

Governor Steve Sisolak  
*Chairman*

Susan Brown  
*Clerk of the Board*



Attorney General Aaron D. Ford  
*Member*

Secretary of State Barbara K. Cegavske  
*Member*

## STATE OF NEVADA BOARD OF EXAMINERS

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

### PUBLIC MEETING NOTICE AND AGENDA

**Date and Time:** November 12, 2019, 10:00 AM

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

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

### AGENDA

1. **Call to Order / Roll Call**
2. **Public Comment** (The first public comment is limited to comments on items on the agenda. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes).
3. **Approval of the October 8, 2019 Minutes** (For possible action)

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

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Conservation and Natural Resources – Division of Water Resources	1	\$27,373
Department of Conservation and Natural Resources – Division of State Parks	2	\$69,455
Department of Corrections	1	\$10,000
Department of Corrections	52	\$2,418,045
Department of Public Safety – Investigation Division	12	\$367,637
<b>Total</b>	<b>68</b>	<b>\$2,892,510</b>

#### 5. **Authorization for an Emergency Contract with a Current and/or Former State Employee** (For possible action)

##### **Department of Administration – Purchasing Division**

Pursuant to NRS 333.705, subsection 4, the Department of Administration, Purchasing Division, on behalf of the Department of Education, seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee Dottie Loewen to perform administrative support duties to the Commission on School Funding on a part-time basis from September through December 2019. The employee has been hired through Master Service Agreement #18404, with HAT Ltd Partnership, DBA Manpower.

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

Board action under this item only grants permission to the employing agency. Current and former employees are still subject to all ethical requirement of NRS chapter 281A, specifically including subsection 550 which restricts certain former employees and state agencies.

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division, on behalf of the State Library, Archives and Public Records Division, requests authority to contract with former employee Gerald J. Lindsay to perform electronic scanning duties on a part-time basis. The employee will be hired through Master Service Agreement #18404, with HAT Ltd Partnership, DBA Manpower.

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division, on behalf of the State Controller's Office, requests authority to contract with former employee Eva Seal to assist with required financial reporting duties on a part-time basis. The employee will be hired through Master Service Agreement #18405, with Marathon Staffing Group.

**C. Department of Public Safety – Office of Traffic Safety**

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety's Office of Traffic Safety requests to contract with a former employee, Howard Aronstein to provide quality assurance services for the Nevada Rider Motorcycle Safety Program at training providers located in Clark County.

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

**A. Department of Education**

Pursuant to NRS 353.268, subsection 1, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$342,179 from the Interim Finance Committee Contingency Account to replenish the Special Education Contingency Account

## **B. Department of Education**

Pursuant to NRS 353.268, subsection 1, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$175,000 from the Interim Finance Committee Contingency Account to complete an impact and validity study in accordance with Senate Bill 475 of the 2019 Legislative Session.

## **C. Department of Public Safety – Division of Emergency Management**

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee for \$343,908 from Contingency Account to cover costs associated with providing security support to Clark County during the upcoming New Year's Eve celebrations/activities.

8. [Approval of Proposed Leases](#) (For possible action)
9. [Approval of Proposed Contracts](#) (For possible action)
10. [Approval of Work Plan](#) (For possible action)
11. [Approval of Proposed Master Service Agreements](#) (For possible action)
12. [Information Item – Clerk of the Board Contracts](#)

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from September 17, 2019 through October 18, 2019.

## **13. Information Item and Reports**

### **A. Department of Conservation and Natural Resources – Division of State Lands**

Pursuant to NRS 321.5954, the Division is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 1<sup>st</sup> quarter of Fiscal Year 2020.



## **B. Stale Claims Account, Emergency Accounts, Statutory Contingency Accounts**

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of June 25, 2019.

The TORT Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account prior to any projected outstanding claims.

TORT Claim Fund	\$ 6,974,771.07
Statutory Contingency Account	\$ 4,713,887.31
Stale Claims Account	\$ 2,205,616.49
Emergency Account	\$ 279,841.00
Disaster Relief Account	\$ 11,666,800.00
IFC Unrestricted Contingency Fund General Fund	\$ 24,606,539.02
IFC Unrestricted Contingency Highway Fund	\$ 1,620,336.35
IFC Restricted Contingency Fund General Fund	\$ 61,110,277.00
IFC Restricted Contingency Highway Fund	\$ 2,220,935.00

## **14. Public Comment** (This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes.

## **15. Adjournment** (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov). Supporting materials for this meeting are available at 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov)

### **Agenda Posted at the Following Locations:**

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

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

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### MEETING MINUTES

**Date and Time:** October 8, 2019, 10:00 AM

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

**Video Conference Location:** Grant Sawyer Building  
555 East Washington Avenue, Suite 5100  
Las Vegas, Nevada 89101

#### **MEMBERS PRESENT:**

Governor Steve Sisolak – Present in Las Vegas  
Attorney General Aaron Ford – Present in Carson City  
Secretary of State Barbara Cegavske – Present in Las Vegas

#### **STAFF PRESENT:**

Susan Brown, Clerk of the Board  
Rosalie Borderlove, Board Counsel, Deputy Attorney General  
Dale Ann Luzzi, Board Secretary

#### **OTHERS PRESENT:**

John Borrowman, Deputy Director – Support Services, Department of Corrections  
Ray Fierro, Division Administrator – Industrial Relations,  
Department of Business and Industry  
Charlie Donohue, Division Administrator,  
Department of Conservation and Natural Resources  
Alan Jenne, Division Administrator – Habitat, Department of Wildlife

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

**Governor:** I would like to call today's meeting of the State of Nevada Board of Examiners for October 8, 2019 to order. Could I ask the Clerk to take the roll please?

**Board Secretary:** Good morning.

Governor Sisolak.

**Governor:** Here.

**Board Secretary:** Secretary of State Cegavske.

**Secretary of State:** Here.

**Board Secretary:** Attorney General Ford.

**Attorney General:** Here.

**Board Secretary:** Let the record reflect we do have a quorum.

**Governor:** Thank you.

## **2. Public Comment** (The first public comment is limited to comments on items on the agenda. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes).

**Governor:** This is the first time set aside for public comment. Anyone wishing to address the Board on any item on today's agenda, items on the agenda, please step forward, identify yourself for the record and comments will be limited to three minutes. Do we have anybody in Carson City?

**Board Secretary:** Governor, we do have one written comment that was received to enter into the record regarding Contract #23 between Nevada Occupational Safety and the Health Board and Charles Zeh. [Written statements provided in Attachment A]

**Governor:** Thank you.

Do we have anyone in Las Vegas wishing to speak during the first public comment? Thank you, I'm going to close this portion of the public comment.

### 3. Approval of the September 10, 2019 Minutes (For possible action)

**Governor:** The first item is *Approval of the September 10, 2019 Minutes*. Do I have a motion?

**Secretary of State:** Move to approve.

**Governor:** We have a motion on the floor, any discussion? Hearing and seeing none, all in favor signify by saying aye. The motion passes.

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

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – Purchasing Division	1	\$995
Department of Veterans Services – Southern Nevada Veterans Home	1	\$43,301
Department of Veterans Services – Northern Nevada Veterans Home	1	\$66,765
Division of Fleet Services	270	\$8,192,468
<b>Total</b>	<b>273</b>	<b>\$8,303,529</b>

**Governor:** Item number 4.

**Clerk:** Good morning Governor and Members of the Board. There are four requests for 273 vehicles in this agenda item.

The first item is from the Department of Administration, Purchasing Division to purchase one used replacement vehicle for a total of \$995. The vehicle being replaced meets the age and mileage requirements in the State Administrative Manual (SAM) and will be funded with Reserves.

The second and third requests are from the Department of Veterans Services. The first is a replacement vehicle for the Southern Nevada Veterans Home and the second is a new vehicle for the Northern Nevada Veterans Home. The total cost of the two vehicles is \$110,066. The vehicle that's being replaced has met the age and mileage requirements in SAM. Funding was included in the agency's budget for both vehicles.

The fourth request is from the Department of Administration, Division of Fleet Services. The agency has requested that this be revised to 267 vehicles, this includes 100 replacement vehicles and 167 new vehicles for a total cost not to exceed \$8,054,464. This is a reduction from the original request. Replacement vehicles meet the age and mileage requirements in SAM. Funding was included in Assembly Bill 501 and 503 of the 2019 Legislative Session.

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

**Governor:** Great. Do we have any questions in the north on item number 4, the vehicle purchases?

**Attorney General:** None from me.

**Governor:** Are there any in the south? Seeing and hearing none, do I have a motion on Item 4, *State Vehicle Purchases*?

**Attorney General:** Move for approval.

**Governor:** We have a motion on the floor, any discussion? Hearing and seeing none, all in favor signify by saying aye. The motion passes.

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

Board action under this item only grants permission to the employing agency. Current and former employees are still subject to all ethical requirements of NRS Chapter 281A, specifically including subsection 550 which restricts certain former employees and state agencies.

**A. Department of Corrections**

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Emily Salisbury a current Associate Professor of Criminal Justice with the University of Nevada, Las Vegas, to provide data and project assessments required by the Bureau of Justice Assistance Adult Re-Entry and Employment Strategic Planning Grant.

**B. Department of Health and Human Services – Division of Public and Behavioral Health**

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with Richard Bissett a former Licensed Psychologist 1 at the Lake's Crossing Center in Reno, Nevada, to provide Licensed Psychologist I services for the Lake's Crossing Center. Mr. Bissett will be hired through Master Service Agreement #14723, with MHM Services, Inc.

**Governor:** Item number 5, *Authorization to Contract with Current and/or Former State Employees*.

**Clerk:** Item 5 includes 2 requests to contract with two current and/or former employees pursuant to NRS 333.705(1).

The first request is from the Department of Corrections to contract with a current employee to provide an independent review of the Adult Re-Entry and Employment Strategic Planning Grant. This work will be performed off-hours.

The second request is from the Department of Health and Human Services, Division of Public and Behavioral Health to contract with a former employee to provide licensed psychologist services at Lake's Crossing.

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

**Governor:** I appreciate your briefing and as such, I do not have any questions. Do we have any questions in the north?

**Attorney General:** I have none.

**Governor:** Secretary Cegavske?

**Secretary of State:** None.

**Governor:** We have none. Do I have a motion on items 5-A and 5-B?

**Secretary of State:** Move for approval.

**Governor:** We have a motion for approval, is there any discussion on that motion? Hearing and seeing none, all in favor signify by saying aye. Any opposed? The motion passes.

**6. Approval of an Equipment Lease – Department of Health and Human Services – Division of Welfare and Supportive Services – \$4,022,740 (For possible action)**

The Division of Welfare and Supportive Services seeks approval for a new lease purchase agreement to provide financing for telephone equipment to continue ongoing maintenance, support and upgrade for equipment that has reached its useful life not to exceed \$4,022,740.

**Governor:** Item number 6, *Approval of an Equipment Lease - Department of Health and Human Services - Division of Welfare and Supportive Services.*

**Clerk:** Item 6 is a request to enter into a new equipment lease agreement to provide financing for the Division of Welfare's telecom system, this includes ongoing maintenance, support and upgrades for equipment as it reaches the end of its useful life. Representatives from the agencies are available to answer any questions the Board may have.

**Governor:** Thank you. Do we have any questions on item number 6?

**Attorney General:** I do not.

**Governor:** Secretary Cegavske?

**Secretary of State:** Nothing on 6.

**Governor:** Do I have a motion on Item 6?

**Secretary of State:** Move for approval.

**Governor:** We have a motion on the floor, is there any discussion? All in favor signify by saying aye. Any opposed? The motion passes.

**7. Request for Approval to Join or Use Other Government's Contract (For possible action)**

Pursuant to Nevada Administrative Code (NAC) 333.175, the Division requests approval to utilize the State of Utah – Division of Purchasing Cooperative Contract with Motorola Solutions, Inc. to provide radio repair services for all department radios that are more than three-years-old and are no longer covered under the manufacturer's warranty.

**Governor:** Item number 7, *Request for Approval to Join or Use Other Government's Contract.*

**Clerk:** Item 7 is a request to join or use other government contracts. NAC 333.175 allows the State to participate in a multi-state contract, as long as the contract is awarded by competitive selection in a manner that substantially complies with NRS Chapter 332 or 333. This request is from the Department of Corrections who seeks approval to join a State of Utah Cooperative Contract with Motorola Solutions to provide radio repair services for all department radios that are in excess of three years old and are no longer covered under the manufacturer's warranty. Representatives from the agency are available to answer any questions the Board may have.

**Governor:** Thank you. General Ford, do you have any questions?

**Attorney General:** No, sir.

**Governor:** Secretary Cegavske.

**Secretary of State:** Thank you, Governor, I appreciate it. I'd like to ask if somebody can tell me what we're doing with the connectivity if there have been any improvements since we were in the legislative session and this was talked about and if we have a different carrier that does the transmittal. Is there a different carrier than we've had before or do we have the same?

**Governor:** Do we have a representative from Motorola here?

**Clerk:** Representatives from the Agency are here to answer questions.

**John Borrowman:** Good morning. I appreciate the opportunity to be here. I'm the Deputy Director of Support Services for the Nevada Department of Corrections (NDOC). In response to the question, I think I'd like to underline how the radio system works. We do have the 800-range transmission system through the Department of Transportation. That does allow long-range transmission of those types of communications. What NDOC uses is primarily the 150 and that is very small distances, generally within the institution itself. So, the 150 signals would not be transmitted over carriers. The request today is to provide repair services for the 150 radios that we use within the institution.

**Secretary of State:** Right and I really appreciate a response but I'm still looking for whether you are using the same carrier or are you using a different carrier?

**John Borrowman:** Thank you, whereas this is used within the institution and not between institutions or outside the institutions, there are no carriers involved with this particular radio signal.

**Secretary of State:** Okay, it's like a walkie-talkie.

**John Borrowman:** That is correct.

**Secretary of State:** Alright, thank you.



Thank you, Governor.

**Governor:** Do we have any further questions on item number 7? Seeing and hearing none, do I have a motion?

**Attorney General:** Move for approval.

**Governor:** Motion for approval, is there any discussion? Hearing and seeing none, all in favor signify by saying aye. Are any opposed? The motion passes.

**8. Approval of Proposed Leases** (For possible action)

**Governor:** Item number 8, *Approval of Proposed Leases*.

**Clerk:** There are 2 leases in agenda item 8 for approval by the Board this morning. I would just note that on agenda item 2, it notes that it's located in Elko. It is actually located in Sparks. Agency representatives are available to answer any questions you may have.

**Governor:** Thank you. Just for clarification, is the back-up material all reflective of the change that it's in Sparks as opposed to Elko?

**Clerk:** The back-up material is correct indicating it is in Sparks.

**Governor:** General Ford, do you have any questions?

**Attorney General:** I don't.

**Governor:** Secretary Cegavske?

**Secretary of State:** No questions move for approval.

**Governor:** Okay. Do we have a motion on the floor, any discussion? Hearing and seeing none, all in favor signify by saying aye. Are any opposed? The motion passes.

**9. Approval of Proposed Contracts** (For possible action)

**Governor:** Item number 9, *Approval of Proposed Contracts*.

**Clerk:** There are 25 contracts in agenda item 9 for approval by the Board this morning. Do any of the Board Members have any additional questions on these items?

**Governor:** I do, I have a question on #23.

**Attorney General:** I have a question, Mr. Governor on item Contract #8.

**Governor:** Alright, let's start with #8.

**Attorney General:** I'm just noticing an interesting timeline here and let me preface my statement by indicating that we've reviewed the applicable statutes and determined that we're still in the position to be able to affirm this contract, notwithstanding the timeline here that's interesting and that Todd Cargrove previously served at the Nevada State Library, Archives and Public Records. He was offered a position with the Carson City Library on August 9, 2019, at least according to the timeline I have here and then on August 15, he signed a supporting memo for the contract that's before us today that directly benefits the Carson City Library, which he'll manage. Again, we've looked at this from the statutes and applicable laws and don't believe there's an issue here, especially because the purchase was through the Nevada Library Cooperative but I did want to highlight that for the purposes of our discussion here.

**Governor:** Thank you. So, your questions have been answered satisfactorily?

**Attorney General:** They have but I just wanted to put on the record that we did see the interesting timeline here.

**Governor:** I appreciate it.

Item #23 then, is Mr. Charles Zeh here? No? So, this is a \$450,000 contract and he's not here.

**Attorney General:** Is someone here from the Department of Business and Industry (B&I)? Yes, they're here.

**Governor:** Thank you. My question is, \$230 per hour is more than what we normally pay and including travel. So, am I to assume that if they drive from Las Vegas to Carson City, we're paying \$230 an hour for this 7-hour trip?

**Ray Fierro:** Governor, great question. So, a little bit background on this. The first attorney that was serving the Occupational Safety and Health Administration (OSHA) Review Board has retired. The review board may hire counsel and what had transpired was, the gentleman that they chose for their attorney wanted \$350 an hour. The previous Director of B&I and the former Governor said that the amount was far too much. That Director of B&I, what she did was, she saw that Mr. Zeh's contract would allow for him to also serve on the OSHA Review Board. He was the attorney for the subsequent injury boards for the Workers Compensation Section.

That contract is due to expire and the OSHA Review Board has decided that they would like to retain Mr. Zeh for their attorney. This is the contract that we've negotiated with him and that's what is before you today.

**Governor:** So, in answer to my question, does he get paid for transportation, driving, is the answer yes or no?

**Ray Fierro:** The answer is no. The meetings are held in Reno and Las Vegas. If Mr. Zeh has to go to Las Vegas, he takes a plane and we've included that all in the contract.

**Governor:** What do you mean we've included that in the contract? It says \$230 per hour, including travel. Does he get paid for the travel or not? I'm going to hold this item, #23, I can't approve it. Susan, please pull #23 from the agenda. For someone with a \$450,000 contract and he didn't take the time to come is disturbing to me.

**Clerk:** Yes, Governor.

**Governor:** Thank you. Any other questions on the proposed contracts? Do I have a motion to approve all the contracts with the exception of Contract Item #23, which is being held indefinitely?

**Secretary of State:** Move for approval.

**Governor:** We have a motion on the floor, is there any discussion? All in favor signify by saying, aye. Are any opposed? The motion passes.

#### **10. Approval of Proposed Master Service Agreements** (For possible action)

**Governor:** Item number 10.

**Clerk:** There are 10 Master Service Agreements in this agenda item today for approval by the Board. Do any of the Members have any additional questions on any of these items?

**Governor:** I do not. General Ford?

**Attorney General:** I do not.

**Governor:** Secretary Cegavske?

**Secretary of State:** No, but I would like to say, Governor, I really thank your staff at this point because I had so many questions and they answered all of them. So, I don't have anything to bring forward. So, thank you.

**Governor:** I appreciate that and I want to echo that and I know that General Ford does too. The briefings are extremely helpful and I get to the answer to most of my questions. This last question being an unusual one in that the applicant didn't even bother to show up and I don't have an answer to my questions. So, I do appreciate all the briefings and the information. Do I have a motion on item number 10?

**Secretary of State:** Move for approval.

**Governor:** We have a motion on the floor, any discussion on that motion? Hearing and seeing none, all in favor signify by saying, aye. Are any opposed? The motion passes.

**11. Clerk of the Board Contracts** (Informational only)

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from August 20, 2019 through September 16, 2019.

**Governor:** Item number 11, *Clerk of the Board Contracts*.

**Clerk:** There were 50 contracts under the \$50,000 threshold approved by the Clerk between August 20, 2019 and September 16, 2019. This item is informational only. Do any of the Members have any additional questions on these items?

**Governor:** No, I don't. The only comment I have, and I appreciate you briefed me on this one too, as well as, is ones for Athletic Commission, that every meeting, we seem to have a half-a-dozen, or a dozen of these people coming through for, I don't know, weigh-ins and surcharge and all kinds of stuff, is that every meeting that it keeps getting updated or why don't they do them all at one time, or?

**Clerk:** I believe the agency does try to get these done all at the same time but the timing with some of these vendors takes a little bit longer so we see them spread out over several meetings. We generally see them during a certain time period each year or every other year, depending on the length of the term of the contract or if they have additional vendors that become available to provide these services.

**Governor:** Alright, thank you. I appreciate it, any questions? General Ford?

**Attorney General:** No, sir.

**Governor:** Secretary Cegavske?

**Secretary of State:** No.

**Attorney General:** Alright.

## **12. Information Item and Reports** (Informational only)

### **Information Item – Department of Conservation and Natural Resources Division of State Lands – Real Property Acquisition**

Pursuant to NRS 353.335(2)(c), grant of property may be received with the approval of the Interim Finance Committee. State Lands is prepared to receive a real estate property acquisition for no monetary compensation. A 160-acre portion of the Ritter Ranch located in Mason Valley outside Yerington is being acquired by the State as an addition to the Mason Valley Wildlife Management Area under operation and management by Nevada Department of Wildlife.

**Governor:** Item number 12, *Information Item and Reports*.

**Clerk:** There is 1 informational report under this agenda item for the acquisition of 160 acres of real property located in Mason Valley outside of Yerington as an addition to the Mason Valley Wildlife Management Area which is managed and operated by the Department of Wildlife. There are representatives from the agency here to provide a quick presentation on this item for you.

**Governor:** Thank you.

**Charlie Donohue:** Good morning Governor, Members of the Board. As Director Brown just indicated, the State is in the position to accept a donation of 160 acres down in Yerington and it will be assigned to the Department of Wildlife. It's immediately adjacent to the Mason Valley Wildlife Management Area. With me here today is Alan Jenne from the Department of Wildlife. He'd be happy to answer any kind of management question.

I'd like to emphasize, Governor, that this donation is critical in terms of our partnership with Walker Basin Conservancy and the delivery of water to Walker Lake, which is a sovereign land of the State.

**Alan Jenne:** Yes, good morning Governor. This will be, as Charlie stated, contiguous to the management area that is currently approximately 17,500 acres. We abut this property on the north and to the east. So, what we expect is that this will go into an upland habitat for species such as mule deer, quail, turkeys and will help buffer the management area in the Wetlands to the north.

**Governor:** Very good. I appreciate it. Is there any discussion or questions on item number 12?

**Attorney General:** None here.

**Secretary of State:** No.

**Governor:** Hearing and seeing none, thank you very much. That was an information item.

**13. Public Comment** (This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes.)

**Governor:** We're moving on to item number 13, *Public Comment*. Anyone wishing to address the Board on any item, please step forward and identify yourself for the record, comments will be limited to three minutes.

[Public comments provided in Attachment B]

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

**Governor:** Moving to agenda item 14, *Adjournment*.

Do I have a motion to adjourn?

**Secretary of State:** So, moved.

**Governor:** We have a motion. Any discussion on that motion? Hearing and seeing none, all in favor signify by saying aye. Any opposed? Motion passes, we are adjourned. Thank you.

Attachment A  
October 8, 2019  
Board of Examiners Meeting

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September 16, 2019

RECEIVED  
SEP 19 2019  
GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

State of Nevada  
Board of Examiners  
209 E. Musser Street, Room 200  
Carson City, NV 89701-4298

Re: *NOSHA Board of Review Legal Counsel, Charles R. Zeh, Esq.*

Dear Honorable Members of the Board of Examiners:

As Chairman of the State of Nevada Occupational Safety and Health Board of Review (the Board of Review), I am writing to urge the Board of Examiners' approval of the two year contract of Charles R. Zeh, Esq., as our outside, independent legal counsel to the Board of Review. Mr. Zeh has been serving in that capacity since July 2018. He was actually recruited by the Department of Business and Industry to fill this position, when the Board of Review found itself without legal counsel upon the retirement of Fred Scarpello, Esq., previous Board of Review legal counsel, and the State's negotiations with replacement counsel had foundered. As a result, the Board of Review was without legal counsel and, therefore, unable to meet for nearly five months, creating a huge back load of cases and Board of Review business.

Mr. Zeh was already legal counsel to the Board for the Administration of the Subsequent Injury Account for Self-Insured Employers and the Board for the Administration of the Subsequent Injury Account for the Associations of Public or Private Employers. It was recalled that his existing contract also included in its scope, legal counsel and advice to the State in State OSHA matters, if and when called upon. The Department of Business and Industry, thus, approached him and asked if he would be willing to step to the plate, bail us out, add legal counsel to the Board of Review to his existing contract, and then, to tackle the large backlog of cases and matters which had built up because the Board of Review had been without legal counsel for so long. Mr. Zeh agreed. He stepped into the breach and the Board of Review has not missed a beat since then, as the Board of Review has resumed hearing and deciding the cases before it.

Because of his performance as legal counsel to the Board of Review, the full Board of Review has accordingly twice voted unanimously to retain Mr. Zeh's services as our legal counsel. The Board of Review understands that his contract was scheduled to go before the Board of Examiners, once, already, but was inexplicably pulled the day before it was to be heard. The Board of Review hopes that this will not happen again, and that the Board of Examiners will approve his contract for a two year term, so that Board of Review business may continue without interruption, thereby insuring that the workers and employers of Nevada will have a timely and fair hearing concerning the disposition of their cases before the Board of Review.



September 16, 2019

Page 2

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Thank you for your time and consideration.

Sincerely,



Steve Ingersoll, Chairman  
Nevada Occupational Safety and Health  
Review Board

cc: Ray Fierro  
Donald C. Smith, Esq.  
Victoria Carreon  
Members, Board of Review

S:\Clients\OSHA\Correspondence\Board of Examiners 001 R4.wpd 9.14.19.wpd

Attachment B  
October 8, 2019  
Board of Examiners Meeting

Good Morning Respected Committee members

NDA members generally own small private dental offices and are the last ones left fighting corporate dentistry. The NDA Board members have recently proposed new regulations that are anti-trust, limit competition, free trade and flexibility in pricing.

Three weeks ago, the NDA Board members posted on the Boards website some of these proposed regulations which will require all Nevada dentists to:

- 1- charge the same fees to all patients for the same procedures,
- 2- only be allowed to use the NDA codes for billing
- 3- only be allowed to bill procedures pursuant to the description by the NDA codes
- 4- submit a copy of their fee schedules to the Board
- 5- no longer allow patients to find out how much third party financing they could pre-qualify for
- 6- face disciplinary action by holding the owner dentist responsible for employee dentists' substandard care even though every dentist is individually licensed
- 7- face discipline if a licensee speaks badly of a board member or its staff

The Board's jurisdiction is to only regulate the standard of care and not the business of dentistry. The NDA thinks that they are bigger than the state dental board.

I would like to bring your attention to a recent federal anti-trust law suit where the Federal Trade Commission and the DOJ jointly went against the Georgia dental board for similar violations.

This case shows that NDA board members can be individually sued because they are active market participants without adequate state supervision.

NDA board members have shown their true colors by posting their proposed regulations to control the business of dentistry. These NDA board members are a liability to the state and are just tempting fate before one of the billion dollar dental corporations files a class action federal lawsuit against the state. We implore the Governor and the Attorney General to wipe out the infected culture of this dental board.

Governor Sisolak, Attorney General Ford and Secretary Cegavske

Nevada Independent's article questioned: **"Why was Dental Board lobbyist Michael McDonald a No Show on the Dental Therapist bill?"**

**Answer: The Nevada Dental Association dentists who sit on the Dental Board neutralized Michael McDonald**

I would like to voice a concern that the Nevada Dental Association has been actively working against the interests of "we the people" and for the past 25 years has total control over the Nevada State Dental Board for protecting their own members and special interests in the business of dentistry. The Nevada Dental Board is an arm of the NDA.

