipment. OPD#5 installs equipment per their own standard engineering details on the State's property in their Electrical District. OPD#5 will not guarantee electrical power transmission if other companies are used to install electrical equipment. |

|   |   |
|---|---|
| 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 no, why were alternatives not evaluated?</i><br>OPD#5 is the only electrical utility company who provides electrical power in the region.                          |

|         |   |            |   |  |   |  |
|---------|---|------------|---|--|---|--|
| 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> |  |
|         | 12/7/2014   | 12/10/2014 | \$825.00  | Emergency repair to restore power        | Emergency                                     |  |
|         | 7/7/2014  | 9/4/2014   | \$5,000   | Repair Failed power pole and power       | Emergency                                     |  |
| 12/2014 | 06/2015   | \$439,493  | Install conduit pipe, transformers, vaults and wire, remover overhead wire and posts. | Contract - waiver                        |   |  |
|         |   | \$         |   |  |   |  |

|   |  |
|---|--|
| 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>  |
|   | Overton Power District No. 5 is the local utility company providing electricity to customers in the region. We have installed new continuous high density polyethylene pipe in anticipation of the Overton Power District #5 pulling new wire cable through the conduit. The work in question needs to be performed as soon as possible. The rain and flood season is spring time in Southern Nevada. We seek to have this work wrapped up in February 2017. |

|   |   |
|---|---|
| 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>                                |
|   | The State has had other projects that involved electrical underground work by similar local utility companies (for example Lincoln County Power District No. 1) from which to compare current market costs. |

|   |   |      |                                     |     |                          |
|---|---|------|-------------------------------------|-----|--------------------------|
| 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>   |      |                                     |     |                          |
|   | We anticipate that Valley of Fire State Park will be in operation, providing the citizens of Nevada and visitors a beautiful venue to drive, walk, hike and camp within, for a 100 years. The Park relies on electricity to provide services at a visitor center, a maintenance shop, 50 RV hook-up spots, and four ranger residences. At all of these facilities people are provided with electricity for water, light, food preparation, air conditioning, sanitation and routine park operations. Overton Power District No. 5 is the local utility company providing electricity to customers in the state park facilities. |      |                                     |     |                          |

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.

*A. McKnight*

Agency Representative Initiating Request

SHANNON MCKNIGHT

Print Name of Agency Representative Initiating Request

11/29/16

Date

*[Signature]*  
Signature of Agency Head Authorizing Request

ERIC JOHNSON

Print Name of Agency Head Authorizing Request

11/29/16

Date



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

\_\_\_\_\_  
Name of agency or entity who provided information or review:

\_\_\_\_\_  
Representative Providing Review

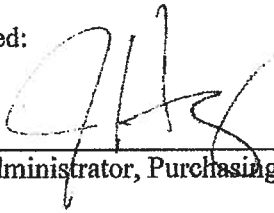
\_\_\_\_\_  
Print Name of Representative Providing Review

\_\_\_\_\_  
Date

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

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

Signed:



\_\_\_\_\_  
Administrator, Purchasing Division or Designee

11-30-2016  
\_\_\_\_\_  
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: **18127**

|   |   |
|---|---|
| Agency Name: <b>DETR - REHABILITATION DIVISION</b>                          | Legal Entity Name: <b>AUTOMATIC DOOR &amp; GLASS CO</b> |
| Agency Code: <b>901</b>   | Contractor Name: <b>AUTOMATIC DOOR &amp; GLASS CO</b>   |
| Appropriation Unit: <b>3253-10</b>  | Address: <b>5049 W. Diablo Dr</b>                       |
| Is budget authority available?: <b>Yes</b>                                  | City/State/Zip: <b>LAS VEGAS, NV 89118-6069</b>         |
| If "No" please explain: <b>Not Applicable</b>                               | Contact/Phone: <b>Caecie Best 702-221-4230</b>          |
|   | Vendor No.: <b>T27038464</b>                            |
|   | NV Business ID: <b>NV20121269414</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 % Business Enterprise Set-Aside</b> |

Agency Reference #: **2089-19-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/16/2016**

Anticipated BOE meeting date **10/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2018**

Contract term: **1 year and 348 days**

4. Type of contract: **Contract**

Contract description: **Automatic Door**

5. Purpose of contract:

**This is a new contract that provides ongoing repair and maintenance for doors; gates and grills; loading dock equipment and accessories; etc. and associated hardware at existing and new Southern Nevada Business Enterprises of Nevada locations in Clark County, including the three sites at the Hoover Dam.**

6. NEW CONTRACT

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

Other basis for payment: \$90/hour (7am-3:30pm M-F); Overtime: \$135/hour; \$75 charge for calls originating after hours. Hoover Dam trip \$30 and parking. Work will be performed on a work order basis, as needed, invoices will be paid upon acceptance of the work performed by authorized BEN personal with the total contract amount not to exceed \$12,500.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has various sites that require repair, maintenance and/or replacement of doors. These repairs are required for the health and safety of staff and customers.

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

State employees do not possess the time and experience involved in the repair, maintenance and/or replacement of the various types of doors involved.

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):

Clark  
Western Door & Gate  
Automatic Door & Glass  
Vortex

b. Solicitation Waiver: **Not Applicable**

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

Lowest Cost of qualified vendors

d. Last bid date: 07/26/2016 Anticipated re-bid date: 07/26/2020

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:

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)?

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   | mgassawa | 10/14/2016 13:35:16 PM |
| Division Approval         | shendren | 11/03/2016 13:16:22 PM |
| Department Approval       | jmcentee | 11/09/2016 11:51:22 AM |
| Contract Manager Approval | vleigh   | 11/16/2016 07:45:01 AM |
| Budget Analyst Approval   | dstoddar | 11/16/2016 15:07:19 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: **18241**

|  |  |
|--|--|
| Agency Name: <b>DETR - REHABILITATION DIVISION</b>         | Legal Entity Name: <b>TW VENDING DBA</b>     |
| Agency Code: <b>901</b>                                    | Contractor Name: <b>TW VENDING DBA</b>       |
| Appropriation Unit: <b>3253-10</b>                         | Address: <b>THREE SQUARE MARKET</b>          |
| Is budget authority available?: <b>Yes</b>                 | <b>2801 HARVEY ST</b>                        |
| If "No" please explain: <b>Not Applicable</b>              | City/State/Zip: <b>Hudson, WI 54016-8170</b> |
|  | Contact/Phone: <b>715/386-5700</b>           |
|  | Vendor No.: <b>T2703832</b>                  |
|  | NV Business ID: <b>NV20161318215</b>         |
| To what State Fiscal Year(s) will the contract be charged? | <b>2017-2018</b>                             |

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

|               |        |                        |   |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees                   | 0.00 %  |
| Federal Funds | 0.00 % | Bonds                  | 0.00 %  |
| Highway Funds | 0.00 % | <b>X</b> Other funding | <b>100.00 % Business Enterprise Set Aside</b> |

Agency Reference #: **2097-20-BEN**

2. Contract start date:

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

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 16 days**

4. Type of contract: **Contract**

Contract description: **3 Square Markets**

5. Purpose of contract:

**This is a new contract to provide monthly credit card servicing, maintenance and online or in-person service for an existing Three Square Market Executive Model Kiosk located at the Nevada Department of Transportation building in Carson City. The vendor will also provide training of the Business Enterprise of Nevada operator and team members on the use and care of the kiosk.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: Annual License Fee: \$100/Kiosk; Monthly Royalty Fee: \$295/Kiosk; Monthly Back End Fee: \$99/month; Credit Card Processing Fee: 5.5% per monthly Credit Card Transactions; Store Starter Launch Kit: \$199 (one-time fee); payment upon receipt of approved invoicing with the total contract not to exceed \$24,500.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The BEN program has an ongoing need to service and maintain the existing 3 Square Kiosk at the Carson City NDOT location.