The NDA is a private interest group of dentists and they have traditionally filled 100% of all dentist seats on the dental board for at least the last 25 years. In fact, the Nevada Dental Association president Sanders actually sits on the Dental Board with three of his NDA dentists. NDA dentists Pisani, Pinther and Champagne pay Dr. Sanders yearly membership fees to further their special interests in the business of dentistry.

The recent bill on dental therapists was introduced at the last legislative session that would take away business from NDA dentists and allow dental hygienists to do fillings and extractions. The membership monies that NDA Board members gave to Dr. Sanders was spent on a lobbyist, Mr. Ferrari to specifically kill that bill. There are four NDA members on this Board and they all gave membership monies to the President of the NDA, Board member Sanders to kill marketplace competition from dental therapists. NDA Board members paid the NDA lobbyist to kill the dental therapy bill however they had a conflict of interest sitting on the Dental Board because they neglected to do their duty to act in the best interest of the public and enhance access to dental care for the needy in Nevada.

These NDA dental board members had a conflict of interest when they simultaneously hired board lobbyist, Michael McDonald. There was not a public open meeting vote by these board members on what the Board's position was going to be on this bill and instead these NDA board members violated open meeting laws by making a backdoor decision to have their Executive Director, Debra Shaffer announce at the legislature that the Board was neutral on this bill. These NDA board members hid their true agenda to kill this bill and they failed to disclose to the legislature that four of the NDA board members have paid monies to the NDA through membership fees to kill the dental therapist bill. The NDA board members also failed to disclose that even though the NDA has made definitive statements to kill the dental therapist bill Dr. Sanders and the other three NDA members are on the dental board and they secretly neutralized the Board's position which eliminated any opposition to their NDA lobbyist.

NDA dentists have agendas to protect their own profession which are often contrary to the Boards mandate to protect the public. Whenever you have dentists giving other dentists membership fees to further their special interest in the dental marketplace then the Governor should remove those dentists and not allow them to sit on the state dental board.

## STATE REPUBLICAN PARTY CHAIR DID LITTLE WORK FOR SECOND JOB AS DENTAL BOARD LOBBYIST, RECORDS SHOW



RILEY SNYDER

OCTOBER 6TH, 2019 - 2:00AM

September was a good month for Michael McDonald.

Buoyed by endorsements from President Donald Trump's inner circle and elected officials statewide, McDonald beat back two challengers to win re-election to a fifth term leading the state's Republican Party, promising that the "Nevada Republican Party is united and ready to deliver our state to President Trump and electing Republicans down the ballot in 2020."

But leading the state party isn't the only job on McDonald's plate. For the past year, he's worked as the lobbyist for the Nevada State Board of Dental Examiners, the seventh-largest occupational licensing board in the state — although public records raise questions about his work for the board.

Over the last two decades, McDonald has a history of representing unusual clients as a lobbyist, including a rural constable's office and the Culinary Workers Union Local 226. But his working relationship with the state dental board, which oversees licenses and regulates dental health professionals, has been more than just unusual from the get-go.

Since he was hired in May 2018 (beating out two established lobbying firms led by former lawmakers), records indicate McDonald has spoken at just one board meeting in that 16 months. Public records requests reveal that his only written correspondence with the board since he was hired has been monthly invoices — a request for \$3,428.57 every month.

Lobbyists and lawmakers reported not interacting or seeing him during the legislative session, and say he was invisible on often-technical bills that substantially affect operations of the dental board. McDonald did not return a text message seeking comment.

In short, it's difficult to find any public evidence of work completed by McDonald since he accepted the two-year, \$72,000 contract to provide government relations services for the board.

It has elicited questions from lobbyists who represent other state boards, who say that McDonald's scope of work and practices are at best highly unusual for a state board lobbyist and could invite additional scrutiny of state licensing boards, which have a recent history of butting heads with other state government agencies.

"If I were heading up a regulatory board, and I found out my lobbyist wasn't there on a regular basis, I would not renew that contract," said Susan Fisher, a longtime lobbyist who represents three other state boards. "Why hire a lobbyist if they're not going to be there?"

In spite of the unusual arrangement, staff of the dental board say they have no issue with McDonald, though the board's executive director, Debra Shaffer-Kugel, declined to answer multiple emailed questions about McDonald's attendance at board meetings and work for the board during and outside of the legislative session. She instead referred all questions to the board's general counsel, Melanie Bernstein Chapman, who did not answer specific questions but said the board had no issues with McDonald or his activities as the board's lobbyist.

"I have not been advised of, nor am I aware of, any concerns of the Board with respect to Mr. McDonald's representation," she wrote in an email.

### Board meetings

A review of the minutes and audio records of the nine meetings held by the dental board since it agreed to hire McDonald as its lobbyist in May 2018 shows that he only spoke at one meeting, on March 22.

There, McDonald gave a roughly 10-minute review of a handful of bills related to dentistry, largely sticking almost word-for-word to the descriptions written by Legislative Counsel Bureau staff. He skimmed over a bill, SB366, which aimed to open up the practice of dental hygienists to operate in the state, and stayed out of a roughly 10-minute discussion on the bill and how it would affect dental practices statewide.

At one point during the March meeting, McDonald advised the board on SB156, a bill related to the practice of equine dentistry — a topic area overseen by the state's veterinary board, not the board of dental examiners.

**Michael McDonald - dental board audio**



Outside of that meeting, traces of McDonald's presence on behalf of the dental board are difficult to pin down. Outside of a pre-session meeting between several health-related occupational boards and an appearance at a court hearing involving the dental board (referenced in meeting minutes), McDonald is not listed as speaking or appearing at any additional board meetings or during any 2019 legislative hearings. According to a records request, McDonald sent just 12 emails over the course of his employment to staff and members of the Board of Dental Examiners; one including a signed copy of the lobbying contract, and 11 invoices sent on a monthly basis.

*The Nevada Independent* contacted several other lobbyists employed by state boards to ascertain whether or not McDonald's apparent lack of public-facing activity was out of the ordinary.

Fisher, who represents the Oriental Medicine, Osteopathic Medicine and Professional Engineers and Land Surveyors, said that it would be "highly unusual" for her not to check in at least weekly with each of the boards during the legislative session, on the status of bills that directly and indirectly affect her boards.

Fisher said she alternated between emails and phone calls depending on the issue, but found it strange for a board to employ a lobbyist who wasn't physically present at the Legislature during the 120-day session.

"What's the point of having a lobbyist if they're not going to be in Carson City during session?" she said. "That's a silo, and you've got to be in the silo."

Michael Hillerby, a lobbyist for Kaempfer Crowell who represents several boards (Accountancy, Nursing and Pharmacy) said that it was "unusual" in his nearly three-decade career to see an occupational board lobbyist not be physically present during the legislative session. Hillerby, who lobbied on behalf of the dental board several years ago, said that the lobbying role for an occupational board was a little different from other clients, in that they were expected to largely stay out of policy fights and contribute as the "subject matter experts" as to how various proposals would affect the licensure and operation of certain professions.

"It would be odd not to be there to at least be ready to answer questions as to how it impacts you and why it impacts you," he said.

SB366, the bill creating a new mid-level dental provider type (dental therapists), is a prime example. Although it was initially opposed by the state dental association, the task of implementing the regulations required under the bill falls to the dental board, which also submitted a fiscal note estimating that the first version of the bill would result in close to \$300,000 in lost annual fee revenue (The Governor's Office of Finance wrote that the board did not provide a spreadsheet with their calculations and ultimately concluded that the board's estimated financial impact was not "reasonable.")

The initial version of the bill would have created a separate dental hygienists board, removing that profession from the purview (and fees) of the state dental board — a change that would have major implications for the board.

McDonald was not present — at least, he did not sign his name on sign-in sheets reflected in board meetings — at any committee meeting where SB366 was discussed. Dental board Executive Director Debra Shaffer-Kugel attended and testified in the neutral position during the first hearing of the bill on March 29, but no representative from the dental board or McDonald attending any of the subsequent six committee meetings where the bill was heard or voted on — even after three substantial amendments overhauled major portions of the bill.

Democratic Sen. Julia Ratti, the bill's sponsor, told a reporter during the legislative session that she had no interaction with McDonald on the bill or on any subject. Nevada Dental Association lobbyist Chris Ferrari said he spoke with Chapman, the board's general counsel, at the state of the session but otherwise did not interact with McDonald or anyone else from the dental board on the bill.

"It's unusual to have such a big bill and not have a lobbyist there," said Neena Laxalt, a lobbyist for the Nevada Dental Hygienist Association and several other boards.

Members of the dental board discussed the bill in depth during meetings in May and July of 2019, neither of which McDonald attended. Minutes from the board's July 19 meeting show McDonald was absent; the board's executive director said he was "ill." A week later he was in Charlotte, North Carolina for a Republican National Committee event.

In an email, dental board general counsel Chapman said that the board was not directly asked for its position on the bill, did not introduce any legislation during the session and was committed to implementing regulations for any bills in its purview that were approved by state lawmakers.

"SB 366 was not the Board's bill and, to my knowledge, the Board was never asked for, nor did it take a position for or against the bill but Mr. McDonald or a member of his staff did appear at the various hearings regarding the bill," Chapman wrote in an email.

### **Boards and Commissions**

As with contractors, nurses, private investigators and social workers, dentists in Nevada are overseen by one of Nevada's occupational licensing boards. Dentistry is one of 50 occupations, professions or businesses overseen by 31 state boards.

Boards operate as a kind of quasi-governmental agency — board members come from the profession itself, but are appointed by the governor to serve three or four year terms. The boards don't receive funds directly from the state, but are instead fully funded through licensure fees (registration, license renewal, etc.).

Boards serve a variety of roles, including investigating complaints, disciplining licensees and helping write regulations that affect their industry. Although the governor appoints — and can, in limited circumstances, remove — board members, most oversight of boards comes from the legislative branch, which both creates the scope and abilities of the boards through legislation and oversees them through an interim subcommittee.

Boards also vary in size and activity; the state Contractors Board reported more than \$7 million in expenditures in 2018, while many smaller boards such as Athletic Trainers, Oriental Medicine and Landscape Architecture made it through the 2018 fiscal year with a budget under \$100,000.

But unlike other state agencies, occupational boards (such as school districts and municipalities) have the budgetary freedom to hire lobbyists to represent them in front of the state Legislature and during the interim period between legislative sessions.

A previous *Nevada Independent* analysis of lobbying efforts by state boards and commissions found that at least 21 boards had hired a lobbyist in 2018, spending in total more than \$577,000 for outside lobbying and public relations. Contracts varied widely in length and scope; the median amount spent by the boards was \$21,000, though some were for less than \$2,000, while on the other end of the spectrum, other more prominent boards inked six-figure lobbying and public relations contracts.

Lobbyists for state boards say they perform a necessary function for the agencies without requiring full-time staff or appointed board members spending time and resources at the Legislature. Some conservative leaning groups have criticized the

arrangement, stating that hiring lobbyists allows boards to consolidate power and limit competition. At least 10 states have placed some limits on the ability of state agencies to hire lobbyists.

### **McDonald**

Though he has no apparent experience in health care or dental work, McDonald beat out two other lobbying firms (one run by former Democratic Assembly Speaker Richard Perkins and the other by former Democratic Assemblyman William Horne) to win the lobbying contract for the dental board in May 2018. In a previous email, Chapman said his position as head of the state Republican Party "was not discussed or considered as part of this process and was not a factor in the discussion or deliberation resulting in the decision to contract with him."

According to registration records, his past lobbying experience includes representing the Nevada Republican Party in 2017, and several clients in 2015 including trial lawyer Glen Lerner, the Laughlin Constable's office, the Armenian American Cultural Society of Las Vegas and the Southern Nevada Rural Constable's Alliance. He also appeared as a lobbyist for the Culinary Workers Union Local 226 in 2012.

In 2015, McDonald was also briefly employed in another state government-related job; working for the Nevada State Treasurer's Office as a senior deputy treasurer, but resigned within three months of taking the position amid criticism that he was hired given his close relationship with then-state Treasurer Dan Schwartz, previously a finance director for the state Republican Party.

A former Las Vegas Metropolitan police officer, McDonald got his start in Nevada's political world by winning election to the Las Vegas City Council in 1995. His momentum stalled amid ethics and tax investigations (McDonald was never charged with a crime and later said he had been "wrongfully accused") and contributed to his defeat in a 2003 municipal election.

His path back to relevancy began in 2012 when he was elected chair of the state Republican Party, and he later won contentious re-election campaigns in 2013 and 2015 against party establishment-backed candidates. He's cultivated a close relationship with President Donald Trump, including getting the then-candidate to appear at a 2016 fundraiser for the party in Lake Tahoe.

His company that received the lobbying contract, Alpha-Omega Strategies, has played a role in several non-lobbying related business interests. The company was incorporated in 1998, initially operating as a "consulting" firm for private investigations, and later received approval from the Las Vegas City Council to operate a senior housing and retail center in Northwest Las Vegas.

### **Reaction and opposition**

The hiring of McDonald has done little to quell the often tempestuous relationship between the board, vocal critics in the dental community and state government.

McDonald was notably not present at a June meeting of the Executive Branch Audit Committee — composed of Gov. Steve Sisolak and other statewide elected "constitutional" officers (lieutenant governor, secretary of state, attorney general, treasurer and controller) — where an at-times scathing audit into the dental board was publicly presented for the first time.

The audit found that at least three board members, including board President Yvonne Bethea, may have violated state ethics law between 2015 and 2018 by failing to disclose familial or professional relationship prior to casting votes, and raised questions about the board's use of Disciplinary Screening Officers to broadly screen complaints made to the board.

Sisolak, who found the audit to be "very concerning," at one point in the meeting asked if the board's lobbyist — McDonald — was present.

He wasn't.

Only Chapman, the board's general counsel, appeared that day and took questions from the audit committee.

The 2019 audit was itself preceded by a 2016 audit, this one from legislative branch auditors who found the board had overcharged almost half of licensees under investigation, and allowed some offenders to make charitable donations in lieu of fine in contrast to state law.



Not unlike McDonald himself, the board has been a lightning rod for controversy. Former Gov. Brian Sandoval even asked the board to tackle the patient complaint process, saying "I've never seen that happen before with people as upset as they are with ... the board of dental examiners."

*Correction: Updated at 1:55 p.m. on Oct. 7, 2019 to reflect that the Nevada Dental Association initially opposed, and did not support, SB366.*

*The Nevada Independent is a 501(c)3 nonprofit news organization. We are committed to transparency and disclose all our donors. The following people or entities mentioned in this article are financial supporters of our work:*

- Brian Sandoval - \$225
- Culinary Workers Union - \$7,325
- Julia Ratti - \$60
- Kaempfer Crowell - \$2,560
- Michael Hillerby - \$170
- Richard Perkins - \$1,300
- Steve Sisolak - \$2,200
- Susan Fisher - \$1,910

## Related Articles

### **McDonald wins another term as chairman of state GOP, beats back two challengers**

Nevada Republican Party Chairman Michael McDonald will serve a fifth term as head of the state party, winning re-election after beating back two challengers who had openly criticized him.

### **Nevada GOP chair McDonald hired as dental board lobbyist despite lack of experience in field**

Although most boards and commissions contract with full-time, professional lobbyists, the dental examiners board elected to hire McDonald in late 2018 to be their sole lobbyist during the state's 120-day legislative session and during the interim period between legislative sessions. But it remains unclear how McDonald, a rare presence in the legislative building and close ally of President Donald Trump, has represented the board in a session controlled by Democrats where key lawmakers and lobbyists for related entities say they haven't interacted with him on any issues, even those affecting the dental board.

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7455 Arroyo Crossing Pkwy Suite 220 Las Vegas, NV 89113

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NDA Update from Dr Richard Dragon - Nevada Dental Association

Apr 2 at 9:49 AM

Nevada Dental Association <Suzzi.fobbs@nvda.org>

Dear Nevada Dentists,

The Senate Commerce and Labor committee meeting on SB366 (midlevel provider/Dental Therapist) was held Friday, March 29, 2019. The meeting and our testimonies went as well as we could hope for. The sponsor of the bill was Senator Julia Ratti who is also the Assistant Majority Leader.

Since Senator Ratti was the sponsor, both she and the Nevada Dental Hygiene Association (NDHA) leadership as well as their lobbyist were afforded unlimited time to speak at the beginning of the meeting. There were many factual errors in their presentation. We were able to dispute some of these errors with the time that was available, and will be meeting with each committee member and leadership to address the inaccuracies.

After the NDHA was given time to introduce the bill and answer questions from the committee members, the chairperson (Senator Spearman) informed all who were present that total time given to any one side would be limited to 10 minutes whereby each testimony would not be allowed to exceed two minutes. This gave those in favor of the bill an advantage since their leadership had already been given unlimited time to speak to the issue.

That said, we took full advantage of every minute we were given. All those present to give testimonies in opposition prepared themselves fully and it showed. Due to the imposed time restraints, not everyone was allowed to speak which was unfortunate. However written testimonies were received as a matter of record and were also submitted directly to the Chairwoman.

This issue is by no means done, and in fact, this is just the beginning. Friday was an excellent start and we were able to lay a solid foundation of opposition.

You have done an excellent job of leaving opinions on the Nevada legislative web site, THIS IS INCREDIBLY HELPFUL. You have propelled this issue to #7 of the entire Session – amongst nearly 1300 bills, overwhelmingly in opposition. If you have not left an opinion, please take the time to do so, the link is: <https://www.leg.state.nv.us/App/Opinions/80th2019/>.

In addition, communications campaigns are being coordinated with the American Dental Association. Email, social media and print efforts are all under way to ensure elected officials in Carson City are aware of the dangers this bill presents. Many of you have already received a letter from Robert Talley DDS, our NDA Executive Director, asking you to post a prewritten statement on your websites and Facebook pages with a hyperlink to the legislative opinion page for your patients to use. Please look out for regular communication in the future on ways you can assist us with this effort.

You received an update on all the bills we are most concerned with a couple of weeks ago. Although SB366 is what I am addressing here, please be assured we have not dropped any of our focus or intent on any of the other bills we are presently watching.

We are also planning an email campaign from ALLNevada dentists should the Senate committee choose to continue pursuing SB366. Our voice is stronger together and we hope you will join us in whatever ways you are called upon to help us fight SB366. We will keep you informed of any next steps/actions by the Legislature. The timing of this will be critical – so please stay tuned.

Finally, our members have left me in awe, several of you showed up on your own taking time away from your practices which was incredible! I especially want to recognize the following people who either gave oral or written testimonies. This was extremely powerful! Their research, knowledge, ability to speak and professionalism was presented with confidence and understanding. They are (my apologies if I miss anyone):

Erin Anderson, Kellie Butterworth, Jade Miller, Chris Ferrari, Kellie McGinley, Emily Ishkanian, Paul Brosey, Ed DeAndre, Tina Abbatangelo, Jackie Alford, Ingrid Lubbers, Robert Talley, Jeffrey Suffoletta, Alana Saxe, Ashley Hoban, DeAudre Lyndell LeCato, Beatrice Stark, Ted Twesme, UNR students, Dallas Diel, Pria Ralh, Spencer Carlie, Serena Phen, Kent Simister and Antonina Cupurro.

Much more to come. Thank you.

Sincerely,

Richard J. Dragon, DMD

NDA President

Thank you Governor Sisolak, General Ford and Madam Secretary

I am submitting solid proof from public records over the past 30 years showing that when Nevada citizens made complaints against NDA dentists the board only took action against 20% of those dentists. However, when Nevada citizens made complaints against non-NDA dentists the board took action against 80% of those dentists. Nevada dentists are split up evenly between NDA and non-NDA. If numbers don't lie, then who is doing the lying and how many thousands of citizens have had their legitimate board complaints dismissed? The NDA board members have out voted the non-NDA Board members and have arrogantly defied the Audit by replacing their five NDA dentists with just one of their NDA dentists. The audit said to hire more investigators to avoid the appearance of favoritism but instead the NDA board members out voted the non-NDA board members to make sure they hired their own NDA dentist as the only Board investigator. The NDA board members also voted to appoint NDA president and Board member Sanders to the review panel where he will be able to dismiss citizen complaints against NDA dentists. Every NDA dentist is giving Dr. Sanders hundreds of dollars per year so how does a Nevada citizen have a chance to have a complaint not dismissed if the complaint is concerning an NDA dentist? It is a total financial conflict of interest for the President of the NDA to be a Dental Board member. The audit called for more board oversight and compliance with the APA. The NDA board members created this new NDA dentist position without passing any regulations which is mandated by statute and by the Audit. A good example when the NDA board members neglected to perform their duty to protect the public was when they covered up the largest investigation into one of their own NDA dentists even though the Review Journal confirmed that this dentist reused single-use implant parts on 184 patients at UNLV School of Dentistry. Board member Sanders worked at UNLV with this NDA dentist. The NDA Board members can't be trusted to do the right thing.

After the Audit specifically stated that the board must check with the ethics commission and wait one year as the cooling off period before hiring an ex-board member for a paid position these NDA board members defied the Audit by immediately hiring NDA dentist ex-board member Sherastani and refusing to check with the ethics commission. Dr Sharestani used his position as a previous Board member to get a paid position on the Review Panel. Sherastani is two out of the three review panel members who will be able to dismiss citizen complaints against NDA dentists.

Ever since the audit eliminated the NDA dentist coordinator from preventing patients to file their complaints the NDA board members have quickly developed a system so they can still dismiss complaints against NDA members.

This Board has failed two state Audits. There needs to be change.

Until every NDA dentist is removed from this Board, Nevada citizen complaints will never be treated fairly through the Executive Director Shaffer and Attorney Chapman.



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

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

Date: October 30, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Matthew Tuma, Executive Branch Budget Officer  
Budget Division

A handwritten signature in black ink, appearing to read "Matt Tuma", written over a horizontal line.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF WATER RESOURCES**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Division requests approval to purchase one new vehicle not to exceed \$27,373.

Additional Information:

The Division began the implementation of a Groundwater Management Plan in the Diamond Valley basin during FY 2020. Under the terms of the plan, the Division hired one full time equivalent position (FTE) in August 2019 and requires an additional agency owned vehicle to support the FTE and execution of the Plan. Implementation costs associated with this Plan are 100% funded with basin assessments from the Diamond Valley basin and managed in non-executive budget account 4505 in the Diamond Valley category. There is sufficient cash to support the vehicle purchase and there is no corresponding budget decision unit due to this originating in a non-executive budget account.

Statutory Authority:

NRS 334.010 & NRS 534.037

REVIEWED: 

ACTION ITEM: \_\_\_\_\_



**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF WATER RESOURCES**

**901 South Stewart Street, Suite 2002**

**Carson City, Nevada 89701-5250**

**(775) 684-2800 • Fax (775) 684-2811**

**<http://water.nv.gov>**

**MEMORANDUM**

**RECEIVED**

**OCT - 8 2019**

**GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION**

**Date:** October, 8, 2019

**To:** Matt Tuma, Budget Analyst  
Governor's Finance Office, Department of Administration

**Through:** Tim Wilson, P.E., Acting State Engineer, Division of Water Resources

**From:** Brandi Ré, Management Analyst III, Division of Water Resources

**Subject:** Approval to purchase vehicle - Diamond Valley GMP

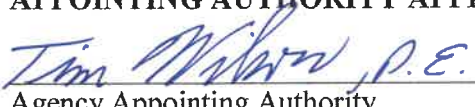

Attached is the Board of Examiners Request for Approval to Purchase a State Vehicle form, pursuant to NRS 334.010.

In FY2020, the Division of Water Resources began the implementation of a Groundwater Management Plan in the Diamond Valley basin, pursuant to NRS 534.037. Under the terms of the plan, the agency recruited for, and hired one FTE on August 12, 2019. The purpose of this plan is to remove the basin's designation as a Critical Management Area.

Implementation costs associate with this plan are 100% funded with basin assessment from the Diamond Valley Basin. Non-executive budget account 4505, CAT 48 has a realized funding of \$156,962, with annual revenue collections of \$133,912 projected for FY2020. This funding source has sufficient cash on hand to support the request to purchase one new vehicle.

Thank you in advance for your consideration of this request.

Board of Examiners Request for Approval to Purchase a  
State Vehicle Pursuant to NRS 334.010

<b>Agency Name:</b> Division of Water Resources	<b>Budget Account #:</b> 4505 / 48
<b>Contact Name:</b> Brandi Re, MAIII	<b>Telephone Number:</b> 775-684-2863
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
<b>Number of vehicles requested:</b> <u>1</u> <b>Amount of the request:</b> <u>\$27,373</u>	
<b>Is the requested vehicle(s) new or used:</b> <u>New</u>	
<b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab Work Pick up Truck	
<b>Mission of the requested vehicle(s):</b> Support Diamond Valley GMP program and agency mission.	
<b>Were funds legislatively approved for the request?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b>  <b>If no, please explain how the vehicles will be funded?</b> 100% Basin Assessment
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b>  <input checked="" type="checkbox"/> <u>1</u> Addition(s) <input type="checkbox"/> Replacement(s)	
<b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain.</b> N/A	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <u><b>Current Vehicle Information:</b></u> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle:  <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:  <hr/> <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.  <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<b>APPOINTING AUTHORITY APPROVAL:</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">         Agency Appointing Authority     </div> <div style="text-align: center;">         Title     </div> <div style="text-align: center;"> <u>10/8/19</u>        Date     </div> </div>	
<b>BOARD OF EXAMINERS' APPROVAL:</b>  <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">       Board of Examiners     </div> <div style="width: 45%;">       Date     </div> </div>	



## Vehicle Order Information Form

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab Work Pick up Truck		
<b>Dealer Name:</b>	Findlay Chevrolet		
<b>Delivery Location:</b>	Las Vegas, NV		
<b>Vehicle Colors:</b>	Exterior: Summit White	Interior: Jet Black Trim	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
<b>QUOTE WORKSHEET - ATTACHMENT AA</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	<del>\$ 37,000.00</del> \$ 1,595.00	\$ 39,495.00
SPECIFY OPTIONS: (description)	1	\$ 1,165.00	\$ 40,660.00
Code G80- Differential, HD locking rear	1	\$ 395.00	
Code NZZ – Skid Plates WT Package	1	\$ 150.00	
Code K34 – Cruise Control Package	1	\$ 225.00	
Code Z82 – Trailering Package	1	\$ 395.00	
		\$	
		\$	
		\$	
		\$	
<b>LESS CUSTOMER DISCOUNT:</b>		<del>\$ &lt;13,316.25&gt;</del>	<del>\$ &lt;13,316.25&gt;</del>
<b>DELIVERY COST:</b> (If other than Reno\Carson or Las Vegas)		\$ N/A	\$ N/A
Total purchase price with options		<del>\$ 27,373.00</del>	<del>\$ 27,373.00</del>
DMV Title and DRS Fee's		\$29.25	<del>\$ 27,402.25</del> <del>27,373.00</del>
<b>GRAND TOTAL:</b>			<del>\$ 27,402.25</del>

\$ 27,373.00

<b>Registered Owner:</b>	Agency Name & Address: Nevada Division of Water Resource 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
<b>County Vehicle Based In:</b>	Eureka County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Brandi Re, Management Analyst III 775-684-2863 <a href="mailto:bre@water.nv.gov">bre@water.nv.gov</a>



## Findlay Chevrolet

Paul Brown | 702-982-4409 | pbrown@findlayauto.com

Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck ( Complete )

Quote: Nevada Division of Water Resources 4.3 V6 - Crew Cab - Silverado

### Quote Worksheet

	MSRP
Base Price	\$37,900.00
Dest Charge	\$1,595.00
Total Options	\$1,165.00
<b>Subtotal</b>	<b>\$40,660.00</b>
DOC FEE	\$0.00
<b>Subtotal Pre-Tax Adjustments</b>	<b>\$0.00</b>
Less Customer Discount	(\$13,316.25)
<b>Subtotal Discount</b>	<b>(\$13,316.25)</b>
Trade-In	\$0.00
<b>Excluded from Sales Tax</b>	<b>Subtotal Trade-In</b>
	<b>\$0.00</b>
	<b>Taxable Price</b>
	<b>\$27,343.75</b>
Sales Tax	\$0.00
<b>Subtotal Taxes</b>	<b>\$0.00</b>
TITLE FEE	\$29.25
<b>Subtotal Post-Tax Adjustments</b>	<b>\$29.25</b>
<b>Total Sales Price</b>	<b>\$27,373.00</b>

Dealer Signature / Date

Customer Signature / Date

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Data Version: 9425. Data Updated: Oct 7, 2019 10:03:00 PM PDT.



## Findlay Chevrolet

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Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck (✔ Complete)

Quote: Nevada Division of Water Resources 4.3 V6 - Crew Cab - Silverado

### Selected Model and Options

#### MODEL

CODE	MODEL	MSRP
CK10543	2020 Chevrolet Silverado 1500 4WD Crew Cab 147" Work Truck	\$37,900.00

#### COLORS

CODE	DESCRIPTION	MSRP
GAZ	Summit White	\$0.00

#### PREFERRED EQUIPMENT GROUP

CODE	DESCRIPTION	MSRP
1WT	Work Truck Preferred Equipment Group includes standard equipment	\$0.00

#### SEAT TYPE

CODE	DESCRIPTION	MSRP
A52	Seats, front 40/20/40 split-bench (STD)	\$0.00

#### GVWR

CODE	DESCRIPTION	MSRP
C5W	GVWR, 7000 lbs. (3175 kg) (STD) (Requires Crew Cab or Double Cab 4WD model and (LV3) 4.3L EcoTec3 V6 engine or (L3B) 2.7L Turbo engine.)	\$0.00

#### ADDITIONAL EQUIPMENT - SAFETY-INTERIOR

CODE	DESCRIPTION	MSRP
CTT	Hitch Guidance (Included and only available with (Z82) Trailering Package.)	Inc.

#### ADDITIONAL EQUIPMENT - MECHANICAL

CODE	DESCRIPTION	MSRP
G80	Differential, heavy-duty locking rear (Included with (Z71) Z71 Off-Road Package.)	\$395.00
NZZ	Skid Plates (Included with (BAQ) Work Truck Package, (Z71) Z71 Off-Road Package or (VYU) Snow Plow Prep Package.)	\$150.00

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Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck (✔ Complete)

Quote: Nevada Division of Water Resources 4.3 V6 - Crew Cab - Silverado

### ADDITIONAL EQUIPMENT - INTERIOR

CODE	DESCRIPTION	MSRP
K34	Cruise control, electronic with set and resume speed, steering wheel-mounted (Included with (PCV) WT Convenience Package or (ZLQ) WT Fleet Convenience Package.)	\$225.00

### ADDITIONAL EQUIPMENT - PACKAGE

CODE	DESCRIPTION	MSRP
Z82	Trailer Package includes trailer hitch, 7-pin and 4-pin connectors and (CTT) Hitch Guidance (Included with (PEB) WT Value Package.)	\$395.00

### EMISSIONS

CODE	DESCRIPTION	MSRP
FE9	Emissions, Federal requirements	\$0.00

### PAINT

CODE	DESCRIPTION	MSRP
GAZ	Summit White	\$0.00

### AXLE

CODE	DESCRIPTION	MSRP
GU6	Rear axle, 3.42 ratio	\$0.00

### SEAT TRIM

CODE	DESCRIPTION	MSRP
H1T	Jet Black, Cloth seat trim	\$0.00

### RADIO

CODE	DESCRIPTION	MSRP
IOR	Audio system, Chevrolet Infotainment 3 system 7" diagonal color touchscreen, AM/FM stereo. Additional features for compatible phones include: Bluetooth audio streaming for 2 active devices, voice command pass-through to phone, Apple CarPlay and Android Auto capable. (STD)	\$0.00

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Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck (✔ Complete)

Quote: Nevada Division of Water Resources 4.3 V6 - Crew Cab - Silverado

### ENGINE

CODE	DESCRIPTION	MSRP
LV3	Engine, 4.3L EcoTec3 V6 with Active Fuel Management, (285 hp [212 kW] @ 5300 rpm, 305 lb-ft of torque [413 Nm] @ 3900 rpm) (STD)	\$0.00

### TRANSMISSION

CODE	DESCRIPTION	MSRP
MYC	Transmission, 6-speed automatic, electronically controlled (STD)	\$0.00

### TIRES

CODE	DESCRIPTION	MSRP
QBN	Tires, 255/70R17 all-season, blackwall (STD)	\$0.00

### SPARE TIRE

CODE	DESCRIPTION	MSRP
QBR	Tire, spare 255/70R17 all-season, blackwall (STD) (Included with (QBN) 255/70R17 all-season, blackwall tires.)	\$0.00

### WHEELS

CODE	DESCRIPTION	MSRP
RD6	Wheels, 17" x 8" (43.2 cm x 20.3 cm) Ultra Silver painted steel (STD)	\$0.00
Options Total		\$1,165.00

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## Findlay Chevrolet

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Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck (✔ Complete)

Quote: Nevada Division of Water Resources 4.3 V6 - Crew Cab - Silverado

### Standard Equipment

#### Mechanical

Durabed, pickup bed

Engine, 4.3L EcoTec3 V6 with Active Fuel Management, (285 hp [212 kW] @ 5300 rpm, 305 lb-ft of torque [413 Nm] @ 3900 rpm) (STD)

Transmission, 6-speed automatic, electronically controlled (STD)

Rear axle, 3.42 ratio

GVWR, 7000 lbs. (3175 kg) (STD) (Requires Crew Cab or Double Cab 4WD model and (LV3) 4.3L EcoTec3 V6 engine or (L3B) 2.7L Turbo engine.)

Transfer case, single speed electronic Autotrac with rotary dial control (4WD models only)

Four wheel drive

Cooling, external engine oil cooler (Not available with (L3B) 2.7L Turbo engine.)

Battery, heavy-duty 730 cold-cranking amps/70 Amp-hr, maintenance-free with rundown protection and retained accessory power (Included and only available with (LV3) 4.3L EcoTec3 V6 engine.)

Alternator, 170 amps

Frame, fully-boxed, hydroformed front section

Steering, Electric Power Steering (EPS) assist, rack-and-pinion

Brakes, 4-wheel antilock, 4-wheel disc with DURALIFE rotors

Brake lining wear indicator

Capless Fuel Fill

Exhaust, single outlet

#### Exterior

Wheels, 17" x 8" (43.2 cm x 20.3 cm) Ultra Silver painted steel (STD)

Tires, 255/70R17 all-season, blackwall (STD)

Tire, spare 255/70R17 all-season, blackwall (STD) (Included with (QBN) 255/70R17 all-season, blackwall tires.)

Tire carrier lock, keyed cylinder lock that utilizes same key as ignition and door

Bumpers, front, Black (semi-gloss)

Bumpers, rear, Black (semi-gloss)

CornerStep, rear bumper

Recovery hooks, front, frame-mounted, black (Included with 4WD models or on 2WD models with (PQA) WT Safety Package. Available free flow on 2WD models.)

Cargo tie downs (12), fixed rated at 500 lbs per corner

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Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck (✔ Complete)

Quote: Nevada Division of Water Resources 4.3 V6 - Crew Cab - Silverado

### Exterior

Grille (Black bars and mesh inserts.)

Headlamps, halogen reflector with halogen Daytime Running Lamps

Lamps, cargo area, cab mounted integrated with center high mount stop lamp, with switch in bank on left side of steering wheel

Taillamps, with incandescent tail, stop and reverse lights

Mirrors, outside manual, Black

Glass, solar absorbing, tinted

Door handles, Black

Tailgate and bed rail protection cap, top

Tailgate, locking utilizes same key as ignition and door (Upgraded to (QT5) EZ Lift power lock and release tailgate when (ZLQ) WT Fleet Convenience Package or (PCV) WT Convenience Package is ordered.)

Tailgate, gate function manual, no EZ Lift

### Entertainment

Audio system, Chevrolet Infotainment 3 system 7" diagonal color touchscreen, AM/FM stereo. Additional features for compatible phones include: Bluetooth audio streaming for 2 active devices, voice command pass-through to phone, Apple CarPlay and Android Auto capable. (STD)

Audio system feature, 6-speaker system (Requires Crew Cab or Double Cab model.)

Bluetooth for phone, connectivity to vehicle infotainment system

### Interior

Seats, front 40/20/40 split-bench (STD)

Seat trim, Vinyl

Seat adjuster, driver 4-way manual

Seat adjuster, passenger 4-way manual

Seat, rear 60/40 folding bench (folds up), 3-passenger (includes child seat top tether anchor) (Requires Crew Cab or Double Cab model.)

Floor covering, rubberized-vinyl (Not available with LPO floor liners.)

Steering wheel, urethane

Steering column, Tilt-Wheel, manual with wheel locking security feature

Instrument cluster, 6-gauge cluster featuring speedometer, fuel level, engine temperature, tachometer, voltage and oil pressure

Driver Information Center, 3.5" diagonal monochromatic display

Exterior Temperature Display located in radio display

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## Findlay Chevrolet

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Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck (  Complete )

Quote: Nevada Division of Water Resources 4.3 V6 - Crew Cab - Silverado

### Interior

Rear Seat Reminder (Requires Crew Cab or Double Cab model.)  
Window, power front, drivers express up/down (Standard on Crew Cab and Double Cab models.)  
Window, power front, passenger express down (Standard on Crew Cab and Double Cab models.)  
Windows, power rear, express down (Not available with Regular Cab models.)  
Door locks, power (Standard on Crew Cab and Double Cab models.)  
Power outlet, front auxiliary, 12-volt  
USB port, located on instrument panel  
Air conditioning, single-zone  
Air vents, rear, heating/cooling (Not available on Regular Cab models.)  
Mirror, inside rearview, manual tilt  
Assist handles front A-pillar mounted for driver and passenger, rear B-pillar mounted

### Safety-Mechanical

StabiliTrak, stability control system with Proactive Roll Avoidance and traction control, includes electronic trailer sway control and hill start assist

### Safety-Exterior

Daytime Running Lamps with automatic exterior lamp control

### Safety-Interior

Airbags, dual-stage frontal airbags for driver and front outboard passenger; Seat-mounted side-impact airbags for driver and front outboard passenger; Head-curtain airbags for front and rear outboard seating positions; Includes front outboard Passenger Sensing System for frontal outboard passenger airbag (Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)

Rear Vision Camera

Teen Driver a configurable feature that lets you activate customizable vehicle settings associated with a key fob, to help encourage safe driving behavior. It can limit certain available vehicle features, and it prevents certain safety systems from being turned off. An in-vehicle report card gives you information on driving habits and helps you to continue to coach your new driver

Tire Pressure Monitoring System with Tire Fill Alert (does not apply to spare tire)

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## Findlay Chevrolet

Paul Brown | 702-982-4409 | pbrown@findlayauto.com

Vehicle: [Fleet] 2020 Chevrolet Silverado 1500 (CK10543) 4WD Crew Cab 147" Work Truck (✔ Complete)

Quote: Nevada Division of Water Resources 4.3 V6 - Crew Cab - Silverado

### WARRANTY

Warranty Note: <<< Preliminary 2020 Warranty Note >>>

Basic Years: 3

Basic Miles/km: 36,000

Drivetrain Years: 5

Drivetrain Miles/km: 60,000

Drivetrain Note: Qualified Fleet Purchases: 5 Years/100,000 Miles

Corrosion Years (Rust-Through): 6

Corrosion Years: 3

Corrosion Miles/km (Rust-Through): 100,000

Corrosion Miles/km: 36,000

Roadside Assistance Years: 5

Roadside Assistance Miles/km: 60,000

Roadside Assistance Note: Qualified Fleet Purchases: 5 Years/100,000 Miles

Maintenance Note: 1 Year/1 Visit

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

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

Date: October 15, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Matthew Tuma, Executive Branch Budget Officer   
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF STATE PARKS**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Division requests approval to purchase two replacement vehicles not to exceed \$69,454.50.

Additional Information:

This request is to purchase two vehicles to replace current vehicles that comply with the Vehicle Replacement Policy of SAM 1316.

The Division received vehicle funding of \$1,223,304 during the 2020-2021 legislative session. The agency submitted a request to the August BOE meeting for 24 vehicles in the amount of \$880,897 and a request to the September BOE meeting for four vehicles in the amount of \$148,483, leaving the agency \$184,488.25 in appropriations remaining for vehicle replacements.


The Division of State Parks was budgeted for vehicles in one-shot appropriations pursuant to Assembly Bill 505 of the 2019 Legislative Session and in decision units E-364 and E-366 shown in Table 1 below.

Funding Sources		
One-Shot	AB 505	\$572,726
One-Shot	AB 505	\$569,422
BA 4162	E-364	\$40,578
BA 4162	E-366	\$40,578
Total		<b>\$1,223,304</b>

Table 1: Funding source for State Park vehicle purchases.

Statutory Authority:

NRS 334.010

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

**Board of Examiners Request for Approval to Purchase a  
State Vehicle Pursuant to NRS 334.010**

<b>Agency Name:</b> State Parks	<b>Budget Account #:</b> 4162
<b>Contact Name:</b> Jen Idema	<b>Telephone Number:</b> 775-684-2773
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p><b>Number of vehicles requested:</b> <u>2</u>      <b>Amount of the request:</b> <u>\$69,454.50</u></p> <p><b>Is the requested vehicle(s) new or used:</b> <u>New</u></p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b></p> <p><b>Mission of the requested vehicle(s):</b> <u>Maintenance and operation of state parks.</u></p>	
<p><b>Were funds legislatively approved for the request?</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>If yes, please provide the decision unit number:</b> <u>AB 505</u></p> <p><b>If no, please explain how the vehicles will be funded?</b> <u>E712-One Shot</u></p>
<p><b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b></p> <p><input type="checkbox"/> <u>  </u> Addition(s)    <input type="checkbox"/> <u>  2  </u> Replacement(s)</p>	
<p><b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain.</b></p> <p><b>Yes</b></p>	
<p><b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b>Current Vehicle Information:</b>  <b>Vehicle #1 Model Year:</b>  <b>Odometer Reading:</b>  <b>Type of Vehicle:</b>  <small>2008 Chevy Trailblazer SUV, 165,673 miles, EX 55672</small>  <b>Vehicle #2 Model Year:</b>  <b>Odometer Reading:</b>  <b>Type of Vehicle:</b>  <small>1996 GMC 1500, 62,395 miles, EX 32701</small> </p> <p><i>Please attach an additional sheet if necessary</i></p>	<p><b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b></p> <p><b>Yes</b></p> <p><b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b></p>
<p><b>APPOINTING AUTHORITY APPROVAL:</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">               _____              Agency Appointing Authority         </div> <div style="text-align: center;">             Administrator              Title         </div> <div style="text-align: center;">               _____              Deputy Director         </div> <div style="text-align: center;">             Date              10/08/2019         </div> </div>	
<p><b>BOARD OF EXAMINERS' APPROVAL:</b></p> <p><input type="checkbox"/> Approved for Purchase    <input type="checkbox"/> Not Approved for Purchase</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">             _____              Board of Examiners         </div> <div style="width: 40%;">             _____              Date         </div> </div>	

### **Vehicle Order Information Form**

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	Chevrolet Silverado 3500 HD (CK30903)		
<b>Dealer Name:</b>	Champion Chevrolet		
<b>Delivery Location:</b>	Reno		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Earth Gray	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 25,334.00	\$ 25,334.00
SPECIFY OPTIONS: (description)			
Back Up Camera		\$ 73.00	
Four Wheel Drive		\$ 2,174.00	
Integrated Trailer Brake Controller		\$ 242.00	
Power Locks		\$1,100.00	
Skid Plate		\$ 132.00	
Tire, Spare, Full Size		\$ 380.00	
Power Outlet 120 V		\$150.00	

[illegible]

<b>Registered Owner:</b>	Agency Name & Address: Nevada State Parks 901 S Stewart St, Suite 5005 Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Nevada State Parks 901 S Stewart St, Suite 5005 Carson City, NV 89701
<b>County Vehicle Based In:</b>	Washoe
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Jen Idema 775-684-2773



**STANDARD PAGE ~ BID 99SWC-S490 FLEET VEHICLES**

**DEALER NAME - *Champion Chevrolet***

**Vehicle Item Number: 3.4 - Cab & Chassis: 1 Ton; Full Size; Standard Cab; SRW .**

<b>Specify MANUFACTURER, MODEL NAME, YEAR &amp; BODY MODEL CODE:</b>	<b>Base Price for RENO/CARSON CITY</b>	<b>Base Price for LAS VEGAS</b>
<i>2020 Chevrolet Silverado - CC30903 ✓</i>	<i>\$25,334.00</i>	<i>\$25,634.00</i>
<b>State vehicle miles per gallon (MPG): NOT RATED</b>		
<b>Manufactures Suggested Retail Price(MSRP): \$ 35,920.00</b>		
<b>State manufactures warranty: 3 YR or 36k Miles Bumper to Bumper &amp; 5 YR or 100k Miles Powertrain</b>		
<b>Specify standard engine size and emission rating: 6.6L V-8 Gas ✓ Federal Emission</b>		
<b>Includes Minimum Standard Equipment Listed: ____Yes __X__No If no, state exceptions:</b>		
<i>AM/FM STEREO W/ BLUETOOTH STREAMING CD PLAYER - Not Available</i>		
<i>POWER WINDOWS/LOCKS - OPTIONAL SEE BELOW</i>		
<b>Exterior Color: List available colors:</b>		
<i>Red Hot, Northsky Blue Metallic, Silver Ice Metallic, Summit White, Black.</i>		
<i>Shadow Gray Metallic, Oxford Brown Metallic</i>		
<b>Seats, Cloth: List available colors:</b>		
<i>Jet Black</i>		
<b>GVW: 10,750(GAS) 11,500(DIESEL)</b>		
<b>WHEELBASE: 141.55 / 55.2 C.A.</b>		

**ITEMIZED OPTION PAGE ~ BID 99SWC-S490 FLEET VEHICLES**

**DEALER NAME - Champion Chevrolet**

**Vehicle Item Number: 3.4 - Cab & Chassis: 1 Ton; Full Size; Standard Cab; SRW**

		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Back Up Camera Provision	\$73.00 ✓	\$- N/A
Battery, Auxiliary (Req HD Alternator)	\$135(Std on Diesel)	\$- N/A
Bluetooth for Phone	\$ STD	\$- N/A
Cruise Control	\$ STD	\$- N/A
Deep Tint Glass	\$88.00	\$- N/A
Engine, Alt Size 6.6L V-8 DMax Diesel (Req Pwr Win + Trailer Brake Controller)	\$8,954.00	\$- N/A
Engine Block Heater	\$88.00(Std on Diesel)	\$- N/A
Four Wheel Drive	\$2,174.00 ✓	\$- N/A
Electronic Transfer Case(Requires 4x4)	\$ STD	\$- N/A
Heavy Duty Alternator	\$132(Gas) \$335(Diesel)	\$- N/A
Integrated Trailer Brake Controller(Req Power Mirrors)	\$242 (Gas) Req on Diesel ✓	\$- N/A
Keyless Entry w/Fob (Includes Power Windows/Mirrors)	\$1,100.00	\$- N/A
Keys, Two Additional(4 Total)	\$95.00	\$- N/A
Locking Rear Differential	\$STD	\$- N/A
Paint, Metallic	\$STD	\$- N/A
Power Mirrors (Incl Keyless Entry w/Fob Pwr Win/Locks)	\$1,100.00	\$- N/A
Power Locks (Incl Pwr Win/Mirrors/ Keyless Entry)	\$1,100.00 ✓	\$- N/A
Power Seat(Driver Side)( Requires Power Windows)	\$290.00	\$- N/A
Power Windows (Incl Keyless Entry/Power Mirrors)	\$1,100.00	\$- N/A
Radio:AM/FM Stereo,CD Player(Incl My Link/Bluetooth)	\$- N/A	\$- N/A
Rear Window Defogger	\$198.00	\$- N/A
Seats, Vinyl	\$ Avail @ no extra charge	\$- N/A
Vinyl Colors: Jet Black		
Skid Plate	\$132.00 ✓	\$- N/A
Steps, 4" Black Round	\$650.00	\$- N/A
Tilt Steering	\$ STD	\$- N/A
Tire, Spare, Full Size	\$380.00 ✓	\$- N/A
Tires, All Terrain	\$ STD	\$- N/A
Trailer Tow Mirrors(Not avail with Pwr Windows/Mirrors)	\$ STD	\$- N/A
Trailer Tow Mirrors-Power (Requires Power Mirrors)	\$1,100.00	\$- N/A
Upfit Switches Bank of 5 (Shipped Loose)	\$150.00	\$- N/A
POWER OUTLET 120V	\$150.00 ✓	
Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 375.00 flat.		

TITLE FEE

\$29.25

TOTAL \$ 29,614.25

### **Vehicle Order Information Form**

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	Ford F150 Crew Cab, Long Bed 4 x 4		
<b>Dealer Name:</b>	Jones West Ford		
<b>Delivery Location:</b>	Reno		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Earth Gray	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 33,599.00	\$ 33,599.00
SPECIFY OPTIONS: (description)			
3.5 Ecoboost Engine		\$ 546.00	
XL9 Rear Electronic Locking Axle		\$ 46.00	
36 Gal Ext Fuel Tank		\$ 405.00	
Fx4 Package		\$ 823.00	
Tailgate Step		\$ 341.00	
100/400 Power Outlet		\$ 182.00	
Hard Tonneau Cover		\$ 906.00	
XL Sport Package		\$ 705.00	
Trailer Tow Package		\$ 906.00	
Engine Block Heater		\$ 82.00	
Black Running Boards		\$ 228.00	
Trailer Brake Controller		\$ 250.00	
Spray in Bedliner		\$ 542.00	
Reverse Sensing		\$ 250.00	

DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 39,811.00
DMV Title and DRS Fee's			\$ 29.25
GRAND TOTAL:			\$ 39,840.25

<b>Registered Owner:</b>	Agency Name & Address: Nevada State Parks 901 S Stewart St, Suite 5005 Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Nevada State Parks 901 S Stewart St, Suite 5005 Carson City, NV 89701
<b>County Vehicle Based In:</b>	Carson
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Jen Idema 775-684-2773

Jones West Ford

2020 F150 CREWCAB LONG BED 4X4 33599

XLT PACKAGE SEE ATTACHED FOR STD EQUIP N/C

3.5 ECOBOOST ENGINE	546
XL9 REAR ELECTRONIC LOCKING AXLE	46
36 GAL EXT FUEL TANK	405
FX4 PACKAGE	823
TAILGATE STEP	341
100/400 POWER OUTLET	182
HARD TONNEAU COVER	906
XL SPORT PACKAGE	705
TRALER TOW PKG	906
ENGINE BLOCK HEATER	82
BLACK RUNNING BOARDS	228
TRAILER BRAKE CONTROLLER	250
SYNC	N/C
SPRAY IN BED LINER	542
REVERSE SENSING	250
SUB TOTAL	\$39811
TITLE	\$29.25
TOTAL	\$39840.25

P & D truck

Replacement Vehicle  
EX 55672 2008 Chevy Trailblazer  
165,673 miles

08/01/19

2020 F-150

PROPRIETARY

# REGULAR CAB / SUPERCAB / SUPERCREW® – XLT SERIES

## EQUIPMENT GROUP

Series	Option Code	F-150 XLT		
Regular Cab 4x2 – 6.5' Box	122.5"	F1C	F1C	
Regular Cab 4x4 – 6.5' Box	122.5"	F1E	F1E	
Regular Cab 4x2 – 8.0' Box	141"	F1C	F1C	
Regular Cab 4x4 – 8.0' Box	141"	F1E	F1E	
SuperCab 4x2 – 6.5' Box	145"	X1C	X1C	X1C
SuperCab 4x4 – 6.5' Box	145"	X1E	X1E	X1E
SuperCab 4x2 – 8.0' Box	163.7"	X1C	X1C	X1C
SuperCab 4x4 – 8.0' Box	163.7"	X1E	X1E	X1E
SuperCrew® 4x2 – 5.5' Box	145"	W1C	W1C	W1C
SuperCrew® 4x4 – 5.5' Box	145"	W1E	W1E	W1E
SuperCrew® 4x2 – 6.5' Box	157"	W1C	W1C	W1C
SuperCrew® 4x4 – 6.5' Box	157"	W1E	W1E	W1E
3.3L V6 PFDI with Auto Start-Stop Technology and Flex-Fuel Capability (NA 157" or 163.7" WB)	99B	S	S	S
2.7L V6 EcoBoost® with Auto Start-Stop Technology (NA on 4x4 with 157" or 163.7" WB) – Standard on 4x2 with 157" or 163.7" WB	99P	S/O	S/O	S/O
5.0L V8 with Auto Start-Stop Technology and Flex-Fuel Capability – Standard on 4x4 with 157" or 163.7" WB	995	S/O	S/O	S/O
3.5L V6 EcoBoost® (NA 122" WB) with Auto Start-Stop Technology	994	O	O	O
3.0L 4 Valve DOHC Power Stroke® V6 Turbo Diesel B20 with Auto Start-Stop Technology (NA 163.7" WB; reqs. Manual-folding, Power Glass Sideview Mirrors (54R) or Manual-folding, Manually Telescoping, Power Glass Trailer Tow Mirrors (54Y) and Privacy Glass with Rear-Window Defroster (924/57Q) on 300A)	991	O-2.3	O-2.3	O-2.3
Electronic Six-Speed Automatic Transmission with Selectable Drive Modes: Normal/Tow-Haul/Sport (standard w/3.3L V6 PFDI)	446	S	S	S
Electronic Ten-Speed Automatic Transmission with Selectable Drive Modes: Normal/Tow-Haul/Snow-We/EcoSelect/Sport (standard w/3.5L V6 EcoBoost®, 2.7L V6 EcoBoost® (99P), 5.0L V8 (995) & 3.0L V6 Power Stroke® Diesel (991) engines)	44G	S	S	S
Equipment Group	Option Code	Base 300A	Mid 301A	Luxury 302A
<b>Included in Equipment Group</b>				
8-way Power Driver's Seat (Power Lumbar Driver/Manual Lumbar Passenger)			I	
4.2" Productivity Screen in Instrument Cluster			I	I
Fixed Backlight with Privacy Glass and Defroster			I	I
Manual-folding, Power Glass Sideview Mirrors with Heat, Turn Signal and Black Skull Caps (includes interior auto-dimming rearview mirror)				I
Auto-Dimming Rearview Mirror			I	I
Leather-Wrapped Steering Wheel				I
Power-Adjustable Pedals (NA w/ Regular Cab 301A)			I	I
Rear Under-seat Storage (NA Regular Cab)			I	I
SiriusXM® Radio <sup>1</sup> (speakers; (5) with Regular Cab, (7) with SuperCab and SuperCrew®) Note: Includes a 6-month prepaid subscription. Service is not available in Alaska and Hawaii.			I	I
10-way Power Driver's and Passenger Seats (Power Lumbar Driver/Passenger)				I
Heated Front-Seats				I
XLT Chrome Appearance Package (selection of XLT Special Edition Package (61X) or XLT Sport Appearance Package (862) removes XLT Chrome Appearance Package (86B))				I
<b>Free Standing Packages (See Packaged Options/Emissions pages for complete content and restrictions)</b>				
XLT Power Equipment Group Package	68X			O
XLT Chrome Appearance Package	86B		O-2.3	
XLT Special Edition Package (req. 862 XLT Sport Appearance Pkg.) (NA with 8.0' Box, LED Warning Strokes by Sound Off Signal (94S or 94W)) or 3.0L V6 Power Stroke® Diesel engine (991))	61X		O-3	O-3

<sup>1</sup> Subscriptions to all SiriusXM® services are sold by SiriusXM after trial period. If you decide to continue service after your trial, the subscription plan you choose will automatically renew thereafter and you will be charged according to your chosen payment method at then-current rates. Fees and taxes apply. To cancel you must call SiriusXM at 1-866-635-2349. See SiriusXM Customer Agreement for complete terms at [www.siriusxm.com](http://www.siriusxm.com). All fees and programming subject to change. Sirius, XM and all related marks and logos are trademarks of Sirius XM Radio Inc.