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 tools or skills to maintain the equipment.

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

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

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

TW Vending dba Three Square Market  
Breakroom Provisions  
365 Smart Shop

b. Solicitation Waiver: **Not Applicable**

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

Only qualified vendor to respond

d. Last bid date: 09/12/2016 Anticipated re-bid date: 09/01/2017

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:  
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   | jmcentee | 12/08/2016 16:59:46 PM |
| Division Approval         | jmcentee | 12/08/2016 16:59:48 PM |
| Department Approval       | jmcentee | 12/08/2016 16:59:51 PM |
| Contract Manager Approval | vleigh   | 12/12/2016 14:34:07 PM |
| Budget Analyst Approval   | tgreenam | 12/15/2016 07:12:16 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: **18196**

|  |  |
|--|--|
| Agency Name: <b>DETR - REHABILITATION DIVISION</b><br>Agency Code: <b>901</b><br>Appropriation Unit: <b>3265-09</b><br>Is budget authority available?: <b>Yes</b><br>If "No" please explain: Not Applicable<br><br>To what State Fiscal Year(s) will the contract be charged? <b>2017-2018</b> | Legal Entity Name: <b>BOARD OF REGENTS-TMCC</b><br>Contractor Name: <b>BOARD OF REGENTS-TMCC</b><br>Address: <b>7000 DANDINI BLVD</b><br><br>City/State/Zip: <b>RENO, NV 89512-3999</b><br><br>Contact/Phone: Deb O'Gorman 775-829-9010<br>Vendor No.: D35000812<br>NV Business ID: Govt. Entity |
|--|--|

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

|          |               |                |               |        |
|----------|---------------|----------------|---------------|--------|
| <b>X</b> | General Funds | <b>21.30 %</b> | Fees          | 0.00 % |
| <b>X</b> | Federal Funds | <b>78.70 %</b> | Bonds         | 0.00 % |
|          | Highway Funds | 0.00 %         | Other funding | 0.00 % |

Agency Reference #: 2096-18-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/21/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 220 days**

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

Contract description: **TMCC-Soft Keys**

5. Purpose of contract:

**This is a new interlocal contract to provide SoftSkills training sessions by the Truckee Meadows Community College (TMCC) in Reno. TMCC will work with 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 a jobs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,360.00**

Other basis for payment: 12 two-week training sessions at \$2,530.00 per 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 before 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 are not qualified to teach the skills that are required.

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

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

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

Not Applicable

b. Solicitation Waiver: **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:

The vendor has been under multiple contracts with VR/BSBVI since May 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 | 11/01/2016 12:03:40 PM |
| Division Approval         | shendren | 11/03/2016 13:17:17 PM |
| Department Approval       | jmcentee | 11/09/2016 11:51:41 AM |
| Contract Manager Approval | vleigh   | 11/18/2016 14:56:29 PM |
| Budget Analyst Approval   | dstoddar | 11/21/2016 10:19:45 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: **18149**

|   |  |
|---|--|
| Agency Name: <b>DETR - EMPLOYMENT SECURITY DIVISION</b> | Legal Entity Name: <b>LAS VEGAS CLARK COUNTY URBAN</b> |
| Agency Code: <b>902</b>                                 | Contractor Name: <b>LAS VEGAS CLARK COUNTY URBAN</b>   |
| Appropriation Unit: <b>4770-12</b>                      | Address: <b>3575 W. Cheyenne Avenue, #101</b>          |
| Is budget authority available?: <b>Yes</b>              | City/State/Zip: <b>LAS VEGAS, NV 89032</b>             |
| If "No" please explain: <b>Not Applicable</b>           | Contact/Phone: <b>Kevin Hooks 702-636-3949</b>         |
|   | Vendor No.: <b>T27009296</b>                           |
|   | NV Business ID: <b>NV20031302827</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 % | <b>X</b> Other funding | <b>100.00 % Career Enhancement Program</b> |