★ = New for this model year

1 = Regular Cab only, 2 = SuperCab only, 3 = SuperCrew® only

I = Included in Equipment Group, S = Standard, O = Optional, P = Packaged Option, F = Fleet Only Option






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

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

Date: October 16, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Kristina Shea, Executive Branch Budget Officer   
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CORRECTIONS**

Agenda Item Write-up:


Pursuant to NRS 334.010, the Department of Corrections, requests approval to purchase a replacement vehicle in Fiscal Year 2020 in an amount not to exceed \$10,000.

Additional Information:

The request is to purchase one replacement vehicle that complies with the Vehicle Replacement Policy of SAM 1316. The department indicates that the vehicle requested for replacement was totaled in an accident and was used by the departments Compliance Inspector. The department has received motor insurance settlement proceeds which will be used to purchase the replacement vehicle and state property damaged in the accident. The department will use the replacement vehicle in the Compliance Enforcement Unit as originally approved by the 2019 Legislature.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: 
ACTION ITEM: _____



**Board of Examiners Request for Approval to Purchase a  
State Vehicle Pursuant to NRS 334.010**

<b>Agency Name:</b> Corrections	<b>Budget Account #:</b> 3710
<b>Contact Name:</b> Scott Ewart	<b>Telephone Number:</b> 775-887-3210
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
<b>Number of vehicles requested:</b> <u>One (1)</u> <b>Amount of the request:</b> <u>\$10,000</u> <b>Is the requested vehicle(s) new or used:</b> <u>Used</u> <b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> SUV <b>Mission of the requested vehicle(s):</b> Primary use by Compliance Enforcement Unit (CEU)	
<b>Were funds legislatively approved for the request?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b>  <b>If no, please explain how the vehicles will be funded?</b>  Insurance settlement funds
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b>  <input type="checkbox"/> Addition(s) <input type="checkbox"/> Replacement(s)	
<b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain.</b>  Law enforcement exemption, SAM 1314.4	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: 2009 Chevy Tahoe Odometer Reading: 165,000 Type of Vehicle: SUV  Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:  <i>Please attach an additional sheet if necessary</i>	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b>  No - previous vehicle was involved in vehicle accident and totaled  If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<b>APPOINTING AUTHORITY APPROVAL:</b>  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">             _____            Agency Appointing Authority         </div> <div style="text-align: center;">           Chief of Fiscal Services            _____            Title         </div> <div style="text-align: center;">           10/8/19            _____            Date         </div> </div>	
<b>BOARD OF EXAMINERS' APPROVAL:</b>  <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           _____            Board of Examiners         </div> <div style="width: 20%;">           _____            Date         </div> </div>	

Michael

**HOHL**



**GMC**



DEPT  
2012 CHEVROLET EQUINOX LT  
VIN: 2GNFLNE53C6199051  
STOCK #: B19032A -- MILES: 93,981  
SALESPERSON: TJ THOMSEN  
10/7/2019 1:48 PM

Incentive programs and rebates are estimates, subject to change and verification. Tax Profile: Exempt

CASH PURCHASE	
Market Value	12,618.00
Discount Savings	- 3,017.50
Vehicle (after Savings)	9,600.50
Taxes / Fees	399.50
Due On Delivery	10,000.00

QUOTE FOR NEVADA DEPT OF CORRECTIONS



CHEVROLET



BUICK



WE ARE PROFESSIONAL GRADE

**Corrie 'Cargie' McGregor**

Assistant Sales Manger

Cell 775.690.2417

corrie.mcgregor@michaelhohl.com

Michael

**HOHL**

**Michael Hohl Motor Company**

3700 S. Carson St. Carson City, NV 89701

P 775.883.5777 F 775.884.8638

www.michaelhohlgm.com

Interest Rates, Pricing, Rebates and Terms are estimates, subject to change and apply only on 10/7/2019.  
FOR INTERNAL USE ONLY Michael Hohl Motor Company -- (775) 882-4462

01.06.59.02

## PROPERTY DISPOSITION REPORT

**TO:** NEVADA STATE PURCHASING DIVISION  
PROPERTY MANAGEMENT PROGRAM  
515 E MUSSER ST, STE 300  
CARSON CITY, NV 89701  
PH: (775) 684-0192 FAX: (775) 684-0188  
Email completed forms to: [sp@pdm.nv.gov](mailto:sp@pdm.nv.gov)

**FROM:** Agency Name: Nevada Department of Corrections  
Contact Name: Larry Peltier  
Phone: 775 887-3201 Fax 775 887-3379  
Property address: 5600 Snyder Ave.  
Carson City, Nv. 89701

**DISPOSITION OF PROPERTY IS EXCESS, BEYOND REPAIR, LOST/STOLEN OR TRANSFERRED/DONATED**

A separate report for each disposition action must be completed. Must provide a complete description of property including condition, State I.D. # (if applicable) and budget account from which the property was originally purchased. Agency must obtain disposition approval from Nevada State Purchasing Property Management before agency may proceed with disposition.

- ☐ **EXCESS** to the needs of this department; request pickup by State Purchasing. Point of contact and telephone number must be provided above.
- ☒ **BEYOND REPAIR: MUST PROVIDE DETAILED EXPLANATION AS TO CONDITION TO RECOMMEND PROPERTY TO BE JUNKED.** Removal of property is at agencies expense; or contact Buildings and Grounds. Remove State ID# tag and any State emblems before disposal.
- ☐ **LOST/MISSING/STOLEN:** The agency head must be notified immediately of lost/missing/stolen items. Please attach a police report or other documentation to describe circumstances. Agency must process a FC document in Advantage mailing date of Lost/Missing Item(s). Item(s) must remain on agency's inventory for two inventory cycles prior to processing PDR and Item(s) being removed.
- ☐ **DONATION:** Please provide explanation of property condition, name of organization, and proof of organization's tax-exempt status. Agency must obtain a receipt signature from organization receiving property. **AGENCY MUST HAVE PRIOR AUTHORIZATION BEFORE DONATING PROPERTY.** Remove State ID# tag and any State emblems before donating.
- Name of Organization for Donation: \_\_\_\_\_
- ☐ **STATE I.D. TAG REQUEST:** Duplicate \_\_\_\_\_ New \_\_\_\_\_ (Unit Cost ≥ \$5,000)  
If NEW, please provide the agency account coding, cost and backup documents approving the direct purchase; including a copy of the invoice and payment voucher  
PUND \_\_\_\_\_ AGENCY \_\_\_\_\_ ORG \_\_\_\_\_ ACTIVITY \_\_\_\_\_ OBJECT \_\_\_\_\_ APPR UNIT \_\_\_\_\_  
LOC CODE \_\_\_\_\_ UNIT COST \$ \_\_\_\_\_
- ☐ **TRANSFER:** Transfers between State agencies only; process FC document for Purchasing approval in ADVANTAGE. Maintain PDR for agency records.  
FROM Location \_\_\_\_\_ TO Location: \_\_\_\_\_  
Signature of Receiving Agency \_\_\_\_\_ Date \_\_\_\_\_
- ☐ **OTHER:** Please provide detailed explanation.

**REMINDER: REMOVE ALL TAGS PRIOR TO DONATION OR DISPOSAL.**

FA Type (E, U or X)	STATE ID #	DETAILED DESCRIPTION AND CONDITION OF PROPERTY	OFFICE USE ONLY	
			FC or FD Doc	Warehouse #
	312412	2009 Chevrolet Tahoe		
		VIN 1GNFK13079R190479		
		This vehicle was involved in a accident and was totaled		
		165,000 miles		
		EX 666637		

  
Signature of Person completing this form

Alexander Archia, Compliance Enforcement Supervisor  
Print Name and Title

9-24-2019P  
Date

  
Signature of Agency Approving Authority

Scott Ewert, Chief of Field  
Print Name and Title

9/24/19  
Date

**NEVADA STATE PURCHASING DIVISION  
PROPERTY MANAGEMENT PROGRAM**

**VEHICLE/EQUIPMENT TURN-IN DOCUMENT**

FOR OFFICE USE ONLY

Control#: \_\_\_\_\_

BA #: \_\_\_\_\_

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

**FROM:** Agency Name: NDOC  
Address: 5500 Snyder Ave  
Phone: 775-887-3330  
Fax 775-887-3385  
Property location: 5500 Snyder Ave.

**PROCEDURES:**

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

**Vehicle Information:**

<b>Vehicle Type:</b> SPORT UTILITY	<b>Year:</b> 2009
<b>Make:</b> CHEVROLET	<b>Model:</b> TAHOE
<b>VIN/Serial No.:</b> 1GNFK13079R190479 ✓	<b>State LD. No./License No.:</b> EX-66637 ✓
<b>Engine:</b> 8 CYLINDERS 5.3L	<b>Odometer:</b> 165,000
<b>Transmission:</b> AUTOMATIC	<b>Hours:</b>
<b>Fuel Type:</b> FLEX FUEL	<b>Drive Type:</b> OVERDRIVE 4 WHEEL DRIVE
<b>Exterior Color:</b> WHITE	<b>Interior Color:</b> BEIGE

Northern Administration  
5500 Snyder Ave.  
Carson City, NV 89701  
(775) 887-3285

Southern Administration  
3955 W. Russell Rd.  
Las Vegas, NV 89118  
(702) 486-9906



**State of Nevada  
Department of Corrections**

**Steve Sisolak**  
Governor

**Harold Wickham**  
Acting Director

**John Borrowman**  
Deputy Director  
Support Services

**Date:** October 8, 2019

**To:** Kristina Shea, Executive Branch Budget Officer I  
Governor's Finance Office

**From:** Scott J. Ewart, Chief of Fiscal Services  
Department of Corrections *SE*

**Subject:** NDOC Request to Purchase Replacement Vehicle

The NV Department of Corrections (NDOC) is seeking favorable approval to acquire a replacement vehicle not to exceed \$10,000 for a 2009 Chevrolet Tahoe, license EX66637 that was involved in a August 19, 2019 automobile accident and considered a total loss.

The 2009 Tahoe with mileage of 165,000 at the time of the accident, was assigned to the NDOC Compliance Inspector. The vehicle was struck head-on from another motorist who was cited with a moving violation. There were no injuries as a result of the accident. The replacement vehicle will continue to be used by the NDOC Compliance Inspector as legislatively intended.

The NDOC has obtained a quote for a replacement vehicle from a State Purchasing approved vendor in the amount of \$10,000. Replacement vehicle information is provided in a separate enclosure but is described below:

- 2012 Chevrolet Equinox LT
- 93,981 Mileage
- VIN: 2GNFLNE53C6199051

The NDOC has received the other motorist insurance settlements totaling \$12,452. The difference of \$2,102 will be used to purchase other replacement State property that was damaged in the accident. The final difference of \$350 will be placed in Reserve for Reversion.

The NDOC has submitted non-IFC work program C49140 for the Governor's Finance Office consideration to properly recognize the insurance settlement funds with the corresponding offsetting expenditure category amounts.

I am available to answer any questions.

Thank you

**Vehicle Options:**

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

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

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

**Additional Features:**

CARBURATION = SFI

**Known Defects:**

THIS VEHICLE WAS INVOLVED IN AN ACCIDENT AND IS TOTALED OUT

Turned In By:

DATE: 10/4/2019

Agency Approving  
Authority:

DATE:

Received By:

DATE:

Title Received By: TRAVELERS INSURANCE CO.

DATE:

Title Received By:

DATE:

**Office Use Only:**

**Warehouse Control No.:**

**Budget Account No.:**

## STATE OF NEVADA

DEPARTMENT OF MOTOR VEHICLES

## CERTIFICATE OF TITLE

VIN	1GNFK13079R190479	YEAR	2009	MAKE	CHEV	MODEL	TAHOE K150	VEHICLE BODY	T4W	TITLE NUMBER	NV008014850
DATE ISSUED	08/24/2015	ODOMETER MILES	101915	FUEL TYPE	F	SALES TAX PD		EMPTY WT		GROSS WT	GVWR
VEHICLE COLOR		ODOMETER BRAND						BRANDS			
		ACTUAL MILES									

## OWNER(S) NAME AND ADDRESS

NEVADA DEPARTMENT OF CORRECTIONS  
5500 SNYDER AVE  
CARSON CITY NV 89701-6752

## LIENHOLDER NAME AND ADDRESS

LIENHOLDER RELEASE - INTEREST IN THE VEHICLE DESCRIBED ON THIS TITLE IS HEREBY RELEASED;

SIGNATURE OF AUTHORIZED AGENT

DATE

PRINTED NAME OF AGENT AND COMPANY

FEDERAL AND STATE LAW REQUIRES THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.  
The undersigned hereby certifies the vehicle described in this title has been transferred to the following buyer(s):

Printed Full Legal Name of Buyer

Nevada Driver's License Number or Identification Number

☐ AND  
☐ OR

Printed Full Legal Name of Buyer

Nevada Driver's License Number or Identification Number

Address

City

State

Zip Code

I certify to the best of my knowledge the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

165,000

NO  
TENTHS

The mileage stated is in excess of its mechanical limits.

The odometer reading is not the actual mileage. WARNING: ODOMETER DISCREPANCY.

Exempt Model year over 9 years old.

ODOMETER READING

Nevada Department of Corrections

Printed Name of Seller(s)/Agent/Dealership

I am aware of the above odometer certification made by the seller/agent. ☐

Dealer's License Number

Date of Sale

Signature of Buyer

ACCORDING TO THE RECORDS OF THE DEPARTMENT OF MOTOR  
VEHICLES, THE PERSON NAMED HEREON IS THE OWNER OF THE  
VEHICLE DESCRIBED ABOVE, SUBJECT TO LIEN AS SHOWN.

VP-2 (Rev. 8/10)

Printed Full Legal Name of Buyer

CONTROL NO.

2826214C

(THIS IS NOT A TITLE NO.)

ALTERATION OR ERASURE VOIDS THIS TITLE

**Nevada Department of Corrections**  
**Single Detailed Vehicle Listing**

Vehicle Information			
Assigned Budget Acct: 3710	Vehicle Year: 2009	Vehicle Status: TO BE DELETED	
In Use at Budget Acct: 3710	Vehicle Make: CHEVROLET	Vehicle License: 66637	
Location: PLANT OPPS NO.	Vehicle Model: TAHOE	Vehicle Insurance: LCC	
Vehicle Type: SUV	Vehicle ID Number: 1GNFK13079R190479	Fixed Asset ID: 312412	
Gas Card Information		Mileage Information	
Card Issue Date: 9/11/2019		Vehicle Tank Capacity: 40 g	
Card Number: 9138250		Mileage Fiscal Year: 2019	
Card Pin: 84879		Mileage: 159983	
Notations			
<b>Notation Date: 9/12/2019    Employee: LARRY PELTIER</b> Notation: This vehicle was wrecked / Totaled and is being removed from our fixed assets, will make a new note when we get an replacement.			
<b>Notation Date: 6/17/2016    Employee: CHRISTA WILLIAMS</b> Notation: Issued new Thomas Petro card, old card invalid			
<b>Notation Date: 8/24/2015    Employee: LARRY PELTIER</b> Notation: This vehicle is replacing a 1996 Ford Bronco ex 41632			



**Barbara Weisenthal - Archie's totaled batmobile, 2009 Chevy Tahoe - EX-66637**

**From:** Alexander Archie  
**To:** Scott Ewart  
**Date:** 9/25/2019 8:06 AM  
**Subject:** Archie's totaled batmobile, 2009 Chevy Tahoe - EX-66637  
**Cc:** Harold Wickham; John Borrowman; Adrienne Monroe; Barbara Weisenthal; ...  
**Attachments:** Scanned from a Xerox Multifunction Device\_1.pdf

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Mr. Ewart,

Attached are the latest documents regarding transaction for the above noted vehicle. I sent the title to **Mr. Babb, Travelers Insurance Company** as requested by him and was told the check in the amount of **\$10,300.01** is forthcoming. If any of your staff receive this check by mistake, please ensure that they send the original item (no copy) to my attention. I will database this item as I always have and make sure the original check is hand delivered to accounting for processing. Thanking you guys in advance for your cooperation!

Alexander Archie  
Supervisory Compliance Investigator  
Compliance Enforcement Unit  
Nevada Department of Corrections  
5500 East Snyder Ave, - Bldg. #17  
Carson City, Nevada 89701  
Office: 775-887-3255  
Cell: 775-722-8703  
Fax: 775-887-3235  
aarchie@doc.nv.gov

*This message, including any attachments, is the property of the Nevada Department of Corrections and is solely for the use of the individual or entity intended to receive it. It may contain confidential and proprietary information and any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient(s) or if you have received this message in error, please contact the sender by reply email and permanently delete it.*

**Steve Sisolak**  
*Governor*



**Deonne Contine**  
*Director*

**Robin Hager**  
*Deputy Director*

**Mandy Hagler**  
*Risk Manager*

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**

***Risk Management Division***

201 S. Roop Street, Ste. 201 | Carson City, Nevada 89701  
Phone: (775) 687-1750 | [www.risk.nv.gov](http://www.risk.nv.gov) | Fax: (775) 687-3195

**MEMORANDUM**

**TO:** Mike Ybarra

**FROM:** Stacie Hancock, Risk Management

**RE:** Date of Loss: 8/19/2019  
Claim #: 2020-APD-0061  
Vehicle License/Unit #: 66637

**DATE:** 10/7/2019

Thank you for submitting information regarding the above-captioned state vehicle/property that was involved in an accident/incident. The information received, or lack thereof, indicates that there is no damage to the state vehicle/property as a result of this accident/incident, the damage repair cost is under the deductible, or the third-party insurance company is paying for the repairs. As a result, Risk Management will be closing this claim.

If you have any questions or concerns, please call me at 687-1752.

Thank You.

Menu Menu > Document History Inquiry > Document History Inquiry  
 REPORT DATE AS OF: 10/07/2019  
 PROC ID: PRC\_DOC\_HIST

**STATE OF NEVADA**  
**Office of the State Controller**

**Document History Inquiry**

For Document Number: **CR 440 00008228886**

[Back](#)

Record Date	Process Date	BFY	Acct Per	Bank Act	Vendor/Provider
10/03/2019	10/04/2019	2020	04/2020	01	

Acct Type	Fund	Agy/Org/Sub	Appr	Job #	BS/Obj/Rev	Sub	Func	Activity	Rpt Cat	Ref Doc/Line	Line #/Desc	Comments/Invoice	Amount
31	101	440-0000	371000		4254						01 PROP DAMAGE-VEHICLE-TRAVELERS	E DELONG	-\$10,300.01
01	101	440-0000			1000						01 PROP DAMAGE-VEHICLE-TRAVELERS	E DELONG	\$10,300.01
31	101	440-0000	371000		4254						02 PROP DAMAGE-TOWING-TRAVELERS	E DELONG	-\$561.00
01	101	440-0000			1000						02 PROP DAMAGE-TOWING-TRAVELERS	E DELONG	\$561.00
31	101	440-0000	371000		4254						03 PROP DAMAGE-LAPTOP-TRAVELERS	E DELONG	-\$1,590.25
01	101	440-0000			1000						03 PROP DAMAGE-LAPTOP-TRAVELERS	E DELONG	\$1,590.25
<b>Total Amount</b>													<b>\$00</b>

[Return to Selection Screen](#)   [Download the Report](#)

075/44

THE TRAVELERS - TRAVELERS AUTO INJU  
TRAVELERS AUTO INJURY CLAIMS  
PO BOX 650293  
DALLAS TX 75265-0293

8A07890

883H 27482858

TRAVELERS

DATE: 09/27/19  
LOSS DATE: 08/19/19  
FILE NUMBER: 260 AB IFA4015 P

STATE OF NV DEPT OF CORRECTIONS  
6500 E SNYDER AVE  
CARSON CITY NV 89701

CLAIMANT:  
STATE OF NEVADA DEPTMEN  
OF CORRECTIONS

ACCOUNT NAME:  
ZBIGNIEW WOLAN

THE STANDARD FIRE INSURANCE COMPANY

EXPLANATION OF PAYMENT

Property Damage Liability \$10300.01  
TOTAL PAID \$10300.01

TOTAL LOSS PAYMENT  
CLAIM IFA4015

COPY

FOR ADDITIONAL INFORMATION, CONTACT: ELLA E NIKOLAYEV AT (916)638-6577

270007905

DETACH CHECK

UNSUMM -111211

OVERFUND 121296

DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

citibank, N.A.  
One Penns Way  
New Castle DE 19720

TRAVELERS

PO BOX 650293  
DALLAS TX 75265-0293  
(916) 638-6577

883H 27482858

09/20  
311

DATE 09/27/19 ACCOUNT NUMBER 260 AB IFA4015 P  
TEN THOUSAND THREE HUNDRED AND 01/100

VOID IF NOT PRESENTED WITHIN  
ONE YEAR AFTER DATE OF ISSUE

PAY: \$\*\*\*10,300.01

END

PAY TO THE ORDER OF STATE OF NV DEPT OF CORRECTIONS  
AND ATTN: ALEX ARCHIE  
6500 E SNYDER AVE  
CARSON CITY NV 89701

015795  
8A07890

Douglas K. Russell  
AUTHORIZED SIGNATURE

27482858

0311002091

38768306

009234

THE TRAVELERS - TRAVELERS AUTO INJ  
TRAVELERS AUTO INJURY CLAIMS  
PO BOX 650293  
DALLAS TX 75265-0293

SA04009

883H 27461744

TRAVELERS

DATE: 09/23/19  
LOSS DATE: 08/19/19  
FILE NUMBER: 260 AB IFA4015 P

NEVADA DEPARTMENT OF CORRECTIONS  
5500 E SNYDER AVE  
CARSON CITY NV 89701

CLAIMANT:  
STATE OF NEVADA DEPTMEN  
OF CORRECTIONS

ACCOUNT NAME:  
ZBTGNIEW WOLAN

THE STANDARD FIRE INSURANCE COMPANY

EXPLANATION OF PAYMENT

Property Damage Liability \$1590.25  
TOTAL PAID \$1590.25

LAPTOP AND CABLES  
CLAIM IFA4015

COPY

FOR ADDITIONAL INFORMATION, CONTACT: ELLA E NIKOLAYEV AT (916)638-6577

268004825

DETACH CHECK

UNRUMM -111311  
DVID UN82-121785

DETACH CHECK

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Citibank, N.A.  
One Penna Way  
New Castle DE 19720

TRAVELERS  
PO BOX 650293  
DALLAS TX 75265-0293  
(916) 638-6577

883H 27461744

62-20  
311

DATE 09/23/19 ACCOUNT NUMBER 260 AB IFA4015 P  
ONE THOUSAND FIVE HUNDRED NINETY AND 25/100

VOID IF NOT PRESENTED WITHIN  
ONE YEAR AFTER DATE OF ISSUE

PAY: \$\*\*\*\*1,590.25

END

PAY TO THE ORDER OF  
NEVADA DEPARTMENT OF CORRECTIONS  
AND ATTN: ALEXANDER ARCHIE  
5500 E SNYDER AVE  
CARSON CITY NV 89701

009234  
SA04009

Douglas H. Russell  
AUTHORIZED SIGNATURE

27461744

0311002091

387683061

000232

THE TRAVELERS - TRAVELERS AUTO INJU  
TRAVELERS AUTO INJURY CLAIMS  
PO BOX 650293  
DALLAS TX 75265-0293

SA04808

883H 27461743

TRAVELERS

DATE: 09/23/19  
LOSS DATE: 09/19/19  
FILE NUMBER: 260 AB IFA4015 P

NEVADA DEPARTMENT OF CORRECTIONS  
5500 E SNYDER AVE  
CARSON CITY NV 89701

CLAIMANT:  
STATE OF NEVADA DEPARTMENT  
OF CORRECTIONS

ACCOUNT NAME:  
ZBIGNIEW WOLAN

THE STANDARD FIRE INSURANCE COMPANY

EXPLANATION OF PAYMENT

Property Damage Liability \$561.00  
TOTAL PAID \$561.00

ACCIDENT SCENE TOW  
CLAIM IFA4015

COPY

FOR ADDITIONAL INFORMATION, CONTACT: ELLA E NIKOLAYEV AT (916)638-6577

208004824

DETACH CHECK

UNSUM -111211  
OVERPUN32-212705  
DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND. BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

Citibank, N.A.  
One Penna Way  
New Canaan DE 19720

TRAVELERS

PO BOX 650293  
DALLAS TX 75265-0293  
(916) 638-6577

883H 27461743

09-20  
311

DATE 09/23/19 ACCOUNT NUMBER 260 AB IFA4015 P  
FIVE HUNDRED SIXTY ONE AND 00/100

VOID IF NOT PRESENTED WITHIN  
ONE YEAR AFTER DATE OF ISSUE

PAY: \$\*\*\*\*\*561.00

END

PAY TO THE ORDER OF NEVADA DEPARTMENT OF CORRECTIONS  
AND ATTN: ALEXANDER ARCHIE  
5500 E SNYDER AVE  
CARSON CITY NV 89701

Douglas H. Russell  
AUTHORIZED SIGNATURE

27461743

0031100209

38768306

Steve Sisolak  
Governor




Susan Brown  
Director

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

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

Date: October 16, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Kristina Shea, Executive Branch Budget Officer   
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CORRECTIONS**

Agenda Item Write-up:

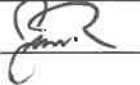
Pursuant to NRS 334.010, the Department of Corrections, requests approval to purchase two new replacement buses and fifty new replacement vehicles, in Fiscal Year 2020, in an amount not to exceed \$2,418,045.

Additional Information:

The department seeks approval to purchase two new replacement buses and fifty new replacement vehicles in accordance with AB 507 of the 2019 Session. The request also includes caging, van steps, and radios in some of the vehicles. The vehicles are to be used in accomplishing the mission of the department.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: 
ACTION ITEM: _____





Northern Administration  
5500 Snyder Ave.  
Carson City, NV 89701  
(775) 887-3285

Southern Administration  
3955 W. Russell Rd.  
Las Vegas, NV 89118  
(702) 486-9906



**State of Nevada  
Department of Corrections**

Steve Sisolak  
Governor

Harold Wickham  
Acting Director

John Borrowman  
Deputy Director  
Support Services

Date: October 8, 2019

To: Kristina Shea, Executive Branch Budget Officer I  
Governor's Finance Office

From: Scott J. Ewart, Chief of Fiscal Services  
Department of Corrections

Subject: NDOC Replacement Vehicles Request – 2019 Legislatively Approved

The Nevada Department of Corrections (NDOC) is seeking favorable approval from the Board of Examiners to purchase 52 replacement vehicles, vehicle caging and radios, pursuant to Sections 1 and 2 of Assembly Bill (AB) 507, funded through One Shot Appropriations by the 2019 Legislature.

AB 507 appropriated \$2,553,655 for the purpose of funding vehicle replacements. Funding is available in the NDOC Budget Account 3714, expenditure category 16. Upon approval, vehicle purchases will be made from the same budget account and expenditure category.

I am available to answer any questions.

Decision		OBJ				FY20 Leg	
Unit	Cat	Code	QTY	Description	Institution	Appr	FY20 Quote
E716	05	8280	1	40 Passenger Bus with Caging	Central Trans - 3710	\$561,936	\$570,327
E716	05	8280	1	26 Passenger Bus with Caging	Central Trans - 3710	\$260,562	\$252,133
Total DU E716 Vehicles			2		Total DU E716	\$822,498	\$822,460

Decision	OBJ						FY20 Leg	
Unit	Cat	Code	QTY	Description	Institution		Appr	FY20 Quote
E717	05	8310	1	Inmate Transportation - SUV	Central Trans - 3710		\$35,538	\$26,800
E717	05	8310	8	Director & IG Investigators - 4 Dr Sedan	Director Offc - 3710		\$171,946	\$142,264
E717	05	8310	8	Inmate Transportation - 15 Pass Van	Central Trans - 3710		\$231,544	\$224,377
E717	05	8310	3	1/2 Ton PU Truck	WSCC - 3716		\$74,367	\$74,811
E717	05	8310	1	Inmate Transportation - 4 Dr Sedan	WSCC - 3716		\$27,495	17,783.00
E717	05	8310	1	Inmate Transportation - 15 Pass Van	WSCC - 3716		\$28,943	\$28,547
E717	05	8310	1	8 Pass ADA Van	NNCC - 3717		\$56,995	\$69,181
E717	05	8310	1	Refer Box Truck	NNCC - 3717		\$119,633	\$86,980
E717	05	8310	1	Inmate Transportation - 15 Pass Van	SCC - 3722		\$29,285	\$28,794
E717	05	8310	1	Inmate Transportation - 15 Pass Van	NNTH - 3724		\$28,943	\$28,794
E717	05	8310	1	1/2 Ton PU Truck	NNTH - 3724		\$37,732	\$23,514
E717	05	8310	3	3/4 Ton PU Truck	SDCC - 3738		\$105,697	\$107,460
E717	05	8310	1	1/2 Ton PU Truck	SDCC - 3738		\$34,977	\$21,445
E717	05	8310	2	Cushman Utility Cart	SDCC - 3738		\$29,196	\$29,554
E717	05	8310	1	Inmate Transportation - 15 Pass Van	JCC - 3748		\$29,285	\$28,794
E717	05	8310	1	1 Ton PU Truck	ESP - 3751		\$43,239	\$41,114
E717	05	8310	1	3/4 Ton PU Truck	ESP - 3751		\$37,522	\$32,720
E717	05	8310	1	Inmate Transportation - 15 Pass Van	ESP - 3751		\$25,377	28,794.00
E717	05	8310	1	3/4 Ton PU Truck	TCC - 3754		\$35,538	\$32,437
E717	05	8310	2	Inmate Transportation - 15 Pass Van	LCC - 3759		\$54,990	\$57,588
E717	05	8310	3	Inmate Transportation - 15 Pass Van	FMWCC - 3761		\$94,108	\$86,382
E717	05	8310	1	Inmate Transportation - 4 Dr Sedan	HDSP - 3762		\$27,705	\$17,783
E717	05	8310	2	3/4 Ton PU Truck	HDSP - 3762		\$73,060	\$64,874
E717	05	8310	1	1 Ton PU Truck	HDSP - 3762		\$37,732	\$43,414
E717	05	8310	2	Inmate Transportation - 15 Pass Van	HDSP - 3762		\$61,333	\$57,588
E717	05	8310	1	Refer Box Truck	HDSP - 3762		\$119,633	\$86,980
Total E717 Vehicles			50	Total DU E717			\$1,651,813	\$1,488,772

Total All Vehicles	52	Total All Vehicles	\$2,474,311	\$2,311,233
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Decision	OBJ						FY20 Leg	
Unit	Cat	Code	QTY	Description	Institution		Appr	FY20 Quote
E717	05	8270		Vehicle Caging & Radios	All		\$79,344	\$106,812
Total Vehicles, Caging & Radios							\$2,553,655	\$2,418,045

Thank you in advance for your consideration.

Decision		OBJ					FY20 Leg	
Unit	Cat	Code	QTY	Description	Institution		Appr	FY20 Quote
E717	05	8310	1	Inmate Transportation - SUV	Central Trans - 3710		\$35,538	\$26,800
E717	05	8310	8	Director & IG Investigators - 4 Dr Sedan	Director Offc - 3710		\$171,946	\$142,264
E717	05	8310	8	Inmate Transportation - 15 Pass Van	Central Trans - 3710		\$231,544	\$224,377
E717	05	8310	3	1/2 Ton PU Truck	WSCC - 3716		\$74,367	\$74,811
E717	05	8310	1	Inmate Transportation - 4 Dr Sedan	WSCC - 3716		\$27,495	17,783.00
E717	05	8310	1	Inmate Transportation - 15 Pass Van	WSCC - 3716		\$28,943	\$28,547
E717	05	8310	1	8 Pass ADA Van	NNCC - 3717		\$56,995	\$69,181
E717	05	8310	1	Refer Box Truck	NNCC - 3717		\$119,633	\$86,980
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E717	05	8310	1	Inmate Transportation - 15 Pass Van	NNTH - 3724		\$28,943	\$28,794
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E717	05	8310	2	Cushman Utility Cart	SDCC - 3738		\$29,196	\$29,554
E717	05	8310	1	Inmate Transportation - 15 Pass Van	JCC - 3748		\$29,285	\$28,794
E717	05	8310	1	1 Ton PU Truck	ESP - 3751		\$43,239	\$41,114
E717	05	8310	1	3/4 Ton PU Truck	ESP - 3751		\$37,522	\$32,720
E717	05	8310	1	Inmate Transportation - 15 Pass Van	ESP - 3751		\$25,377	28,794.00
E717	05	8310	1	3/4 Ton PU Truck	TCC - 3754		\$35,538	\$32,437
E717	05	8310	2	Inmate Transportation - 15 Pass Van	LCC - 3759		\$54,990	\$57,588
E717	05	8310	3	Inmate Transportation - 15 Pass Van	FMWCC - 3761		\$94,108	\$86,382
E717	05	8310	1	Inmate Transportation - 4 Dr Sedan	HDSP - 3762		\$27,705	\$17,783
E717	05	8310	2	3/4 Ton PU Truck	HDSP - 3762		\$73,060	\$64,874
E717	05	8310	1	1 Ton PU Truck	HDSP - 3762		\$37,732	\$43,414
E717	05	8310	2	Inmate Transportation - 15 Pass Van	HDSP - 3762		\$61,333	\$57,588
E717	05	8310	1	Refer Box Truck	HDSP - 3762		\$119,633	\$86,980
Total E717 Vehicles				50	Total DU E717		\$1,651,813	\$1,488,772

Total All Vehicles				52	Total All Vehicles		\$2,474,311	\$2,311,233
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Decision		OBJ					FY20 Leg	
Unit	Cat	Code	QTY	Description	Institution		Appr	FY20 Quote
E717	05	8270		Vehicle Caging & Radios	All		\$79,344	\$106,812
Total Vehicles, Caging & Radios							\$2,553,655	\$2,418,045

Thank you in advance for your consideration.




Steve Sisolak  
Governor



Susan Brown  
Director

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

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

Date: October 15, 2019  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Garrison, Executive Branch Budget Officer   
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF PUBLIC SAFETY – INVESTIGATION DIVISION**

Agenda Item Write-up:


Pursuant to NRS 334.010 the Department of Public Safety's Investigation Division requests approval to purchase 12 replacement vehicles for a total amount not to exceed \$367,636.75 during Fiscal Year 2020.

Additional Information:


The request is to purchase three Dodge Chargers, four Dodge Durango's, two Ford Explorers and three Ford Fusions to replace current vehicles that comply with the Vehicle Replacement Policy of SAM 1316. The total purchase price for the 12 vehicles is \$367,636.75. The Nevada Division of Investigations was provided \$543,236 in General Fund appropriations and \$90,960 in Highway Fund appropriations for the purchase of replacement vehicles in accordance with Assembly Bill 511 of the 2019 Legislative Session.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: 
ACTION ITEM: _____

**Board of Examiners Request for Approval to Purchase a  
State Vehicle Pursuant to NRS 334.010**

<b>Agency Name:</b> Nevada Dept. of Public Safety Investigation Division	<b>Budget Account #:</b> 3743
<b>Contact Name:</b> Melissa Carr	<b>Telephone Number:</b> 775-684-7443
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: <b>Number of vehicles requested:</b> 12 <b>Amount of the request:</b> 367,636.75 <b>Is the requested vehicle(s) new or used:</b> New <b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> 6 Intermediate Sedans and 6 Sport Utility Vehicles <b>Mission of the requested vehicle(s):</b>	
<b>Were funds legislatively approved for the request?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b>  <b>If no, please explain how the vehicles will be funded?</b>
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b>  <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> 12 Replacement(s)	
<b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain.</b> No, Law Enforcement Exception	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: 2008 Jeep Cherokee Odometer Reading: 149,656 Type of Vehicle: SUV  <hr/> Vehicle #2 Model Year: 2012 Chevrolet Traverse Odometer Reading: 149,656 Type of Vehicle: SUV	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b>  Yes, exceeds 125,000 mileage and/or 20 years of age threshold. Additionally, there is one vehicle that is close to meeting the age threshold, however, it will require significant repairs and was approved to be replaced by Legislature in AB511.  <hr/> <b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b>  N/A
<i>Please attach an additional sheet if necessary</i>	
<b>APPOINTING AUTHORITY APPROVAL:</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">         _____        Agency Appointing Authority     </div> <div style="text-align: center;">       Chief        _____        Title     </div> <div style="text-align: center;">       September 9, 2019        _____        Date     </div> </div>	
<b>BOARD OF EXAMINERS' APPROVAL:</b>  <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">       _____        Board of Examiners     </div> <div style="width: 45%;">       _____        Date     </div> </div>	

Revised 10/2018

**Please Complete for Replacement Vehicles  
Only:**

(For type of vehicle, i.e., compact sedan,  
intermediate sedan, SUV, pick up, etc.)

**Current Vehicle Information:**

Vehicle #3

Model Year: 2010 Ford Explorer

Odometer Reading: 126,219

Type of Vehicle: SUV

Vehicle #4

Model Year: 2010 Chevrolet Equinox

Odometer Reading: 127,317

Type of Vehicle: SUV

Vehicle #5

Model Year: 2010 Ford Escape

Odometer Reading: 106,538

Type of Vehicle: SUV

Vehicle #6

Model Year: 2010 Ford Escape

Odometer Reading: 90,435

Type of Vehicle: SUV

Vehicle #7

Model Year: 2007 Ford 500

Odometer Reading: 104,833

Type of Vehicle: Sedan

Vehicle #8

Model Year: 2007 Ford 500

Odometer Reading: 108,525

Type of Vehicle: Sedan

Vehicle #9

Model Year: 2012 Ford Fusion

Odometer Reading: 122,868

Type of Vehicle: Sedan

Vehicle #10

Model Year: 2007 Chrysler Sebring

Odometer Reading: 126,307

Type of Vehicle: Sedan

**Vehicle #11**

**Model Year: 2006 Chrysler 300**

**Odometer Reading: 121,917**

**Type of Vehicle: Sedan**

**Vehicle #12**

**Model Year: 2014 Dodge Charger**

**Odometer Reading: 116,896**

**Type of Vehicle: Sedan.**



Steve Sisolak  
Governor

Susan Brown  
Director



STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division

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

Date: October 10, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Shauna Tilley, Executive Branch Budget Officer  
Governor's Finance Office *AT*

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the Department of Administration, Purchasing Division, on behalf of the Department of Education, seeks a favorable recommendation regarding the Division's determination to use the emergency provision to contract with former employee Dottie Loewen to perform administrative support duties to the Commission on School Funding on a part-time basis from September through December 2019. The employee has been hired through Master Service Agreement #18404, with HAT Ltd Partnership, DBA Manpower.

Additional Information:

The Commission on School Funding was created by Senate Bill 543 of the 2019 Legislature. Due to staff vacancies and extended leave, the Department did not have staff available to provide support to the Commission within the short timeframe required, to prepare for the first meeting of the Commission on September 27, 2019. Ms. Loewen retired as Executive Assistant to the Gaming Control Board on March 10, 2018 and was

selected for this need due to her previous experience with boards and commissions and her ability to meet the variable work schedule required. She began work to support the Commission's September meeting and the Department expects that the need for her services can be eliminated by December 2019 through filling the current vacancies and adjusting to the additional workload.

Statutory Authority:

NRS 333.705 (1)

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



STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Purchasing Division*

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

## Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Dottie Loewin
Former Employee ID Number:	08950
Former Job Title:	Executive Assistant
Former Employee Agency:	Gaming Control Board
Former Class and Grade:	Unclassified, U1030
Former Employment Dates:	March 5, 1990 through March 10, 2018
Contracting Agency:	Department of Education

**Please check which of the following applies:**

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

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

**a. Summarize scope of contract work.**

Attend Commission on School Funding Commission meetings (in Carson City), September through November 2019, and provide support services to during each meeting. Support services include, but are not limited to, ensuring all attendees sign in, take roll (of Commission members), facilitate public comment in Carson City (the Chair will be in Las Vegas), and prepare minutes for each meeting. Assistance may also be requested with the preparation of meeting materials and responding to (electronic) inquiries regarding the Commission and its meetings.

The Commission is holding its first meeting on September 27, 2019, at which time the future meeting schedule will be confirmed. It is anticipated that the full Commission will meet monthly, through May 2020, and meetings will be full day.

By November/December 2019, the Department anticipates having currently vacant positions filled and oriented, which should allow the Department to better accommodate this addition workload and eliminate the need for assistance and support from a temporary employee.

**b. Document former job description.**

Please refer to duties of the Executive Assistant for the Chair of the Gaming Control Board.

**c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?**

No.

**d. Explain why existing State employees within your agency cannot perform this function.**

Current staff are unable to accommodate this additional work within the short timeframes.

Additionally, the Department has several vacancies within the Superintendent's Office (2 Administrative Assistant positions), as well as other staff (for the State Board of Education) with pre-approved, extended leave.

**e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate [NAC 284.750](#).**

The individual overseeing this work is not related to the temporary employee.

**f. List contractor's hourly rate.**

\$20 plus admin fees charged by Manpower.

**g. List the range of comparable State employee rates.**

Based on the current Employee/Employer compensation schedule, the hourly rate for an Administrative Assistant IV position, Grade 29, ranges from \$19.13 to \$27.96.

**h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?**

N/A

**i. Document justification for hiring contractor.**

A temporary employee was hired because existing NDE staff could not accommodate this additional work, within the established timeframes. This individual was hired due to her previous experience with the Gaming Control Board. Through this experience, she is familiar with Boards and Commissions. Additionally, she was well suited for the variable work schedule associated with this task.

**j. Will the employee be collecting PERS at any time during the contract?**

Yes.

**k. What is the duration of the contract with the former employee? (include start and end date)**

September through November 2019.

**l. Will the former employee be working FT/PT? If PT how many hours**

P/T. The number of hours worked will depend on the length of the Commission meeting and the amount of time needed to draft and edit minutes from the Commission meeting. It is anticipated that the temporary employee will work approximately 8-12 hour the week of the Commission meeting, as she prepares the outline for the minutes and takes notes during the meeting.

Additionally, it is anticipated that it will take approximately 20-30 hours following the meeting to prepare and edit the meeting minutes.

**Comments:** This is a retroactive request; the temporary employee began working the week of September 23, 2019. This is also an emergency request, limited to less than four months of assistance. Senate Bill 543 requires the Commission to hold its first meeting on or before October 1, 2019. Because the Commission members were not appointed until September, it was difficult for the Department to predict when the first meeting would be held. Once the meeting date was set, the Department identified the need for additional staff support, from outside the agency. This resulted in the hiring of a temporary employee. This individual was selected due to her experience working with Boards and Commissions, her familiarity with State expectations regarding public meetings and minute taking, and her availability. The Department did not feel that it had time to interview or train other potential candidates, and the Department was concerned about the ability to secure staff based on the intermittent work and uncertain meeting schedule.

Request submitted by: Heidi Haartz, Deputy Superintendent, Business and Support Services

*Kevin D. Doty*

*9/30/19*

Contracting Agency Head's Signature and Date

*Shannon Tillery*

*10-10-19*

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

Steve Sisolak  
Governor



Deonne E. Contine  
Director

Robin Hager  
Deputy Director

Kevin D. Doty  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION

*Purchasing Division*

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

September 30, 2019

MEMORANDUM

RECEIVED

SEP 30 2019

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

To: Shauna Tilley

From: Annette Morfin, Purchasing Officer

Subject: CETS Contract 18404 – HAT LTD Partnership dba Manpower  
RFP 3296 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Dottie Loewin who HAT LTD Partnership dba Manpower has already hired as of September 23, 2019. This request is a retroactive request and needs to go to the November BOE.

Dottie Loewin recently left state service and is within the two (2) year window. She is currently receiving benefits from PERS.

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

Steve Sisolak  
Governor

Jhone M. Ebert  
Superintendent of  
Public Instruction



Southern Nevada Office  
2080 East Flamingo Rd,  
Suite 210  
Las Vegas, Nevada 89119-0811  
(702) 486-6458  
Fax: (702) 486-6450

**STATE OF NEVADA**  
**DEPARTMENT OF EDUCATION**

700 E. Fifth Street | Carson City, Nevada 89701-5096  
Phone: (775) 687-9200 | [www.doe.nv.gov](http://www.doe.nv.gov) | Fax: (775) 687-9101

October 30, 2019

**MEMORANDUM**

**TO:** Susan Brown  
Director, Governor's Finance Office  
Clerk, Board of Examiners

**FROM:** Heidi Haartz *Heidi K. Haartz*  
Deputy Superintendent, Business and Support Services

**SUBJECT:** Authorization to Contract with a Former State Employee

The Department of Education requests retroactive approval to contract with a former State of Nevada employee, Dottie Lowen, to provide support services during the Commission on School Funding meetings. Support services include, but are not limited to, ensuring all attendees sign in, taking roll (of Commission members), facilitating public comment, assisting with the development and distribution of meeting materials, and preparing minutes following each Commission meeting.

This is a retroactive request; the temporary employee began working the week of September 23, 2019. This is also an emergency request; therefore, it will be limited to less than four months of assistance. The Department anticipates having currently vacant positions filled and oriented by December 2019, allowing the Department to better accommodate this additional workload.

Senate Bill 543 requires the Commission to hold its first meeting on or before October 1, 2019. Because the Commission members were not appointed until September, it was difficult for the Department to predict when the first meeting would be held. Once the meeting date was set, the Department identified the need for additional staff support, from outside the agency. This resulted in the hiring of a temporary employee.

This individual was selected due to her experience working with Boards and Commissions, her familiarity with State expectations regarding public meetings and minute taking, and her availability. The Department did not feel that it had time to interview or train other potential candidates, and the Department was concerned about the ability to secure staff based on the intermittent nature of the work and unknown meeting schedule.

Steve Sisolak  
Governor

Susan Brown  
Director




STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division

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

Date: October 4, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Shauna Tilley, Executive Branch Budget Officer  
Governor's Finance Office 

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division, on behalf of the State Library, Archives and Public Records Division, requests authority to contract with former employee Gerald J. Lindsay to perform electronic scanning duties on a part-time basis. The employee will be hired through Master Service Agreement #18404, with HAT Ltd Partnership, DBA Manpower.

Additional Information:

Mr. Lindsay retired from State Library, Archives and Public Records on August 2, 2019. The workload of scanning projects for Imaging and Preservation Services is more than the current employee can accomplish, and part-time contract services are needed to keep pace with the demand. Mr. Lindsay possesses the skills required for the work.

Statutory Authority:



NRS 333.705 (1)

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



STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Purchasing Division*

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

## Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Gerald J Lindsay
Former Employee ID Number:	14923
Former Job Title:	7.643 Program Officer 3
Former Employee Agency:	Nevada State Library, Archives and Public Records
Former Class and Grade:	Class 35, Grade 10
Former Employment Dates:	State Date: 3/25/1996      Retirement Date: 8/2/2019
Contracting Agency:	Manpower Staffing Services
<b>Please check which of the following applies:</b>	
<input checked="" type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
<b>a. Summarize scope of contract work.</b>	
Jerry will be working on scanning projects submitted to Imaging and Preservations Services.	
<b>b. Document former job description.</b>	
Program Officer 3 – responsible for maintaining local government retention schedules, reviewing and researching retention schedule change requests, provide consultation and training services to local governments and supervise the activities and personnel of the State Records Center.	
<b>c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?</b>	
No, he is not being hired for specialized knowledge.	
<b>d. Explain why existing State employees within your agency cannot perform this function.</b>	
There is already someone who performs this function within our agency, however, the workload is such that help is needed so that the Imaging and Preservation Services can keep up with State and local government agency demand. There is no additional State employee position available, therefore we must rely on temporary staff contracted through Manpower.	

- e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate [NAC 284.750](#).

The person overseeing the contract is not related to the contractor.

- f. List contractor's hourly rate.

\$10.25

- g. List the range of comparable State employee rates.

9.720 Microfilm Operator 1 – grade 21 – \$13.96/hour  
2.221 Administrative Aid – grade 21 – \$13.96/hour

- h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?

n/a

- i. Document justification for hiring contractor.

Jerry has the technical skills necessary to complete the work.

- j. Will the employee be collecting PERS at any time during the contract?

Yes

- k. What is the duration of the contract with the former employee? (include start and end date)

Start – November 12, 2019  
End – August 3, 2021

- l. Will the former employee be working FT/PT? If PT how many hours

Part Time – 24 hours per week

**Comments:**

Kevin D. Doty 9/23/19  
**Contracting Agency Head's Signature and Date**

Shannon Terry 10/4/19  
**Budget Analyst Signature and Date**

\_\_\_\_\_  
**Clerk of the Board of Examiners Signature and Date**

Steve Sisolak  
Governor

Susan Brown  
Director



STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division

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

Date: October 8, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Shauna Tilley, Executive Branch Budget Officer  
Governor's Finance Office *ST*

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division, on behalf of the State Controller's Office, requests authority to contract with former employee Eva Seal to assist with required financial reporting duties on a part-time basis. The employee will be hired through Master Service Agreement #18405, with Marathon Staffing Group.


Additional Information:

Ms. Seal retired as Chief Accountant in the State Controller's Office on February 15, 2018. Due to the demands on current staff's time in training and preparing for the SAP/SMART21 financial system, the office will not have sufficient staff time for preparation of the required Comprehensive Annual Financial Report (CAFR) and calculation of U.S. Treasury interest required under the Cash Management Improvement Act (CMIA). Ms. Seal has experience in preparation of the CAFR and the CMIA interest calculations and will assist office staff in completing these requirements by working no

more than 20 hours per week between November 15, 2019 and April 30, 2020.

Statutory Authority:

NRS 333.705 (1)

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



**OFFICE OF THE  
STATE CONTROLLER**

Date: September 25, 2019

To: Susan Brown, Directory  
Governor's Finance Office, Budget Division

From: Lori Hoover, Chief Deputy Controller  
State Controller's Office

CC: Catherine Byrne, Nevada State Controller  
Darlene Baughn, Executive Branch Budget Officer

Subject: Contracting with a Former State Employee

Pursuant to NRS 333.705, subsection 1, the State Controller's Office requests to contract with a former employee, Eva Seal, to assist the Office with various duties relating to the creation of the Comprehensive Annual Financial Report (CAFR) and the Federal Cash Management Improvement Act (CMIA) interest calculations. Ms. Seal will be hired through Master Service Agreement #1840 with Marathon Staffing Group, Inc..

This individual was previously employed as Chief Accountant over the Agency Services section and as a CAFR Accountant 1 in the CAFR section at the State Controller's Office. Ms. Seal retired from State service in February 2015 after 30 years of employment, and is currently collecting benefits through PERS. Ms. Seal anticipates continuing to collect PERS benefits through the duration of her temporary employment.

The Office requests that the contractor's services run as a part-time basis (approximately 20 hours per week) through April 30, 2020. Two CAFR Accountants (one CAFR Accountant 1 and one CAFR Accountant 2 - Manager), and the Chief Accountant Operations will be assisting with establishing the SMART 21 financial application foundation. SMART 21 has requested that the three staff assist with the project for a minimum of five days a month starting in January 2020 through January 2021. The CAFR for the fiscal year ended June 30, 2019 is due December 2019 and the CMIA interest calculations are due March 2020. Assisting with the SMART 21 project prevents staff from meeting the necessary deadlines.



STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION

*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701

Phone: (775) 684-0170 | Fax: (775) 684-0188

**Authorization to Contract with a Former Employee**

Employee Information	
Former Employee Name:	Eva Seal
Former Employee ID Number:	003097
Former Job Title:	Chief Accountant
Former Employee Agency:	Controller's Office
Former Class and Grade:	07.103; 41
Former Employment Dates:	5/7/1987 – 2/15/2018
Contracting Agency:	Controller's Office
<b>Please check which of the following applies:</b>	
<input checked="" type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
<b>a. Summarize scope of contract work.</b>	
Ms. Seal will assist CAFR Accountants with preparing financial statement notes for the FY 2019 CAFR due in December 2019. In addition, Ms. Seal will assist the Chief Account of Operations (Agency Services) in calculating the interest owed or due from US Treasury for the Cash Management Improvement Act requirements.	
<b>b. Document former job description.</b>	
Ms. Seal worked as a CAFR accountant assisting with the preparation of the CAFR. In addition, Ms. Seal worked as the Chief Accountant of Operations (Agency Services) preparing the CMIA interest calculations.	
<b>c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?</b>	
Ms. Seal does not have specialized knowledge of the Controller's Office. Ms. Seal is being hired because she worked in both the CAFR and the Agency Services sections previously and will be adding needed additional resources due to staff working on the SAP/SMART 21 project.	
<b>d. Explain why existing State employees within your agency cannot perform this function.</b>	
The Controller's Office's Lead CAFR accountant, one other CAFR accountant and the Chief Accountant of Operations will be attending four days of SAP/SMART 21 related training in November and then will dedicate approximately 5 days per month through January 2021 to assist with the creation of the financial system framework for the SMART 21/SAP application. It is not possible for our office to meet federal and industry deadlines from December 2019 through March 2020 without additional assistance.	



<b>e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate <u>NAC 284.750</u>.</b>
Ms. Seal has no relatives working within the Controller's Office.
<b>f. List contractor's hourly rate.</b>
\$50 per hour.
<b>g. List the range of comparable State employee rates.</b>
\$53.16 - \$55.68 per hour.
<b>h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?</b>
The contract rate is lower than the comparable State employee rates.
<b>i. Document justification for hiring contractor.</b>
The Controller's Office's Lead CAFR accountant, one other CAFR accountant and the Chief Accountant of Operations will be attending four days of SAP/SMART 21 related training in November and then will dedicate approximately 5 days per month through January 2021 to assist with the creation of the financial system framework for the SMART 21/SAP application. It is not possible for our office to meet federal and industry deadlines from December 2019 through March 2020 without additional assistance.
<b>j. Will the employee be collecting PERS at any time during the contract?</b>
Yes.
<b>k. What is the duration of the contract with the former employee? (include start and end date)</b>
November 13, 2019 through April 30, 2019 <i>20</i>
<b>l. Will the former employee be working FT/PT? If PT how many hours</b>
Ms. Seal will be working part time, no more than 20 hours per week.