Agency Reference #: **2076-18-ESD**

2. Contract start date:

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

Anticipated BOE meeting date **01/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/01/2017**

Contract term: **253 days**

4. Type of contract: **Contract**

Contract description: **Youth Training**

5. Purpose of contract:

**This is a new contract to provide extended youth training opportunities for 17 qualified candidates and the associated fees for: (4)-Class A Drivers; (1) Class B Driver; (4) Nursing Assistants; (5) Professional Cooks; and (3) Phlebotomy/Laboratory Assistants.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,400.00**

Other basis for payment: **Payment upon receipt of approved invoicing not to exceed \$49,400.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Youth training enhances opportunities for success and is pivotal in the Governors Workforce enhancement efforts.**

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

**State employees do not provide these services.**

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

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

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

**Not Applicable**



b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 161102**

**Approval Date: 11/01/2016**

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

This organization can target and recruit eligible youth and provide training opportunities that might not otherwise be made available.

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   | vleigh   | 09/21/2016 11:54:48 AM |
| Division Approval         | vleigh   | 11/03/2016 09:49:19 AM |
| Department Approval       | jmcentee | 12/08/2016 17:00:32 PM |
| Contract Manager Approval | vleigh   | 12/13/2016 16:20:41 PM |
| Budget Analyst Approval   | tgreenam | 12/21/2016 09:42:29 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: **18097**

|   |   |
|---|---|
| Agency Name: <b>DETR - EMPLOYMENT SECURITY DIVISION</b> | Legal Entity Name: <b>SOUTHERN NEVADA CHILDREN</b>    |
| Agency Code: <b>902</b>                                 | Contractor Name: <b>SOUTHERN NEVADA CHILDREN</b>      |
| Appropriation Unit: <b>4770-12</b>                      | Address: <b>3755 W. Lake Mead Blvd.</b>               |
| Is budget authority available?: <b>Yes</b>              | City/State/Zip: <b>NORTH LAS VEGAS, NV 89032-4897</b> |
| If "No" please explain: <b>Not Applicable</b>           | Contact/Phone: <b>Monique Harris 702/487-5665</b>     |
|   | Vendor No.: <b>T27026363</b>                          |
|   | NV Business ID: <b>NV20071306418</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 % | <b>X</b> Other funding | <b>100.00 % Career Enhancement Program</b> |

Agency Reference #: **#2074-18-ESD**

2. Contract start date:

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

Anticipated BOE meeting date **10/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/01/2017**

Contract term: **259 days**

4. Type of contract: **Contract**

Contract description: **Training**

5. Purpose of contract:

**This is a new Contract which provides Training opportunities to four (4) student youth through enrollment in the Cosmetology Institute of Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,900.00**

Other basis for payment: \$40,000 for Cosmetology Tuition; \$600 for Registration Fees; \$3,600 for Kit & Books; and \$5,700 for Administrative cost, with the total Contract amount not to exceed \$49,900.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

By providing this training, selected youth participants can benefit from this career training opportunity which may not otherwise be made available.

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

State employees do not provide these training 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: null**

**Approval Date: 09/02/2016**

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

Sole source

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   | vleigh   | 09/21/2016 11:51:30 AM |
| Division Approval         | rolso1   | 11/18/2016 15:47:41 PM |
| Department Approval       | jmcentee | 12/08/2016 16:03:57 PM |
| Contract Manager Approval | vleigh   | 12/12/2016 14:34:56 PM |
| Budget Analyst Approval   | tgreenam | 12/15/2016 07:15:36 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: **18153**

|  |  |
|--|--|
| Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b> | Legal Entity Name: <b>ePATHUSA</b>               |
| Agency Code: <b>908</b>                            | Contractor Name: <b>ePATHUSA</b>                 |
| Appropriation Unit: <b>3272-26</b>                 | Address: <b>6600 Westown Parkway, Suite 24</b>   |
| Is budget authority available?: <b>Yes</b>         | City/State/Zip: <b>West Des Moines, IA 50266</b> |
| If "No" please explain: <b>Not Applicable</b>      | Contact/Phone: <b>Seth Reicks 515-309-2073</b>   |
|  | Vendor No.: <b></b>                              |
|  | NV Business ID: <b>PENDING</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>4.00 %</b>  | Fees  | 0.00 %  |
| <input checked="" type="checkbox"/> Federal Funds | <b>77.00 %</b> | Bonds   | 0.00 %  |
| Highway Funds                                     | 0.00 %         | <input checked="" type="checkbox"/> Other funding | <b>19.00 % Career Enhancement Program, Blind Enterprise Program</b> |