**Comments:**

Kevin D. Doty 9/26/19  
Contracting Agency Head's Signature and Date

*Sharon Toney*  
*Darlene K. Boudreau* WP 49182  
Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

Steve Sisolak  
Governor



Susan Brown  
Director

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

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

Date: October 15, 2019  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Garrison, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Garrison, is written over the "From:" line.

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

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

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety's (DPS) Office of Traffic Safety requests to contract with a former employee, Howard Aronstein to provide quality assurance services for the Nevada Rider Motorcycle Safety Program at training providers located in Clark County.

Additional Information:

Aronstein retired as an Electronic Lab Engineer in the State Gaming Control Board – Technology Division September 29, 2019. Aronstein is a Motorcycle Safety Foundation nationally certified motorcycle safety instructor who also holds a Quality Assurance Specialist certification. Aronstein has been a DPS licensed Motorcycle Safety instructor since 2003. The motorcycle program instructing is unrelated to his previous duties at the Gaming Control Board. Aronstein was previously approved by the BOE to work part-time for the program. This follow-on request is necessary due to Mr. Aronstein being retired from State services and is now collecting PERS.

Statutory Authority:

NRS 333.705 (1)

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



STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Purchasing Division*

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

## Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Howard Aronstein
Former Employee ID Number:	00529
Former Job Title:	Electronic Lab Engineer
Former Employee Agency:	State Gaming Control Board – Technology Division
Former Class and Grade:	Unclassified/ N/A
Former Employment Dates:	August 29, 1994 to September 29, 2019
Contracting Agency:	Office of Traffic Safety – Nevada Rider Motorcycle Safety Program
<b>Please check which of the following applies:</b>	
<input type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.	
<input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
<b>a. Summarize scope of contract work.</b>	
Provide Quality Assurance service for the Nevada Rider Motorcycle Safety Program at training providers located in Clark County. It is anticipated that this part-time employee, hired through a temporary employment agency, will earn wages not to exceed \$1875 per year.	
<b>b. Document former job description.</b>	
Provide technical expertise to determine if gaming products hardware, software and mathematical expectations meet the State requirements for use in Nevada casinos.	
<b>c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?</b>	
The former employee is a Motorcycle Safety Foundation nationally certified motorcycle safety instructor who also holds a Quality Assurance Specialist certification. The former employee has been a Department of Public Safety licensed Motorcycle Safety Instructor since 2003. The motorcycle program Quality Assurance work is unrelated to his previous duties at the Gaming Control Board.	
This employee was previously approved by the BOE to work part-time for the motorcycle safety program. This request for a second approval is due to him being retired from State service and collecting PERS.	
<b>d. Explain why existing State employees within your agency cannot perform this function.</b>	
The Program Administrator of the Nevada Rider Motorcycle Safety Program and the Program Assistant are the only two full time employees working in the Nevada Rider Motorcycle Safety Program. The Administrator is the only full time State employee with a certification to provide Quality Assurance in the State. All other Quality Assurance Specialists are contracted through the Marathon Temp Agency.	

<p><b>e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate <u>NAC 284.750.</u></b></p>
<p>No relationship.</p>
<p><b>f. List contractor's hourly rate.</b></p>
<p>Wages are \$125 per Quality Assurance Visit. This equates to approximately \$25 per hour.</p>
<p><b>g. List the range of comparable State employee rates.</b></p>
<p>No comparable State employee rates are available.</p>
<p><b>h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?</b></p>
<p>N/A</p>
<p><b>i. Document justification for hiring contractor.</b></p>
<p>Mr. Aronstein is an experienced Motorcycle Safety Foundation (MSF) certified instructor and is also certified as an MSF Quality Assurance Specialist.</p>
<p><b>j. Will the employee be collecting PERS at any time during the contract?</b></p>
<p>Yes</p>
<p><b>k. What is the duration of the contract with the former employee? (include start and end date)</b></p>
<p>The contract will be in effect from October 1, 2019 thru October 1, 2021.</p>
<p><b>l. Will the former employee be working FT/PT? If PT how many hours</b></p>
<p>The former employee will be working part-time on an as needed basis. It is anticipated the hours worked will not exceed 75 hours in a calendar year.</p>

**Comments:**

Amy Darcy 10/3/19  
Contracting Agency Head's Signature and Date

Judith Dawson 10/15/19  
Budget Analyst Signature and Date

\_\_\_\_\_  
Clerk of the Board of Examiners Signature and Date

Steve Sisolak  
Governor

Susan Brown  
Director



STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division

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

Date: September 26, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Catherine Bartlett, Executive Branch Budget Officer  
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

CB

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

DEPARTMENT OF EDUCATION  
CONTINGENCY ACCOUNT FOR SPECIAL EDUCATION

Agenda Item Write-up:

Pursuant to NRS 353.268, subsection 1, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$342,179 from the Interim Finance Committee Contingency Account to replenish the Special Education Contingency Account.

Additional Information:

The Department allocated an amount of \$342,179 from the Special Education Contingency Account in fiscal year 2019. The remaining funds in the account balanced forward and a balance of \$2,000,000 is legislative approved for the account. This request will replenish the account to the legislatively approved amount.

Statutory Authority:  
NRS 353.268(1)

REVIEWED: \_\_\_\_\_

ACTION ITEM: \_\_\_\_\_



Steve Sisolak  
Governor

Jhone M. Ebert  
Superintendent of Public  
Instruction



Southern Nevada Office  
2080 East Flamingo Rd,  
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Las Vegas, Nevada 89119-0811  
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**STATE OF NEVADA**  
**DEPARTMENT OF EDUCATION**  
700 E. Fifth Street | Carson City, Nevada 89701-5096  
Phone: (775) 687-9200 | [www.doe.nv.gov](http://www.doe.nv.gov) | Fax: (775) 687-9101

September 23, 2019

TO: Susan Brown, Clerk of the Board of Examiners  
State of Nevada Board of Examiners

THRU: Andrea Osborne, ASO III *AO*  
Department of Education

FROM: Heidi Haartz, Deputy Superintendent *Heidi K Haartz*  
Department of Education

SUBJECT: Special Education Contingency Account

---

The Department of Education asks approval from the Board of Examiners to request funds in the amount of \$342,179 from the Interim Finance Committee Contingency Account to replenish the Contingency Account for Special Education to the amount reflected in the legislatively approved budget of \$2.0 million.

During the 2017 Session, the Legislature approved a change to the special education contingency funding from \$5.0 million in FY 2017, balancing forward \$3.0 million into the Distributive School Account (BA 2610), and \$2.0 million to the new Contingency Account for Special Education (BA 2619).

The funding expended in FY 2019 was used to reimburse school districts for extra-ordinary special education expenditures, as follows:

Carson City School District	\$	29,011.65
Churchill County School District	\$	123,847.07
Douglas County School District	\$	66,973.32
Washoe County School District	\$	122,346.82
	\$	<u>342,178.86</u>



STATE OF NEVADA WORK PROGRAM  
DEPARTMENT OF EDUCATION  
NDE - DEPARTMENT OF EDUCATION  
NDE - CONTINGENCY ACCOUNT FOR SPECIAL ED SERVICES  
B/A 2619 SFY20

G.L.#	REVENUES	Original or Legislatively Approved Work Program	APPROVED	PENDING	-----CUMULATIVE-----		Total Amount
			FIRST	SECOND			
			Work Program Change	Work Program Change	Dollar Change	Percent Change	
			WP # C48382	WP # C49036			
2501	APPROPRIATION CONTROL	100			0	0.0%	100
2511	BALANCE FORWARD FROM PREVIOUS YEAR	1,999,900	-342,179		-342,179	-17.1%	1,657,721
4654	TRANSFER FROM INTERIM FINANCE	0		342,179	342,179	100.0%	342,179
	Total Revenues	2,000,000	-342,179	342,179	0	0.0%	2,000,000
	EXPENDITURES						
Cat	Description						
20	SPECIAL EDUCATION CONTINGENCY	2,000,000	-342,179	342,179	0	0.0%	2,000,000
	Total Expenditures	2,000,000	-342,179	342,179	0	0.0%	2,000,000

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REPORT DATE AS OF: 09/20/2019

PROC ID: BSR\_GEN\_BBLS\_REPORT

**STATE OF NEVADA**  
**Office of the State Controller**

**Summary Budget Status Report**

Fiscal Year: 2020

Fund: 101 GENERAL FUND

Agency: 300

DEPARTMENT OF  
EDUCATIONBudget Account: 2619 NDE-CNTNGNCY ACCT FOR  
SPEC ED

Organization: 0000

DEPARTMENT OF  
EDUCATION

	YTD Actual	Work Program	Difference
<b>Total Receipts/Funding</b>	1,657,821.00	1,657,821.00	.00
<b>Total Expenditures</b>	.00		
<b>Total Encumbrances</b>	.00		
<b>Total Pre-encumbrances</b>	.00		
<b>Total Obligations</b>	.00	1,657,821.00	1,657,821.00
<b>Realized Funding Available</b>	1,657,821.00		

[Get Information About Receipts/Funding](#)[Get Information About Obligations](#)

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REPORT DATE AS OF: 09/20/2019

PROC ID: BSR\_REC\_FUND\_SUM

**STATE OF NEVADA**  
**Office of the State Controller**

**Budget Status Report - Receipts/Funding**

**Fiscal Year: 2020**

**Fund: 101** GENERAL FUND

**Agency: 300**

DEPARTMENT OF  
EDUCATION

**Budget Account:** 2619 NDE-CNTNGNCY ACCT FOR SPEC  
ED

**Organization: 0000**

DEPARTMENT OF  
EDUCATION

	YTD Actual	Work Program	Difference
<b>Total Receipts/Funding</b>	1,657,821.00	1,657,821.00	.00

Code	Description	YTD Actual	Work Program	Difference
<u>42</u>	APPROPRIATIONS	100.00	100.00	.00
<u>47</u>	BEGINNING CASH	1,657,721.00	1,657,721.00	.00

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REPORT DATE AS OF: 09/20/2019

PROC ID: BSR\_GEN\_BCLS\_REPORT

**STATE OF NEVADA**  
**Office of the State Controller**

**Budget Status Report - Obligations**

**Fiscal Year: 2020**

**Fund: 101 GENERAL FUND**

**Agency: 300**

DEPARTMENT OF  
EDUCATION

**Budget Account: 2619** NDE-CNTNGNCY ACCT FOR  
SPEC ED

**Organization: 0000** DEPARTMENT OF  
EDUCATION

	YTD Actual	Work Program	Difference
<b>Total Expenditures</b>	.00		
<b>Total Encumbrances</b>	.00		
<b>Total Pre-encumbrances</b>	.00		
<b>Total Obligations</b>	.00	1,657,821.00	1,657,821.00

Category	Description	Expended	Encumbered	Pre-encumbered	Obligated	Work Program	Difference
<u>20</u>	SPEC ED CONTINGENCY	.00	.00	.00	.00	1,657,821.00	1,657,821.00

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**Budget Account 2619 Fund Map**  
**2619 NDE -CONTINGENCY ACCOUNT FOR SPECIAL EDUCATION**  
 Budget Period: FY 2020

**2501**

Catg	GL	Description	Leg Approved	1st WP C48382 Bal Fwd	2nd WP C48382 True Up	Adjusted Authority
00	2501	APPROPRIATION CONTROL	100			\$ 100
00	2511	BALANCE FORWARD FROM PREVIOUS YEAR	1,999,900	\$ (342,179)		\$ 1,657,721
00	2512	BALANCE FORWARD TO NEW YEAR				\$ -
00	4654	TRANSFER FROM INTERIM FINANCE			\$ 342,179	\$ 342,179
<b>Total Revenue:</b>			<b>2,000,000</b>	<b>\$ (342,179)</b>	<b>\$ 342,179</b>	<b>\$ 2,000,000</b>

20	SPECIAL EDUCATION CONTINGENCY	2,000,000	\$ (342,179)	\$ 342,179	\$ 2,000,000
<b>Total Expenditures:</b>		<b>2,000,000</b>	<b>\$ (342,179)</b>	<b>\$ 342,179</b>	<b>\$ 2,000,000</b>
Check balance \$		-	-	-	\$ -

**Sec. 38.** 1. There is hereby appropriated from the State General Fund to the Professional Development Programs Account the sum of \$1,300,000 in both Fiscal Year 2019-2020 and Fiscal Year 2020-2021.

2. The Department of Education shall transfer from the Professional Development Programs Account \$1,300,000 in Fiscal Year 2019-2020 and \$1,300,000 in Fiscal Year 2020-2021 to the Account for Programs for Innovation and the Prevention of Remediation created by NRS 387.1247. This funding must be used only to carry out the provisions of Assembly Bill No. 309 of this session.

**Sec. 39.** 1. There is hereby appropriated from the State General Fund to the Contingency Account for Special Education Services created by NRS 388.5243 the sum of \$100 in both Fiscal Year 2019-2020 and Fiscal Year 2020-2021.

2. There is hereby authorized for expenditure from the Contingency Account for Special Education Services the sum of \$1,999,900 in both Fiscal Year 2019-2020 and Fiscal Year 2020-2021.

3. The money appropriated by subsection 1 and authorized to be expended by subsection 2 must be used only to carry out the purpose of the Contingency Account for Special Education Services created by NRS 388.5243.

4. Any remaining balance of the money appropriated by subsection 1 for Fiscal Year 2019-2020 and Fiscal Year 2020-2021 must not be committed for expenditure after June 30 of each fiscal year and must be reverted to the State General Fund on or before September 18, 2020, and September 17, 2021, for each fiscal year respectively.

**Sec. 40.** 1. There is hereby appropriated from the State General Fund to the Grant Fund for Incentives for Licensed Educational Personnel created by NRS 391A.400 to purchase one-fifth of a year of retirement service credit pursuant to section 5 of chapter 8, Statutes of Nevada 2007, 23rd Special Session, at page 18:

For the Fiscal Year 2019-2020 .....	\$1,000,000
For the Fiscal Year 2020-2021 .....	\$1,000,000

2. The money appropriated by subsection 1 is available for either fiscal year with the approval of the Interim Finance Committee upon the recommendation of the Governor. Any remaining balance of those sums must not be committed for expenditure after June 30, 2021, and must be reverted to the State General Fund on or before September 17, 2021.



Steve Sisolak  
Governor

Susan Brown  
Director



STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division

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Date: September 26, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Catherine Bartlett, Executive Branch Budget Officer *UB*  
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF EDUCATION  
EDUCATOR EFFECTIVENESS**

Agenda Item Write-up:

Pursuant to NRS 353.268, subsection 1, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$175,000 from the Interim Finance Committee Contingency Account to complete an impact and validity study in accordance with Senate Bill (SB) 475 of the 2019 Legislative Session.

Additional Information:

SB 475, section 9, subsection 1 requires the Department to enter into a contract with a consultant to study the impact and validity of the statewide performance evaluation system established pursuant to NRS 391.465, as amended by section 4 of the bill. Subsection 2 states the Department must request an allocation by the Interim Finance Committee from the Contingency Account pursuant to NRS 353.266, 353.268, and 353.269 for the money needed to conduct the study.

Statutory Authority:

NRS 353.268(1), SB 475

REVIEWED: SB

ACTION ITEM: \_\_\_\_\_



Steve Sisolak  
Governor

Jhone M. Ebert  
Superintendent of Public  
Instruction



Southern Nevada Office  
2080 East Flamingo Rd,  
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**STATE OF NEVADA**  
**DEPARTMENT OF EDUCATION**

700 E. Fifth Street | Carson City, Nevada 89701-5096  
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September 25, 2019

TO: Susan Brown, Clerk of the Board of Examiners  
State of Nevada Board of Examiners

THRU: Andrea Osborne, ASO III  
Department of Education

A blue ink handwritten signature, likely of Andrea Osborne, written over the printed name.

FROM: Heidi Haartz, Deputy Superintendent  
Department of Education

A black ink handwritten signature, likely of Heidi Haartz, written over the printed name.

SUBJECT: Interim Finance Committee Contingency Account

---

The Department of Education asks approval from the Board of Examiners to request funds in the amount of \$175,000 from the Interim Finance Committee Contingency Account to fund the impact and validity study, relating to statewide evaluations of educational employees, as required by Senate Bill 475.

During the 2019 Session, the Legislature stated that the Department of Education shall:

1. Enter into a contract with a consultant to study the impact and validity of the statewide performance evaluation system established pursuant to NRS 391.465, as amended by section 4 of this act.
2. Request an allocation by the Interim Finance Committee from the Contingency Account pursuant to NRS 353.266, 353.268 and 353.269 for the money needed to conduct the study.
3. On or before July 1, 2020: (a) Submit to the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Education a report of the findings of the study conducted pursuant to subsection 1; and (b) Present the findings of the study conducted pursuant to subsection 1 at a meeting of the Legislative Committee on Education.

**STATE OF NEVADA WORK PROGRAM  
DEPARTMENT OF EDUCATION  
NDE - DEPARTMENT OF EDUCATION  
NDE - EDUCATOR EFFECTIVENESS  
B/A 2612 SFY20**

G.L.#	REVENUES	Original or Legislatively Approved Work Program	APPROVED	PENDING	-----CUMULATIVE-----		Total Amount
			FIRST	SECOND			
			Work Program Change	Work Program Change	Dollar Change	Percent Change	
	Description		WP # C48662	WP # C49085			
2501	APPROPRIATION CONTROL	720,419			0	0.0%	720,419
2520	FEDERAL FUNDS FROM PREVIOUS YEAR	0	12,765		12,765	100.0%	12,765
3530	SUPPORTING EFFECTIVE INSTRUCTION 84.367	11,747,199			0	0.0%	11,747,199
4654	TRANSFER FROM INTERIM FINANCE	0		175,000	175,000	100.0%	175,000
	<b>Total Revenues</b>	<b>12,467,618</b>	<b>12,765</b>	<b>175,000</b>	<b>187,765</b>	<b>1.5%</b>	<b>12,655,383</b>
	<b>EXPENDITURES</b>						
Cat	Description						
01	PERSONNEL SERVICES	621,753			0	0.0%	621,753
03	IN-STATE TRAVEL	5,213			0	0.0%	5,213
04	OPERATING	3,354			0	0.0%	3,354
05	EQUIPMENT	2,383			0	0.0%	2,383
11	AB 543 SEC 77 TRAINING	36,500			0	0.0%	36,500
12	INDIRECT COST	144,914			0	0.0%	144,914
13	NE PERFORMANCE FRAMEWORK SB475- 19	0		175,000	175,000	100.0%	175,000
14	TEACHER RECRUITMENT AND RETENTION TASK FORCE	7,692			0	0.0%	7,692
15	COMPUTER EDUCATION MONITORING	12,588			0	0.0%	12,588
26	INFORMATION SERVICES	13,797			0	0.0%	13,797
29	TEACHERS & LEADERS COUNCIL	8,790			0	0.0%	8,790
32	TEACHER QUALITY - STATE PROG 84367	172,373			0	0.0%	172,373
34	TEACHER QUALITY - ADMIN 84367	56,988	12,765		12,765	22.4%	69,753
35	TEACHER QUALITY - ATS 84367	11,365,069			0	0.0%	11,365,069
82	DEPARTMENT COST ALLOCATION	2,588			0	0.0%	2,588
87	PURCHASING ASSESSMENT	2,059			0	0.0%	2,059
88	STATEWIDE COST ALLOCATION PLAN	11,557			0	0.0%	11,557
	<b>Total Expenditures</b>	<b>12,467,618</b>	<b>12,765</b>	<b>175,000</b>	<b>187,765</b>	<b>1.5%</b>	<b>12,655,383</b>

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REPORT DATE AS OF: 09/24/2019

PROC ID: BSR\_GEN\_BBLS\_REPORT

**STATE OF NEVADA**  
**Office of the State Controller**

**Summary Budget Status Report**

**Fiscal Year: 2020****Fund: 101 GENERAL FUND****Agency: 300 DEPARTMENT OF  
EDUCATION****Budget Account: 2612 NDE-EDUCATOR  
EFFECTIVENESS****Organization: 0000 DEPARTMENT OF  
EDUCATION**

	YTD Actual	Work Program	Difference
<b>Total Receipts/Funding</b>	1,030,418.91	12,480,383.00	-11,449,964.09
<b>Total Expenditures</b>	381,330.82		
<b>Total Encumbrances</b>	2,145.05		
<b>Total Pre-encumbrances</b>	.00		
<b>Total Obligations</b>	383,475.87	12,480,383.00	12,096,907.13
<b>Realized Funding Available</b>	646,943.04		

[Get Information About Receipts/Funding](#)[Get Information About Obligations](#)

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REPORT DATE AS OF: 09/24/2019

PROC ID: BSR\_REC\_FUND\_SUM

**STATE OF NEVADA**  
**Office of the State Controller**

**Budget Status Report - Receipts/Funding**

**Fiscal Year: 2020**

**Fund:** 101 GENERAL FUND

**Agency:** 300 DEPARTMENT OF  
EDUCATION

**Budget Account:** 2612 NDE-EDUCATOR  
EFFECTIVENESS

**Organization:** 0000 DEPARTMENT OF  
EDUCATION

	YTD Actual	Work Program	Difference
<b>Total Receipts/Funding</b>	1,030,418.91	12,480,383.00	-11,449,964.09

Code	Description	YTD Actual	Work Program	Difference
<a href="#">42</a>	APPROPRIATIONS	720,419.00	720,419.00	.00
<a href="#">47</a>	BEGINNING CASH	12,765.00	12,765.00	.00
<a href="#">3530</a>	IMPROVING TEACHER QUAL 84.367	297,234.91	11,747,199.00	-11,449,964.09

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[Main Menu](#) > [Budget Status Report Input](#) > [Budget Account List](#) > [Summary Budget Status Report](#) > Obligations

REPORT DATE AS OF: 09/24/2019

PROC ID: BSR\_GEN\_BCLS\_REPORT

**STATE OF NEVADA**  
**Office of the State Controller**

**Budget Status Report - Obligations**

**Fiscal Year: 2020**

**Fund: 101 GENERAL FUND**

**Agency: 300 DEPARTMENT OF  
EDUCATION**

**Budget Account: 2612 NDE-EDUCATOR  
EFFECTIVENESS**

**Organization: 0000 DEPARTMENT OF  
EDUCATION**

	YTD Actual	Work Program	Difference
<b>Total Expenditures</b>	381,330.82		
<b>Total Encumbrances</b>	2,145.05		
<b>Total Pre-encumbrances</b>	.00		
<b>Total Obligations</b>	383,475.87	12,480,383.00	12,096,907.13

Category	Description	Expended	Encumbered	Pre-encumbered	Obligated	Work Program	Difference
<a href="#">01</a>	PERSONNEL SERVICES	78,988.53	.00	.00	78,988.53	621,753.00	542,764.47
<a href="#">03</a>	IN STATE TRAVEL	.00	.00	.00	.00	5,213.00	5,213.00
<a href="#">04</a>	OPERATING	599.41	.00	.00	599.41	3,354.00	2,754.59
<a href="#">05</a>	EQUIPMENT	2,121.88	.00	.00	2,121.88	2,383.00	261.12
<a href="#">11</a>	AB 543 SEC 77 TRAINING	.00	.00	.00	.00	36,500.00	36,500.00
<a href="#">12</a>	INDIRECT COST	.00	.00	.00	.00	144,914.00	144,914.00
<a href="#">14</a>	RECRUIT AND RET TASK FORCE	.00	.00	.00	.00	7,692.00	7,692.00
<a href="#">15</a>	COMPUTER EDUCATION MONITORING	761.86	.00	.00	761.86	12,588.00	11,826.14
<a href="#">26</a>	INFORMATION SERVICES	688.50	2,145.05	.00	2,833.55	13,797.00	10,963.45
<a href="#">29</a>	TEACHERS AND LEADERS COUNCIL	987.47	.00	.00	987.47	8,790.00	7,802.53
<a href="#">32</a>	TEACHER QUAL STATE PROG 84367	39,796.98	.00	.00	39,796.98	172,373.00	132,576.02

<a href="#">34</a>	TEACHER QUALITY ADMIN 84.367	1,594.90	.00	.00	1,594.90	69,753.00	68,158.10
<a href="#">35</a>	TEACHER QUALITY - ATS 84367	251,740.29	.00	.00	251,740.29	11,365,069.00	11,113,328.71
<a href="#">82</a>	DEPT COST ALLOCATION	647.00	.00	.00	647.00	2,588.00	1,941.00
<a href="#">87</a>	PURCHASING ASSESSMENT	514.75	.00	.00	514.75	2,059.00	1,544.25
<a href="#">88</a>	STATEWIDE COST ALLOCATION PLAN	2,889.25	.00	.00	2,889.25	11,557.00	8,667.75

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**Department of Education**  
**B/A 2612 2nd Fund Map 2020**

REVENUE		Legislatively Approved	WP C48662	WP C49085	Total
2501	APPROPRIATION CONTROL	720,419			720,419
2520	FEDERAL FUNDS FROM PREVIOUS YEAR	-	12,765		12,765
3530	SUPPORTING EFFECTIVE INSTRUCTION 84.367	11,747,199			11,747,199
4654	TRANSFER FROM INTERIM FINANCE			175,000	175,000
<b>Total</b>		<b>12,467,618</b>	<b>12,765</b>	<b>175,000</b>	<b>12,655,383</b>
EXPENSES					
01	PERSONNEL SERVICES	621,753			621,753
03	IN STATE TRAVEL	5,213			5,213
04	OPERATING	3,354			3,354
05	EQUIPMENT	2,383			2,383
11	AB543 SEC 77 TRAINING	36,500			36,500
12	INDIRECT COST	144,914			144,914
13	NE PERFORMANCE FRAMEWORK SB475-19			175,000	175,000
14	TEACHER RECRUITMENT RETENTION	7,692			7,692
15	COMPUTER EDUCATION MONITORING	12,588			12,588
26	INFORMATION SERVICES	13,797			13,797
29	TEACHERS AND LEADERS COUNCIL	8,790			8,790
32	TEACHER QUAL STATE PROG 8367	172,373			172,373
34	TEACHER QUALITY ADMIN 84367	56,988	12,765		69,753
35	TEACHER QUALITY - ATS 84367	11,365,069			11,365,069
82	DEPT COST ALLOCATION	2,588			2,588
87	PURCHASING ASSESSMENT	2,059			2,059
88	STATEWIDE COST ALLOCATION	11,557			11,557
<b>Total</b>		<b>12,467,618</b>	<b>12,765</b>	<b>175,000</b>	<b>12,655,383</b>

ORIGINAL

AUGUST 26, 2019

REQUEST FOR INFORMATION NO. EDU20-001



# IMPACT AND VALIDITY STUDY OF THE NEVADA EDUCATOR PERFORMANCE FRAMEWORK

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NEVADA DEPARTMENT OF  
EDUCATION

SUBMITTED BY:

MELANIE HICKS, PHD

VICE PRESIDENT

8200 South Quebec

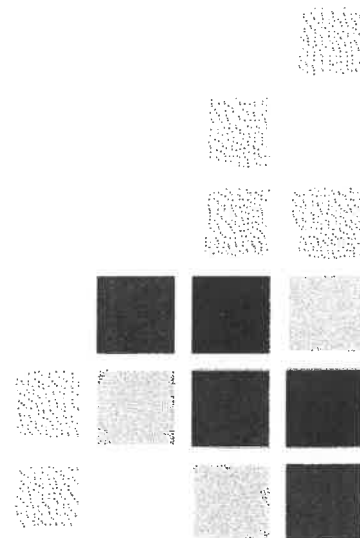
Suite A3 #184

Centennial, Colorado 80112

Office: 916.443.3411

Mobile: 813.344.7203

MHicks@mgtconsulting.com





Office of Educator Development and Support  
Nevada Department of Education  
State of Nevada  
2080 E. Flamingo Road  
Suite 210  
Las Vegas, NV 89119



Felicia Gonzalez  
Deputy Superintendent  
Kathleen Galland-Collins  
Education Programs Supervisor

Division of Purchasing  
Request For Information No. EDU20-001  
For the  
Impact and Validity Study of the Nevada Educator Performance Framework

Nevada Department of Education  
Release Date: August 14, 2019  
Deadline for Submission: August 26, 2019

For additional information, please contact:  
Kristin L. Withey, Ph.D.  
Education Programs Professional  
(702) 486-5759

This document must be submitted with  
the vendor's response

**See Page 2, for instructions on submitting response.**

**Contact Information**

Company Name MGT of America Consulting, LLC  
Address 8200 South Quebec, Suite A3 #184 City Centennial State CO Zip 80112  
Telephone (916) 443-3411 or 813/344-7203 Fax ( )   
E-Mail Address: MHicks@mgtconsulting.com  
Contact Person Dr. Melanie Hicks  
Print Name & Title Dr. Melanie Hicks, Vice President Education Solutions Group

## BUDGET

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Based upon our current project understanding, MGT proposes a cost of **\$169,895**, including all professional fees and expenses.

Office of Educator Development and Support  
Nevada Department of Education  
State of Nevada  
2080 E. Flamingo Road  
Suite 210  
Las Vegas, NV 89119



Felicia Gonzalez  
Deputy Superintendent  
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(702) 486-5759

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the vendor's response

**See Page 2, for instructions on submitting response.**

**Contact Information**

Company Name University of Nevada, Las Vegas; Center for Research Evaluation and Assessment

Address 4505 S Maryland Pkwy Las Vegas NV 89154  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( 702 )-895-2895

Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: brad.marianno@unlv.edu

Contact Person : Bradley Marianno

Print Name & Title: Bradley Marianno, Director of Education Policy,  
Center for Research Evaluation and Assessment

see how sensitive the SLGs are to different model assumptions. In short, we plan to apply a series of statistical algorithms to the data and see if the statistical algorithms provide accurate estimates of the final values. The computer can repeat this thousands of times, and we can vary aspects of the model used to create these data.

#### V. Budget

	Year 1 (Est. March 20 - Nov 20)	TOTALS	BUDGET NOTES / DETAILS
<b>SENIOR KEY PERSONNEL</b>			
PI: Brad Marianno	\$ 16,709		2 summer months
Co-PI: Dan Wright	\$ 35,556		2 summer months
<i>Subtotal Senior Personnel</i>	\$ 52,264	\$ -	
<b>OTHER PERSONNEL</b>			
Research Associate (TBD)	\$ 12,500	\$ 12,500	Research Associate = .25 FTE for 6 months at a 50K annual salary
GA - Doctoral	\$ 16,667	\$ 16,667	1 PhD GA at 1 semester + summer each (10K/semester + 6667 summer) = 16667
<i>Subtotal Other Personnel</i>	\$ 29,167	\$ 29,167	
<b>Total Salary and Wages</b>	<b>\$ 81,431</b>	<b>\$ 81,431</b>	
<b>FRINGE BENEFITS</b>			
Faculty/Professional Staff (includes Postdoc) @ 29.80%	\$ 19,300	\$ 19,300	
Graduate Assistant @ 8.40%	\$ 1,400	\$ 1,400	
<b>Total Fringe Benefits</b>	<b>\$ 20,700</b>	<b>\$ 20,700</b>	
<b>EQUIPMENT</b>			
<b>Total Equipment</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TRAVEL</b>			
Domestic	\$ 6,000	\$ 6,000	trip for 3 to Reno = 1K/person = 3K *2 for the TLC and SBE meetings
<b>Total Travel</b>	<b>\$ 6,000</b>	<b>\$ 6,000</b>	
<b>PARTICIPANT SUPPORT</b>			
<b>Total Participant Support Costs</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>OTHER DIRECT COSTS</b>			
Materials and Supplies	\$ 1,000	\$ 1,000	
Tuition /Fees	\$ 2,324	\$ 2,324	
Data request fees	\$ 10,000	\$ 10,000	
<b>Total Other Direct Costs</b>	<b>\$ 13,324</b>	<b>\$ 13,324</b>	
<b>Total Direct Costs</b>	<b>\$ 121,455</b>	<b>\$ 121,455</b>	

<i>Modified Total Direct Costs</i>	\$ 119,131	\$ 119,131	
<b>Indirect Costs @ 49.5%</b>	\$ 58,970	\$ 58,970	
<b>TOTAL PROJECT COSTS</b>	\$ 180,425	\$ 180,425	
<b>TUITION CALCULATIONS</b>	<b>2019-2020</b>		
	+5%		
Cost per credit	\$ 289		
Per Credit Fees	\$ 18		
Different Fees	\$ -		
<b>Total Cost per Credit</b>	<b>\$ 307</b>		
# credits per year	<u>6</u>		
<b>Total Per Credit Cost Per Student</b>	<b>\$ 1,840</b>		
Semester Fees	\$ 350		
International Student	\$ 152		
<b>Total Fees per semester</b>	<b>\$ 484</b>		
Number of semesters	1		
<b>Total Semester Fees</b>	<b>\$ 484</b>		
<b>TOTAL COST PER STUDENT</b>	<b>\$ 2,324</b>		
Number of students	1		
<b>TOTAL TUITION</b>	<b>\$ 2,324</b>		



STATE OF NEVADA  
CONTROLLER'S OFFICE

101 N CARSON ST STE 5  
CARSON CITY NV 89710  
775/684-5750  
Fax 775/684-5695

Budget Account File Maintenance Request  
(use for existing budget accounts to add categories or revenue sources)

Clear Form

Fiscal Year: 2020

Coding Structure: Fund 101 Agency 300 Budget 2612 Work Program Reference (if applicable) AP C 49085

Categories Needed: Cat # 13 Category Name (max 30 characters) NV Perform Framework SB475-19 Notes

Revenue Source General Ledger Assignments:

NRS/Authority (required to establish a new GL)	(Check one or both)		AORD = Alternate Object/Revenue Description	
	New GL	AORD	GL #	Name ( max 30 characters)

Other Action: Please create the category title to the new one listed above Thanks!

Approvals: Budget Division: (Name) (Date) Controller: (Name) (Date)

Advantage Updates (if applicable):

(Controller's Office) APDS (Name) (Date) RB (Name) (Date) AORD (Name) (Date)

Senate Bill No. 475—Committee on Education

CHAPTER.....

AN ACT relating to education; requiring the development of an electronic tool for providing documents concerning evaluations of educational employees to the employees; requiring certain licensed educational personnel to be evaluated pursuant to the statewide performance evaluation system; reducing the percentage of the evaluation of a teacher or certain administrators comprised by pupil performance; requiring the evaluator of an educational employee to consider certain factors relating to the ratios of pupils per licensed teacher; removing certain sanctions for a teacher or administrator whose performance is designated as developing; requiring a study of the impact and validity of the statewide performance evaluation system; requiring the Department of Education, in collaboration with the Teachers and Leaders Council, to make certain recommendations concerning the statewide performance evaluation system; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires the State Board of Education to establish a statewide performance evaluation system for evaluating the performance of educational employees. (NRS 391.465) **Section 1** of this bill requires the Department of Education to develop an electronic tool for providing documents concerning such evaluations to educational employees. **Section 2** of this bill makes a conforming change.

Existing law prescribes separate requirements concerning the evaluation of teachers and administrators, including: (1) administrators who provide primarily administrative services at the school level; and (2) administrators at the district level who provide direct supervision of the principal of a school. (NRS 391.680-391.720) Existing law additionally authorizes the State Board to provide for evaluations of counselors, librarians and other licensed educational personnel, except for teachers and administrators. (NRS 391.675) **Section 6** of this bill instead requires such other licensed educational personnel to be evaluated annually in a similar manner to teachers. **Sections 3, 5 and 7** of this bill make conforming changes.

Existing law requires pupil growth to account for 40 percent of the evaluation of a teacher or administrator who provides direct instructional services to pupils at a school. (NRS 391.465, 391.480) **Section 4** of this bill instead requires pupil growth to account for 15 percent of the evaluation of a teacher or such an administrator beginning with the 2019-2020 school year. **Section 4** also requires an administrator who performs such an evaluation to consider any effects of the ratios of pupils per teacher that exceed the recommended ratios prescribed by the State Board. **Section 10** of this bill requires the Department, in collaboration with the Teachers and Leaders Council, to make recommendations to the State Board concerning the necessary changes to the statewide performance evaluation system to address the reduced weight of pupil growth in evaluations.



Existing law requires the overall performance of an educational employee to be designated as highly effective, effective, developing or ineffective. (NRS 391.465) Existing law: (1) authorizes a school district not to renew the contract of a probationary teacher or certain administrators whose performance is designated as developing or ineffective; and (2) requires a postprobationary employee whose performance is designated as developing or ineffective for 2 consecutive years to serve an additional probationary period. (NRS 391.725, 391.730) Section 7 of this bill removes authorization for a school district not to renew the contract of a probationary teacher or administrator whose performance is designated as developing. Section 8 of this bill removes the requirement that a postprobationary employee whose performance is designated as developing for 2 consecutive years must serve an additional probationary period. Section 9 of this bill requires the Department to enter into a contract with a consultant to study the impact and validity of the statewide performance evaluation system.

EXPLANATION - Matter in *bolded italics* is new; matter between brackets ~~{omitted-material}~~ is material to be omitted.

---

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

**Section 1.** Chapter 391 of NRS is hereby amended by adding thereto a new section to read as follows:

*The Department shall, in consultation with the boards of trustees of school districts and the Council, develop an electronic tool for providing documents concerning evaluations conducted pursuant to NRS 391.680 to 391.730, inclusive, to teachers, administrators and other licensed educational personnel. The tool must allow an administrator who conducts an evaluation to:*

*1. Immediately share documents concerning the evaluation with the teacher, administrator or other licensed educational employee who is the subject of the evaluation; and*

*2. Recommend professional development courses to improve the performance and knowledge of the teacher, administrator or other licensed educational employee who is the subject of the evaluation.*

**Sec. 2.** NRS 391.450 is hereby amended to read as follows:

391.450 As used in NRS 391.450 to 391.485, inclusive, *and section 1 of this act*, "Council" means the Teachers and Leaders Council of Nevada created by NRS 391.455.

**Sec. 3.** NRS 391.460 is hereby amended to read as follows:

391.460 1. The Council shall:

(a) Make recommendations to the State Board concerning the adoption of regulations for establishing a statewide performance evaluation system to ensure that teachers, administrators who provide primarily administrative services at the school level , ~~{and}~~ administrators at the district level who provide direct supervision of





the principal of a school, and who do not provide primarily direct instructional services to pupils, *and other licensed educational personnel*, regardless of whether licensed as a teacher or administrator, including, without limitation, a principal and vice principal are:

(1) Evaluated using multiple, fair, timely, rigorous and valid methods, which includes evaluations based upon pupil growth as required by NRS 391.465;

(2) Afforded a meaningful opportunity to improve their effectiveness through professional development that is linked to their evaluations; and

(3) Provided with the means to share effective educational methods with other teachers, ~~{and}~~ administrators *and other licensed educational personnel* throughout this State.

(b) Develop and recommend to the State Board a plan, including duties and associated costs, for the development and implementation of the performance evaluation system by the Department and school districts.

(c) Consider the role of professional standards for teachers, ~~{and}~~ administrators *and other licensed educational personnel* to which paragraph (a) applies and, as it determines appropriate, develop a plan for recommending the adoption of such standards by the State Board.

(d) Develop and recommend to the State Board a process for peer observations of teachers by qualified educational personnel which is designed to provide assistance to teachers in meeting the standards of effective teaching, and includes, without limitation, conducting observations, participating in conferences before and after observations of the teacher and providing information and resources to the teacher about strategies for effective teaching.

2. The performance evaluation system recommended by the Council must ensure that:

(a) Data derived from the evaluations is used to create professional development programs that enhance the effectiveness of teachers, ~~{and}~~ administrators ~~{;}~~ and *other licensed educational personnel; and*

(b) A timeline is included for monitoring the performance evaluation system at least annually for quality, reliability, validity, fairness, consistency and objectivity.

3. The Council may establish such working groups, task forces and similar entities from within or outside its membership as necessary to address specific issues or otherwise to assist in its work.



4. The State Board shall consider the recommendations made by the Council pursuant to this section and shall adopt regulations establishing a statewide performance evaluation system as required by NRS 391.465.

**Sec. 4.** NRS 391.465 is hereby amended to read as follows:

391.465 1. The State Board shall, based upon the recommendations of the Teachers and Leaders Council of Nevada submitted pursuant to NRS 391.460, adopt regulations establishing a statewide performance evaluation system which incorporates multiple measures of an employee's performance. Except as otherwise provided in subsection 3, the State Board shall prescribe the tools to be used by a school district for obtaining such measures.

2. The statewide performance evaluation system must:

(a) Require that an employee's overall performance is determined to be:

- (1) Highly effective;
- (2) Effective;
- (3) Developing; or
- (4) Ineffective.

(b) Include the criteria for making each designation identified in paragraph (a) ~~{-}~~, *which must include, without limitation, consideration of whether the classes for which the employee is responsible exceed the applicable recommended ratios of pupils per licensed teacher prescribed by the State Board pursuant to NRS 388.890 and, if so, the degree to which the ratios affect:*

*(1) The ability of the employee to carry out his or her professional responsibilities; and*

*(2) The instructional practices of the employee.*

(c) Except as otherwise provided in subsections 2 and 3 of NRS 391.695 and subsections 2 and 3 of NRS 391.715, require that pupil growth, as determined pursuant to NRS 391.480, account for ~~{40}~~ 15 percent of the evaluation ~~{-}~~ *of a teacher or administrator who provides direct instructional services to pupils at a school in a school district.*

(d) Include an evaluation of whether the teacher, or administrator who provides primarily administrative services at the school level or administrator at the district level who provides direct supervision of the principal of a school, and who does not provide primarily direct instructional services to pupils, regardless of whether the probationary administrator is licensed as a teacher or administrator, including, without limitation, a principal and vice principal ~~{-}~~ *or licensed educational employee, other than a teacher*



*or administrator*, employs practices and strategies to involve and engage the parents and families of pupils.

(e) Include a process for peer observations of teachers by qualified educational personnel which is designed to provide assistance to teachers in meeting the standards of effective teaching, and includes, without limitation, conducting observations, participating in conferences before and after observations of the teacher and providing information and resources to the teacher about strategies for effective teaching. The regulations must include the criteria for school districts to determine which educational personnel are qualified to conduct peer observations pursuant to the process.

3. A school district may apply to the State Board to use a performance evaluation system and tools that are different than the evaluation system and tools prescribed pursuant to subsection 1. The application must be in the form prescribed by the State Board and must include, without limitation, a description of the evaluation system and tools proposed to be used by the school district. The State Board may approve the use of the proposed evaluation system and tools if it determines that the proposed evaluation system and tools apply standards and indicators that are equivalent to those prescribed by the State Board.

4. An administrator at the district level who provides direct supervision of the principal of a school and who also serves as the superintendent of schools of a school district must not be evaluated using the statewide performance evaluation system.

**Sec. 4.5.** (Deleted by amendment.)

**Sec. 5.** NRS 391.485 is hereby amended to read as follows:

391.485 1. The State Board shall annually review the statewide performance evaluation system to ensure accuracy and reliability. Such a review must include, without limitation, an analysis of the:

(a) Number and percentage of teachers, ~~and~~ administrators *and other licensed educational personnel* who receive each designation identified in paragraph (a) of subsection 2 of NRS 391.465 in each school, school district, and the State as a whole;

(b) Data used to evaluate pupil growth in each school, school district and the State as a whole, including, without limitation, any observations; and

(c) Effect of the evaluations conducted pursuant to the statewide system of accountability for public schools on the academic performance of pupils enrolled in the school district in each school and school district, and the State as a whole.



2. The board of trustees of each school district shall annually review the manner in which schools in the school district carry out the evaluation of teachers, ~~{and}~~ administrators *and other licensed educational personnel* pursuant to the statewide performance evaluation system.

3. The Department may review the manner in which the statewide performance evaluation system is carried out by each school district, including, without limitation, the manner in which the learning goals for pupils are established and evaluated pursuant to NRS 391.480.

Sec. 6. NRS 391.675 is hereby amended to read as follows:

391.675 1. The State Board ~~{may provide}~~ *shall adopt regulations providing* for evaluations of counselors, librarians and other licensed educational personnel, except for teachers and administrators, and determine the manner in which to measure the performance of such personnel, including, without limitation, whether to use pupil achievement data as part of the evaluation. *The regulations adopted pursuant to this section must require:*

(a) *The evaluation of each counselor, librarian or other licensed educational employee at least once each school year; and*

(b) *Such evaluations to be conducted, to the extent practicable, in a similar manner to the evaluations of teachers conducted pursuant to NRS 391.680 to 391.695, inclusive.*

2. *The counselor, librarian or other licensed educational employee must receive a copy of each evaluation not later than 15 days after the evaluation. A copy of the evaluation and the response of the employee must be permanently attached to the personnel file of the employee. Upon the request of the counselor, librarian or other licensed educational employee, a reasonable effort must be made to assist the employee to improve his or her performance based upon the recommendations reported in the evaluation of the employee.*

Sec. 7. NRS 391.725 is hereby amended to read as follows:

391.725 1. If a written evaluation of a probationary teacher, ~~{or}~~ a probationary administrator who provides primarily administrative services at the school level and who does not provide primarily direct instructional services to pupils, regardless of whether the probationary administrator is licensed as a teacher or administrator, including, without limitation, a principal and vice principal ~~{}~~ *or a probationary licensed educational employee, other than a teacher or administrator*, designates the overall performance of the teacher, ~~{or}~~ administrator *or probationary licensed educational employee* as ~~{“developing” or}~~ “ineffective”:



(a) The written evaluation must include the following statement: "Please be advised that, pursuant to Nevada law, your contract may not be renewed for the next school year. If you receive ~~fa~~ ~~'developing'~~ ~~or~~ *an* 'ineffective' evaluation and are reemployed for a second or third year of your probationary period, you may request that your next evaluation be conducted by another administrator. You may also request, to the administrator who conducted the evaluation, reasonable assistance in improving your performance based upon the recommendations reported in the evaluation for which you request assistance, and upon such request, a reasonable effort will be made to assist you in improving your performance."

(b) The probationary teacher, ~~for~~ probationary administrator ~~or~~ *probationary licensed educational employee*, as applicable, must acknowledge in writing that he or she has received and understands the statement described in paragraph (a).

2. If a probationary teacher, ~~for~~ probationary administrator *or probationary licensed educational employee, other than a teacher or administrator*, to which subsection 1 applies requests that his or her next evaluation be conducted by another administrator in accordance with the notice required by subsection 1, the administrator conducting the evaluation must be:

(a) Employed by the school district or, if the school district has five or fewer administrators, employed by another school district in this State; and

(b) Selected by the probationary teacher, ~~for~~ probationary administrator ~~or~~ *probationary licensed educational employee, other than a teacher or administrator*, as applicable, from a list of three candidates submitted by the superintendent.

3. If a probationary teacher, ~~for~~ probationary administrator *or probationary licensed educational employee, other than a teacher or administrator* to which subsection 1 applies requests assistance in improving performance reported in his or her evaluation, the administrator who conducted the evaluation shall ensure that a reasonable effort is made to assist the probationary teacher, ~~for~~ probationary administrator *or probationary licensed educational employee, as applicable*, in improving his or her performance.

Sec. 8. NRS 391.730 is hereby amended to read as follows:

391.730 Except as otherwise provided in NRS 391.825, a postprobationary employee who receives an evaluation designating his or her overall performance as:

1. ~~Developing;~~
- ~~2.~~ Ineffective; or



~~{3.}~~ 2. Developing during 1 year of the 2-year consecutive period and ineffective during the other year of the period, for 2 consecutive school years shall be deemed to be a probationary employee for the purposes of NRS 391.650 to 391.830, inclusive, and must serve an additional probationary period in accordance with the provisions of NRS 391.820.

**Sec. 9.** The Department of Education shall:

1. Enter into a contract with a consultant to study the impact and validity of the statewide performance evaluation system established pursuant to NRS 391.465, as amended by section 4 of this act.

2. Request an allocation by the Interim Finance Committee from the Contingency Account pursuant to NRS 353.266, 353.268 and 353.269 for the money needed to conduct the study.

3. On or before July 1, 2020:

(a) Submit to the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Education a report of the findings of the study conducted pursuant to subsection 1; and

(b) Present the findings of the study conducted pursuant to subsection 1 at a meeting of the Legislative Committee on Education.

**Sec. 10.** On or before January 1, 2020, the Department of Education, in collaboration with the Teachers and Leaders Council, shall provide to the State Board of Education recommendations concerning the manner in which to revise performance measures and the weight applicable to such measures in the statewide performance evaluation system established pursuant to NRS 391.465, as amended by section 4 of this act, to address the reduced weight of pupil growth in evaluations pursuant to the amendatory provisions of section 4 of this act. The Department may solicit the input of educational employees and other interested persons in developing its recommendations.

**Sec. 11.** The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

**Sec. 12.** This act becomes effective on July 1, 2019.



Steve Sisolak  
Governor



Susan Brown  
Director

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

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

Date: October 15, 2019  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Garrison, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to be "B. Garrison", is written over the "From:" line of the memo.

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

**DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee for \$343,908 from Contingency Account to cover costs associated with providing security support to Clark County during the upcoming New Year's Eve celebrations/activities.

Additional Information:

In 2018 and 2019 the Governor authorized the use of Nevada Guard personnel to support Clark County with its security needs surrounding New Year's Eve celebration activities planned for the Las Vegas area. This year the division is coordinating available resources with the county in advance of the event and will again call upon the Nevada Guard to assist the county-wide with its security needs.

Based on the security priorities and changes adopted as a result of the October 1, 2017 mass casualty event in Las Vegas, the Division and the County are planning for greater security needs associated with these types of events going forward, therefore, the funding request will be somewhat higher than in previous years. However, every effort is being taken to ensure resources are utilized as efficiently and effectively as possible to minimize

the cost. The following is a summary of the request for the 2019 New Year's Eve deployment:

SFY20 New Year's Eve  
National Guard Deployment

	<u>Personnel</u>			<u>Rolling Stock</u>		
Airport Shift 1	7,171.02	3	21,513.06	866.24	3	2,598.72
Airport Shift 2	7,014.60	1	7,014.60	-	1	-
C2 (Command & Control)	10,547.07	4	42,188.28	382.80	4	1,531.20
Fremont	3,575.36	2	7,150.72	1,171.43	2	2,342.86
Strip	27,645.68	2	55,291.36	2,193.60	2	4,387.20
SPL Staff/CMD (Leadership)	829.89	6	4,979.34	-	6	-
QFR **	3,575.36	2	7,150.72	1,175.92	2	2,351.84
Wrecker	697.72	2	1,395.44	1,002.45	2	2,004.90
Recovery	19,258.24	1	19,258.24	3,950.68	1	3,950.68
Medical CERFP*	13,268.68	4	53,074.72	506.82	4	2,027.28
Prep Day	60,679.50	1	60,679.50	-	1	-
	154,263.12		279,695.98	11,249.94		21,194.68

Personnel 279,695.98

Rolling Stock 21,194.68

Meals 28,100.00

Travel/Lodging 14,917.00

343,907.66

A detailed cost breakout is attached for the Boards reference.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

REVIEWED: 

ACTION ITEM: \_\_\_\_\_



**Steve Sisolak**  
Governor



**Nevada Department of  
Public Safety**

**George Togliatti**  
Director

**Sheri Brueggemann**  
Deputy Director

**Justin Luna**  
Chief

**Division of Emergency Management  
Homeland Security**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Telephone (775) 687-0300 • Fax (775) 687-0322  
[DEM Website - http://dem.nv.gov](http://dem.nv.gov)

## **Memorandum**

**Date:** October 4, 2019

**TO:** Governor's Finance Office – Bridgette Mackey-Garrison, Budget Officer

**FROM:** Division of Emergency Management – Justin Luna, Chief

**SUBJECT:** Clark County New Year's Eve emergency funding request

---

The Division of Emergency Management (DEM) within the Department of Public Safety is requesting emergency funding in the amount of \$343,908, for expenses related to the upcoming New Year's Eve activities in Clark County to support the efforts and capabilities to protect public safety. The division is coordinating resources to assist with this event and the Nevada National Guard will be used to provide additional security.

Last year's request totaled \$291,773, with actual expenditures realized at \$257,636.05. The remaining balance of \$34,136.95 was reverted during the State Fiscal Year 2019 closing process. The projected increase for this year's support is caused by an increase in the cost of equipment and personnel pay year over year, and the addition of a preparatory day as well as a recovery day based on lessons learned from last year's support. The preparatory day will allow the Nevada National Guard personnel to fully integrate into the local incident management efforts prior to operational periods. The recovery day allows the Nevada National Guard personnel to properly demobilize equipment and resources used during the event.

The amount requested is based on collaborative planning efforts between Clark County, the City of Las Vegas, Las Vegas Metropolitan Police Department (LVMPD), the Nevada National Guard, and the division to make sure enough security personnel are in place to support the event. The Clark County Office of Emergency Management is a division within the Clark County Fire Department, and that office is responsible for coordinating the multi-agency planning for these types of major events and emergency incidents. LVMDP leads organizing, planning, and setting the primary security requirements for the event. Based on the numerous planning meetings and the requirements established by the various participants, the resources identified in this request should adequately meet the needs for supplemental security. Local law enforcement agencies and fire departments spent over \$1 million in services for last year's event.

The planning for the event is a coordinated effort and the Nevada National Guard personnel will be integrated into the overall security plan for the event to support the state and local resources. Once the level of need was determined, the Nevada National Guard provided calculations for personnel, transportation equipment, meals, travel, and lodging as detailed in the included backup documentation.

Based on the security request from the County, please accept this request for emergency funding in the amount of \$343,908, to cover the projected emergency expenditures. The funds will not be sub-granted or used to reimburse any cities or counties. The funds will be used on National Guard expenses for the event. The division does not anticipate that this event will be eligible for any reimbursement, Federal or otherwise. Additional, Federal grants can be used to support planning, exercise, training, and equipment that could be used in preparation for the event, but there are no Federal grants available to pay for emergency mission-related expenses. A Federal Coordination Team comprised of senior Federal officials from the Department of Homeland Security has been assigned to support local and state authorities for this event.

The current balance in the non-executive budget account 1336 Emergency Assistance Account (EAA) is over \$220,000. And although the EAA is an appropriate source of funding for this mission, this account is primarily used to pay any actual expenses incurred by the division for administration during an emergency or disaster throughout the year. The division feels that it would create an undue hardship on the ability to efficiently coordinate resources during an emergency or disaster if funds from the EAA were used to offset any of this request. The division will also be using the EAA to pay for division expenses related to the New Year's Eve activities by activating the State Emergency Operations Center at a limited staffing level in order to monitor the events and respond to any coordination needs from our partners. Also, if EAA funds were used to offset this request, there are no anticipated revenues projected to replenish the EAA until August 2020 (annual transfer of interest from the State Disaster Relief Account) and any shortfalls for future division's expenses related to the administration of emergencies and disasters in the state would require a subsequent request for supplemental emergency funding.

Please contact me at [justin.luna@dps.state.nv.us](mailto:justin.luna@dps.state.nv.us) or 775-687-0300 if you have any questions or need additional information to process this request.