Agency Reference #: **#2094-18-DETR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/21/2016**  
Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2017**

Contract term: **343 days**

4. Type of contract: **Contract**

Contract description: **DETR Web-re-design**

5. Purpose of contract:

**This is a new contract to provide a re-design of DETR's Web-Site to accommodate integration of Spanish translation, ADA compliance, and other user enhancements.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,965.00**

Other basis for payment: \$115/hr. labor, standard rate Monday - Friday 9:00 a.m. - 5:00 p.m.); any requested labor after hours/weekends/emergency at \$135/hr.; fixed-fee, (Phase 0 at \$3,000; Phase 1 at \$21,965, (per Phase 1 Task Estimates break-down); Note: Phase 1 estimates do not include any hardware, software licensing, or third party service costs, citing varied option(s) available.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The current DETR Web-Site requires upgrades and enhancements to better serve the population of users; integration of Spanish translation; ADA compliance; as well as other objectives for user enhancements.**

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

**Due to projects of a greater critical nature requiring immediate attention, DETR's IT Division is unable to assist at this 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):

Source 360 Group  
Canyon Creative  
8th Sphere, Inc.

e-PathUSA

b. Solicitation Waiver: **Not Applicable**

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

ePATHUSA was the lowest bidder and provided a good project scope and acceptable answers to the request for services.

d. Last bid date: 07/29/2016 Anticipated re-bid date: 08/01/2017

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 NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

**Vendor Registration is being processed at this time and is expected/required to be complete prior to final approval.**

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.

**Vendor will secure a Nevada State Business License, which is being processed at this time and is expected/required to be complete prior to final approval.**

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

**No** b. If "NO", please explain.

**Pending issuance of a Nevada State Business License and Vendor Registration which are being processed.**

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level            | User     | Signature Date         |
|---------------------------|----------|------------------------|
| Budget Account Approval   | vleigh   | 11/09/2016 09:46:54 AM |
| Division Approval         | vleigh   | 11/09/2016 09:46:57 AM |
| Department Approval       | vleigh   | 11/09/2016 09:46:59 AM |
| Contract Manager Approval | vleigh   | 11/09/2016 09:47:04 AM |
| DoIT Approval             | bbohm    | 11/10/2016 07:32:43 AM |
| Budget Analyst Approval   | dstoddar | 11/21/2016 13:55:07 PM |

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18322**

|   |   |
|---|---|
| Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>  | Legal Entity Name: <b>Eduloka Ltd</b>           |
| Agency Code: <b>BDC</b>   | Contractor Name: <b>Eduloka Ltd</b>             |
| Appropriation Unit: <b>B007 - All Categories</b>  | Address: <b>9645 Gateway Drive Suite A</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>Luke Hermann 775-324-0938</b> |
|   | Vendor No.:                                     |
|   | NV Business ID: <b>NV20101126878</b>            |
| To what State Fiscal Year(s) will the contract be charged?  | <b>2017-2018</b>                                |
| What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. |   |
| General Funds 0.00 %  | Fees 0.00 %                                     |
| Federal Funds 0.00 %  | Bonds 0.00 %                                    |
| Highway Funds 0.00 %  | <b>X Other funding 100.00 % Board funds</b>     |
| Agency Reference #: <b>16-03</b>  |   |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/21/2016**  
Anticipated BOE meeting date **01/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2017**

Contract term: **282 days**

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

Contract description: **Licensing Software**

5. Purpose of contract:

**This is a new contract providing licensing software services for the development of a new licensing system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,000.00**

Other basis for payment: \$42,000 is due in a single payment at the successful completion of the project

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board seeks to increase its efficiency and capabilities related to its issuance and renewal of license for Nevada's dentists and dental hygienists.

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

Lack of knowledge, expertise, and skills.

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

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

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

Oracle  
InLumon  
GL Solutions

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

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

**No**

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

**No**

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:

Eduloka presently serves the Nevada boards of Massage Therapy, Dispensing Opticians, Physical Therapy, and others. All user agencies report that they are satisfied with the software and services.

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   | 55443282 | 12/07/2016 11:19:20 AM |
| Division Approval         | 55443282 | 12/07/2016 11:19:23 AM |
| Department Approval       | 55443282 | 12/07/2016 11:19:28 AM |
| Contract Manager Approval | 55443282 | 12/07/2016 11:19:32 AM |
| DoIT Approval             | csweeney | 12/09/2016 14:13:21 PM |
| Budget Analyst Approval   | dstoddar | 12/22/2016 11:42:27 AM |



## Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1  
Las Vegas, NV 89118  
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

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Memorandum

Date: December 20, 2016

TO: Budget Division and State Board of Examiners

FROM: DEBRA SHAFFER-KUGEL, EXECUTIVE DIRECTOR

RE: Contract (inLumon)

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Attached is the contract with inLumon approved by the Nevada State Board of Dental Examiners on and is to commence on December 1, 2016 retroactive. The reason for delay in the submission of the contract to be considered by the Board of Examiners is the Board was waiting on DoIT for clarification as to whether the contract would require prior approval by their agency before submission. DoIT advised the Board to submit contract and through NEATS they would review.

Thank you in advance for your assistance.

A handwritten signature in black ink, appearing to read "DK", with a long horizontal line extending to the right.

Debra Shaffer-Kugel, Executive Director  
Nevada State Board of Dental Examiners



### 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: **18315**

|                                 |   |                    |   |
|---------------------------------|---|--------------------|---|
| Agency Name:                    | <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b> | Legal Entity Name: | The Perkins Company                         |
| Agency Code:                    | <b>BDC</b>                                    | Contractor Name:   | <b>The Perkins Company</b>                  |
| Appropriation Unit:             | <b>B032 - All Categories</b>                  | Address:           | <b>631 North Stephanie Street Suite 202</b> |
| Is budget authority available?: | <b>Yes</b>                                    | City/State/Zip:    | <b>Henderson, NV 89014</b>                  |
| If "No" please explain:         | Not Applicable                                | Contact/Phone:     | Richard Perkins 7022385286                  |
|                                 |   | Vendor No.:        |   |
|                                 |   | NV Business ID:    | NV20081083448                               |

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **197 days**

4. Type of contract: **Contract**

Contract description: **Contract for service**

5. Purpose of contract:

**This is a new contract providing government affairs and lobbying services to the Board of Examiners for Alcohol, Drug and Gambling Counselors starting in December 2016 and continuing through the 2017 Legislative Session**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Payment for services will be made at the rate of \$5,000.00 per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires legislative and government affairs services, including, consultation and reporting through the 2017 Legislative Session

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

Lack of expertise and ability to attend daily Legislative Session meetings and hearings

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):

Zev Kaplan  
Mistry Grimmer, the Ferraro Group  
Jeanette Belz, J.K. Belz & Associates  
Rocky Finseth, Carrar Nevada

b. Solicitation Waiver: **Not Applicable**

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

Experience and cost

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   | anders7  | 12/05/2016 11:59:17 AM |
| Division Approval         | anders7  | 12/05/2016 11:59:20 AM |
| Department Approval       | anders7  | 12/05/2016 11:59:23 AM |
| Contract Manager Approval | anders7  | 12/09/2016 15:05:16 PM |
| Budget Analyst Approval   | dstoddar | 12/14/2016 09:15:13 AM |