Respectfully,



Justin Luna, Chief  
Nevada Division of Emergency Management



# Fire Department

575 East Flamingo Road • Las Vegas NV 89119  
(702) 455-7311 • Fax (702) 734-6111



**Greg Cassell, Fire Chief**

Kelly Blackmon, Deputy Fire Chief • John Steinbeck, Deputy Fire Chief

Roy Session, Deputy Fire Chief • Jeff Buchanan, Deputy Fire Chief • Jonathan Wiercinski, Deputy Fire Chief

*"Responding with Integrity – Serving with Compassion"*

August 28, 2019

**RECEIVED**

SEP 04 2019

DIVISION OF  
EMERGENCY MANAGEMENT

Chief Justin Luna  
Division of Emergency Management and  
Homeland Security  
State of Nevada  
2478 Fairview Drive  
Carson City, NV 89701

Re: Clark County Request for Emergency Assistance – NYE 2019

Dear Chief Luna:

As required under Nevada Administrative Code 414.105(f), (g) and (h), the purpose of this letter is to certify that exercising financial and/or physical resources are insufficient to provide necessary support to local law enforcement and other emergency responders during both planned and unplanned New Year's Eve events from December 31, 2019 – January 1, 2020.

Clark County expects at least 400,000 visitors on New Year's Eve. In light of recent tragic events on the Las Vegas Strip and elsewhere, additional preparedness and response personnel are warranted.

Local Law enforcement agencies and fire departments spent over \$1 million dollars in additional services for the event in 2018. This does not include the thousands of hours devoted to the extensive multi-agency public safety planning for New Year's Eve that occurs throughout the year. The New Year's Eve event in Clark County is the second largest in the country and is only surpassed by the event in Times Square. Existing inter-local and mutual aid agreements will not likely be sufficient to support anticipated public safety needs.

We are formally requesting 256 National Guard personnel and accompanying equipment to be deployed across Clark County at the locations deemed most appropriate by our local law enforcement. Please see the attached resource request for specific personnel and resource requests.

**BOARD OF COUNTY COMMISSIONERS**

MARILYN KIRKPATRICK, Chair • LAWRENCE WEEKLY, Vice Chair  
LARRY BROWN • JAMES B. GIBSON • JUSTIN C. JONES • MICHAEL NAFT • TICK SEGERBLOM  
YOLANDA T. KING, County Manager

Thank you for your assistance in fulfilling our request and providing for the safety of our community. As always, I am available for any questions you may have.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Steinbeck", with a stylized, cursive script.

John Steinbeck  
Deputy Fire Chief/Emergency Manager

Attachment: Resource request

**CLARK COUNTY ACTION REQUEST FORM**Incident # or Name: New Year's Eve 2019-20 Originated as Verbal? ☐ N (email)**I. Who is Requesting Assistance? (Completed by Requestor)**

Requestor Name/Title: Timothy Frederick, Officer Temporary Phone/Fax #: \_\_\_\_\_  
Permanent Phone: 702-626-3442 FAX #: \_\_\_\_\_  
Requestor Organization: Las Vegas Metropolitan Police Department (Metro) E-mail: T9793F@lvmpd.com

**II. Requested Assistance (Completed by Requestor)**Request date/time: 08/29/19; 1400 ☐ See Attached**Description of Assistance Requested:**

☐ Equipment ☐ Technical Assistance \*Kind: National Guard Personnel to supplement local Law Enforcement  
☐ Supplies ☐ Public Information \*Type \_\_\_\_\_  
☒ Personnel ☐ Damage Assessment

Priority: ☐ 1 Lifesaving ☐ 2 Life sustaining ☐ 3 High ☐ 4 Medium ☒ 5 Normal Date/Time Needed:  
12/31/2019, 1700  
(See Statement of Work for detail)

Size: 256Delivery Site Location: Various, please see statement of workOnsite contact: Timothy Frederick 24 Hour Phone: 702-606-3161 FAX # \_\_\_\_\_EOC Manager: John Steinbeck, Deputy Fire Chief/Emergency Manager Date: 8/29/2019**III. Sourcing the Request - Review/Coordination (EOC Operations & Logistics Sections Only)**

☐ OPS Review by: \_\_\_\_\_ ☐ Donations ☐ Procurement  
☐ Log Review by: \_\_\_\_\_ ☐ Other (explain) \_\_\_\_\_ ☐ Interagency Agreement  
☐ Other Coordination by: \_\_\_\_\_ ☐ Requisitions ☐ Mission Assignment  
☐ Other Coordination by: \_\_\_\_\_

Immediate Action Required: ☐ Yes ☐ NoDate/Time Assigned: \_\_\_\_\_ Action request assigned to: ☐ ESP #: \_\_\_\_\_ ☐ Other: \_\_\_\_\_**IV: Statement of Work (EOC Operations & Logistics Sections Only)**

NDEM Contact: \_\_\_\_\_ 24 hour Phone: \_\_\_\_\_ FAX# \_\_\_\_\_

State Coordinating Officer: \_\_\_\_\_ 24 hour Phone: \_\_\_\_\_ FAX# \_\_\_\_\_

**Justification / Statement of Work:**

Site	Group 1	Group 2	Required Equipment	Times/Dates
McCarran Airport	20	20	Armed, Transportation	1800 12/31/19 - 0600 1/2/20
<b>Strip / Fremont Operations:</b>				
Tropicana / LV Blvd	30		Armed, Wheeled Vehicle (s)	1700-0300 12/31/19
Flamingo / LV Blvd	20		Armed, Wheeled Vehicle (s)	1700-0300 12/31/19
Harmon / LV Blvd	20		Armed, Wheeled Vehicle (s)	1700-0300 12/31/19
Spring Mountain / LV Blvd	30		Armed, Wheeled Vehicle (s)	1700-0300 12/31/19
Fremont / QRF	20		Armed, Wheeled Vehicle (s)	1700-0300 12/31/19
152 Medical Detachment - UMC Hospital	20		Vehicles / Equipment	1700-0300 12/30/19 & 1700-0300 12/31/19
152 Medical Detachment - Sunrise Hospital	20		Vehicles / Equipment	1700-0300 12/30/19 & 1700-0300 12/31/19
Command / TOC	26			12/30/19 through 01/02/20
CST - AGR	30			12/30/19 through 01/01/20
<b>Total</b>	<b>256</b>		<b>State Active Duty (SAD)</b>	

Estimated Completion Date: 01/03/2020 (see Statement of Work) Cost Estimate: \_\_\_\_\_**V. Action Taken (EOC Operations & Logistics Sections Only)**☐ Accepted ☐ Rejected :Reason \_\_\_\_\_ ☐ Accountable Property

Disposition: \_\_\_\_\_

Date/Time Requestor notified: \_\_\_\_\_

**TRACKING (LOGISTICS USE ONLY)**

Request # \_\_\_\_\_ Date/Time Received: \_\_\_\_\_  
Event Name New Year's Eve 2019-20 Received by (Name and Organization): \_\_\_\_\_  
Agency \_\_\_\_\_ ☐ Originated as verbal

SFY20 New Year's Eve  
National Guard Deployment

	<u>Personnel</u>			<u>Rolling Stock</u>		
Airport Shift 1	7,171.02	3	21,513.06	866.24	3	2,598.72
Airport Shift 2	7,014.60	1	7,014.60	-	1	-
C2 (Command & Control)	10,547.07	4	42,188.28	382.80	4	1,531.20
Fremont	3,575.36	2	7,150.72	1,171.43	2	2,342.86
Strip	27,645.68	2	55,291.36	2,193.60	2	4,387.20
SPL Staff/CMD (Leadership)	829.89	6	4,979.34	-	6	-
QFR **	3,575.36	2	7,150.72	1,175.92	2	2,351.84
Wrecker	697.72	2	1,395.44	1,002.45	2	2,004.90
Recovery	19,258.24	1	19,258.24	3,950.68	1	3,950.68
Medical CERFP*	13,268.68	4	53,074.72	506.82	4	2,027.28
Prep Day	60,679.50	1	60,679.50	-	1	-
	154,263.12		279,695.98	11,249.94		21,194.68

Personnel 279,695.98

Rolling Stock 21,194.68

Meals 28,100.00

Travel/Lodging 14,917.00

343,907.66

+ 10% for unknown 378,298.43

\*\* QFR = Quick Reaction Force

\*CERFP = Chemical, Biological, Radiological, Nuclear and High Yield Explosive (CBRNE)  
CBRNE Enhanced Response Force Package (CERFP)



# FY 20 NYE Total Cost Estimate

0.\*

Section	Daily cost	Days	Total Cost
Airport Shift 1	\$8,037.26	3	\$24,111.78 ✓
Airport Shift 2	\$7,014.60	1	\$7,014.60 ✓
C2	\$10,929.87	4	\$43,719.48 ✓
Fremont	\$4,746.79	2	\$9,493.58 ✓
Strip	\$29,839.28	2	\$59,678.56 ✓
SPL Staff/CMD	\$829.89	6	\$4,979.34 ✓
QRF	\$4,751.28	2	\$9,502.56 ✓
Wrecker	\$1,700.17	2	\$3,400.34 ✓
Recovery	\$23,208.92	1	\$23,208.92 ✓
Medical	\$13,775.50	4	\$55,102.00 ✓
Prep Day	\$60,679.50	1	\$60,679.50 ✓
Daily total cost	\$103,133.39		\$300,890.66 ✓

NYE Total Estimate	\$343,907.66 ✓
10% for unforeseen	<del>\$34,390.77</del>

Total Food	\$20,268.00 ✓
Per Diem	\$7,832.00 ✓
Total Lodging	\$10,417.00 ✓
Additional Travel	\$4,500.00 ✓
Total	\$43,017.00 ✓

24,111.78+  
7,014.60+  
43,719.48+  
9,493.58+  
59,678.56+  
4,979.34+  
9,502.56+  
3,400.34+  
2,208.92+  
55,102.00+  
60,679.50+  
300,890.66\*+  
20,268.00+  
7,832.00+  
10,417.00+  
4,500.00+  
43,017.00\*+  
300,890.66+  
3,017.00+  
343,907.66\*+  
34,390.77\*+  
10.\*

# FY20 CIVIL SUPPORT COST ESTIMATE CALCULATOR

Airport Shift 1

SAD MISSION TOTALS	
PERSONNEL TOTALS	
TOTAL ENLISTED	19
TOTAL OFFICER	2
TOTAL NVNG PERSONNEL	21
COST TOTALS	
ENLISTED	\$6,296.44
OFFICER	\$874.58
TOTAL COST	\$7,171.02
TOTAL COST NVNG	\$7,171.02

[CLICK TO GO TO SAD PAY CALCULATOR](#)

M1165A1 HMMWV  
 1 44 PAX Bus  
 1 GMC 5000  
 2 M1152  
 1 LMTV

at 100 miles  
 at 80 miles  
 at 80 miles  
 at 80 miles

TOTAL MISSION ESTIMATE	
	\$8,037.26

EQUIPMENT MISSION TOTALS	
EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	6
TOTAL NVNG EQUIPMENT	6
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$866.24
TOTAL COST	\$866.24
TOTAL COST NVNG	\$866.24

[CLICK TO GO TO EQUIPMENT COST CALCULATOR](#)

0 \* \*

6,296.44 +

874.58 +

866.24 +

003

8,037.26 \* +

8,037.26 x

3 =

24,111.78 \* +



Airport Shift 2

## FY20 CIVIL SUPPORT COST ESTIMATE CALCULATOR

SAD MISSION TOTALS	
PERSONNEL TOTALS	
TOTAL ENLISTED	19
TOTAL OFFICER	2
TOTAL NVNG PERSONNEL	21
COST TOTALS	
ENLISTED	\$6,140.02
OFFICER	\$874.58
TOTAL COST	\$7,014.60
TOTAL COST NVNG	\$7,014.60

[CLICK TO GO TO SAD PAY CALCULATOR](#)

TOTAL MISSION ESTIMATE
\$7,014.60

EQUIPMENT MISSION TOTALS	
EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	0
TOTAL NVNG EQUIPMENT	0
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$0.00
TOTAL COST	\$0.00
TOTAL COST NVNG	\$0.00

[CLICK TO GO TO EQUIPMENT COST CALCULATOR](#)

0 \*

6,140.02 +

874.58 +

002

7,014.60 \*

C2

## FY20 CIVIL SUPPORT COST ESTIMATE CALCULATOR

SAD MISSION TOTALS	
PERSONNEL TOTALS	
TOTAL ENLISTED	11
TOTAL OFFICER	13
TOTAL NVNG PERSONNEL	24
COST TOTALS	
ENLISTED	\$4,385.76
OFFICER	\$6,161.31
TOTAL COST	\$10,547.07
TOTAL COST NVNG	\$10,547.07

[CLICK TO GO TO SAD PAY CALCULATOR](#)

TOTAL MISSION ESTIMATE
\$10,929.87

EQUIPMENT MISSION TOTALS	
EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	4
TOTAL NVNG EQUIPMENT	4
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$382.80
TOTAL COST	\$382.80
TOTAL COST NVNG	\$382.80

[CLICK TO GO TO EQUIPMENT COST CALCULATOR](#)

002

0.\*

4,385.76 +

6,161.31 +

10,547.07

382.80 +

003

10,929.87\*

10,929.87x

4. =

43,719.48\* +

0.\*

Freemont

## FY20 CIVIL SUPPORT COST ESTIMATE CALCULATOR

### SAD MISSION TOTALS

PERSONNEL TOTALS	
TOTAL ENLISTED	8
TOTAL OFFICER	2
TOTAL NVNG PERSONNEL	10
COST TOTALS	
ENLISTED	\$2,824.38
OFFICER	\$750.98
TOTAL COST	\$3,575.36
TOTAL COST NVNG	\$3,575.36

CLICK TO GO TO SAD PAY CALCULATOR

M1151A1 HIMMWV  
LMTV Series

at 150 miles  
at 150 miles

### TOTAL MISSION ESTIMATE

\$4,746.79

### EQUIPMENT MISSION TOTALS

EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	3
TOTAL NVNG EQUIPMENT	3
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$1,171.43
TOTAL COST	\$1,171.43
TOTAL COST NVNG	\$1,171.43

CLICK TO GO TO EQUIPMENT COST CALCULATOR

0 \* \*

2,824.38 +  
750.98 +

002

3,575.36

1,171.43 +

003

4,746.79 \* +

4,746.79 x

2 =

9,493.58 \* +

# FY20 CIVIL SUPPORT COST ESTIMATE CALCULATOR

Strip

## SAD MISSION TOTALS

PERSONNEL TOTALS	
TOTAL ENLISTED	96
TOTAL OFFICER	4
TOTAL NVNG PERSONNEL	100
COST TOTALS	
ENLISTED	\$26,020.12
OFFICER	\$1,625.56
TOTAL COST	\$27,645.68
TOTAL COST NVNG	\$27,645.68

CLICK TO GO TO SAD PAY CALCULATOR

M1097 Heavy HM/MNV  
10 LMTV Series  
10 M915

at 150 miles  
at 150 miles

## TOTAL MISSION ESTIMATE

\$29,839.28

## EQUIPMENT MISSION TOTALS

EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	20
TOTAL NVNG EQUIPMENT	20
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$2,193.60
TOTAL COST	\$2,193.60
TOTAL COST NVNG	\$2,193.60

CLICK TO GO TO EQUIPMENT COST CALCULATOR

0 \* \*

26,020.12 +

1,625.56 +

002

27,645.68

2,193.60 +

003

29,839.28 \* +

29,839.28 x

2 =

59,678.56 \* +

# FY19 CIVIL SUPPORT COST ESTIMATE CALCULATOR

SPL Staff/CH/O

## SAD MISSION TOTALS

PERSONNEL TOTALS	
TOTAL ENLISTED	0
TOTAL OFFICER	1
TOTAL NVNG PERSONNEL	1
COST TOTALS	
ENLISTED	\$0.00
OFFICER	\$829.89
TOTAL COST	\$829.89
TOTAL COST NVNG	\$829.89

[CLICK TO GO TO SAD PAY CALCULATOR](#)

## EQUIPMENT MISSION TOTALS

EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	0
TOTAL NVNG EQUIPMENT	0
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$0.00
TOTAL COST	\$0.00
TOTAL COST NVNG	\$0.00

[CLICK TO GO TO EQUIPMENT COST CALCULATOR](#)

## TOTAL MISSION ESTIMATE

\$829.89

0.00

0.00

829.89x

6.00=

4,979.34\*\*

0.00

Q75

# FY19-CIVIL SUPPORT COST ESTIMATE CALCULATOR

SAD MISSION TOTALS	
PERSONNEL TOTALS	
TOTAL ENLISTED	8
TOTAL OFFICER	2
TOTAL NVNG PERSONNEL	10
COST TOTALS	
ENLISTED	\$2,824.38
OFFICER	\$750.98
TOTAL COST	\$3,575.36
TOTAL COST NVNG	\$3,575.36

CLICK TO GO TO SAD PAY CALCULATOR

1x M1151A1 HMMWV  
2x LMTV Series

at 150 miles  
at 150 miles

TOTAL MISSION ESTIMATE
\$4,751.28

EQUIPMENT MISSION TOTALS	
EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	3
TOTAL NVNG EQUIPMENT	3
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$1,175.92
TOTAL COST	\$1,175.92
TOTAL COST NVNG	\$1,175.92

CLICK TO GO TO EQUIPMENT COST CALCULATOR

0 \*

2,824.38 +  
750.98 +

002

3,575.36

1,175.92 +

003

4,751.28 \*

4,751.28 x

2 =

9,502.56 \*

WRECKER

## FY20 CIVIL SUPPORT COST ESTIMATE CALCULATOR

SAD MISSION TOTALS	
PERSONNEL TOTALS	
TOTAL ENLISTED	2
TOTAL OFFICER	0
TOTAL NVNG PERSONNEL	2
COST TOTALS	
ENLISTED	\$697.72
OFFICER	\$0.00
TOTAL COST	\$697.72
TOTAL COST NVNG	\$697.72

CLICK TO GO TO SAD PAY CALCULATOR

TOTAL MISSION ESTIMATE	
	\$1,700.17

EQUIPMENT MISSION TOTALS	
EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	1
TOTAL NVNG EQUIPMENT	1
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$1,002.45
TOTAL COST	\$1,002.45
TOTAL COST NVNG	\$1,002.45

CLICK TO GO TO EQUIPMENT COST CALCULATOR

002

1x HEMTT WRECKER @ 150 miles

0 \*

0 \*

697.72 +

1,002.45 +

1,700.17 \* +

1,700.17 x

2 =

3,400.34 \* +

Recovery Day

# FY19 CIVIL SUPPORT COST ESTIMATE CALCULATOR

## SAD MISSION TOTALS

PERSONNEL TOTALS	
TOTAL ENLISTED	46
TOTAL OFFICER	12
TOTAL NVNG PERSONNEL	58
COST TOTALS	
ENLISTED	\$14,505.16
OFFICER	\$4,753.08
TOTAL COST	\$19,258.24
TOTAL COST NVNG	\$19,258.24

CLICK TO GO TO SAD PAY CALCULATOR

18x M1165A1 HMMWV  
26x LMV Series

at 150 miles  
at 150 miles

TOTAL MISSION ESTIMATE
\$23,208.92

## EQUIPMENT MISSION TOTALS

EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	44
TOTAL NVNG EQUIPMENT	44
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$3,950.68
TOTAL COST	\$3,950.68
TOTAL COST NVNG	\$3,950.68

CLICK TO GO TO EQUIPMENT COST CALCULATOR

0 \* \*

14,505.16 +

4,753.08 +

002

19,258.24

3,950.68 +

003

23,208.92 \* +

23,208.92 x

1 =

23,208.92 \* +



152 MEDICAL

## FY19 CIVIL SUPPORT COST ESTIMATE CALCULATOR

SAD MISSION TOTALS	
PERSONNEL TOTALS	
TOTAL ENLISTED	24
TOTAL OFFICER	12
TOTAL NVNG PERSONNEL	36
COST TOTALS	
ENLISTED	\$7,845.80
OFFICER	\$5,422.88
TOTAL COST	\$13,268.68
TOTAL COST NVNG	\$13,268.68

CLICK TO GO TO SAD PAY CALCULATOR

2x M1097 Heavy HMMWV  
6x F450

at 100 miles  
at 450 miles

TOTAL MISSION ESTIMATE	
	\$13,775.50

EQUIPMENT MISSION TOTALS	
EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	8
TOTAL NVNG EQUIPMENT	8
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$506.82
TOTAL COST	\$506.82
TOTAL COST NVNG	\$506.82

CLICK TO GO TO EQUIPMENT COST CALCULATOR

002 13,268.68

003 506.82

13,775.50\*

13,775.50x  
4. =

55,102.00\*+

1208 Day

## FY19 CIVIL SUPPORT COST ESTIMATE CALCULATOR

SAD MISSION TOTALS	
PERSONNEL TOTALS	
TOTAL ENLISTED	162
TOTAL OFFICER	26
TOTAL NVNG PERSONNEL	188
COST TOTALS	
ENLISTED	\$48,943.14
OFFICER	\$11,736.36
TOTAL COST	\$60,679.50
TOTAL COST NVNG	\$60,679.50

CLICK TO GO TO SAD PAY CALCULATOR

TOTAL MISSION ESTIMATE	
	\$60,679.50

EQUIPMENT MISSION TOTALS	
EQUIPMENT TOTALS	
TOTAL AIRCRAFT	0
TOTAL ROLLING STOCK	0
TOTAL NVNG EQUIPMENT	0
COST TOTALS	
AIRCRAFT	\$0.00
ROLLING STOCK	\$0.00
TOTAL COST	\$0.00
TOTAL COST NVNG	\$0.00

CLICK TO GO TO EQUIPMENT COST CALCULATOR

002

0 \* \*

48,943.14 +

11,736.36 +

60,679.50 \* +

60,679.50 x

1 =

60,679.50 \* +

### Total Meal Estimate

28-Dec-18				
Name	Breakfast	Lunch	Dinner	
Command Staff	1	1	1	
29-Dec-18				
Name	Breakfast	Lunch	Dinner	
CERF-2 MED ADVOC	2	2	2	
Command Staff	1	1	1	
30-Dec-18				
Name	Breakfast	Lunch	Dinner	
CERF-2 Med	36	36	36	
Fremont	0	10	0	
Strip	0	100	0	
C2	4	24	24	
Wrecker	0	2	0	
QRF	0	10	0	
Airport grp 1	0	21	0	
Airport grp 2	0	21	0	
Staff	1	1	1	
Totals	41	225	61	
31-Dec-18				
Name	Breakfast	Lunch	Dinner	
CERF-2 Med	96	36	36	
CERF-2 security	0	0	0	
Strip	0	0	100	
C2	4	24	24	
Fremont	0	0	10	
Airport grp 1	0	0	21	
Wrecker	0	0	2	
Airport grp 2	0	0	0	
QRF	0	0	10	
Staff	1	1	1	
Totals	41	61	204	
1-Jan-19				
Name	Breakfast	Lunch	Dinner	
Strip	100	100	0	
Fremont	10	10	0	
Airport grp 1	21	0	21	
Airport grp 2	21	21	0	
CERF-2 MED	36	35	36	
CERF-2 security	0	0	0	
C2	24	24	4	
QRF	10	10	0	
Wrecker	2	2	0	
Staff	1	1	1	
Totals	402	360	62	
2-Jan-19				
Name	Breakfast	Lunch	Dinner	
CERF-2 MED	96	36	36	
Airport grp 1	21	0	0	
Airport grp 2	0	21	0	
C2	4	24	4	
Strip	0	50	0	
QRF	0	3	0	
Fremont	0	3	0	
Wrecker	0	1	0	
Staff	1	1	1	
Totals	62	119	41	

Fields Highlighted in yellow represent per diem being paid out rather than meals being provided. Members from the Medical Group, Col Week and 4 members from the C3 element will receive Per Diem for the highlighted days.

All Soldiers will be on a SAD Order and are technically supposed to be provided 3 meals a day, however the ones living in Vegas will be going home and don't need meals. Numbers are based on that information.

Date	Breakfast	Per Diem				GSA Per Diem Las Vegas
		Breakfast \$	Lunch	Lunch \$	Dinner	
28-Dec	1	\$14	1	\$16	1	\$14
29-Dec	3	\$42	3	\$48	3	\$16
30-Dec	41	\$574	41	\$656	41	\$26
31-Dec	41	\$574	5	\$80	5	
1-Jan	41	\$574	41	\$656	41	\$1,066
2-Jan	41	\$574	37	\$592	41	\$1,066
Totals	168	\$2,952	128	\$2,048	132	\$3,432
Total Meals	428	Total Cost for all days		\$7,832		

		Meals				GSA Price per meal
Date	Breakfast	Breakfast \$	Lunch	Lunch \$	Dinner	
30-Dec	0	\$0	184	\$2,944	20	\$520
31-Dec	0	\$0	20	\$320	163	\$4,288
1-Jan	361	\$5,054	319	\$5,104	21	\$546
2-Jan	21	\$294	78	\$1,248	0	\$0
Totals	382	\$5,348	601	\$9,616	204	\$5,304
Total Meals	1187	Total Cost for all meals \$20,350				

20.298.00*+	003
5.378.00+	
9.616.00+	
5.304.00+	
26.=	
204.x	
9.616.00*+	
16.=	
601.x	
5.348.00*+	
14.=	
382.x	
7.832.00*+	003
3.432.00+	
2.048.00+	
2.352.00+	
3.432.00*+	
26.=	
132.x	
2.048.00*+	
16.=	
128.x	
2.352.00*+	
14.=	
168.x	

## TRAVEL & LODGING COSTS

	Hotel			Rate		Flights
Staff title	#	Nights	Cost	Residence Inn		roundtrip flight \$500
DJS	1	5	761	102/129/194/234		500
MED NOV ADVON	2	1	204	102		1000
MED ADVON	2	1	204	102		1000
C2	4	3	2228	129/194/234		2000
				Nellis		
MED	36	3	7020	65		
Totals			\$10,417.00			\$4,500.00

0.\*

102.00+

102.00+

129.00+

194.00+

234.00+

0.\*

005

761.00\*+

761.00+

204.00+

204.00+

102.00+

102.00+

2,228.00+

7,020.00+

002.

204.00\*+

005

10,417.00\*+

129.00+

194.00+

234.00+

0.\*

003

500.00+

557.00+

1,000.00+

1,000.00+

2,000.00+

557.00x

4.=

004

4,500.00\*+

2,228.00\*+

65.x

36.x

3.=

7,020.00\*+

0.\*

## FY 2020 Per Diem Rates for Nevada (October 2019 - September 2020)

Cities not appearing below may be located within a county for which rates are listed

To determine what county a city is located in, visit the National Association of Counties (NACO) website (a non-federal website).

Primary Destination (1 & 2)	County (3 & 4)	Max lodging by Month (excluding taxes and resort fees)												M&I (5)
		2019		2020										
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Standard Rate	Applies for all locations without specified rates	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$55
Incline Village/ Reno/Sparks	Washoe County	\$103	\$103	\$103	\$103	\$103	\$103	\$103	\$103	\$103	\$126	\$126	\$103	\$66
Las Vegas	Clark County	\$102	\$102	\$102	\$129	\$129	\$129	\$102	\$102	\$102	\$102	\$102	\$102	\$61

**Footnotes:**

1. Traveler reimbursement is based on the location of the work activities and not the accommodations, unless lodging is not available at the work activity, then the agency may authorize the rate where lodging is obtained.
2. Unless otherwise specified, the per diem locality is defined as "all locations within, or entirely surrounded by, the corporate limits of the key city, including independent entities located within those boundaries."
3. Per diem localities with county definitions shall include "all locations within, or entirely surrounded by, the corporate limits of the key city as well as the boundaries of the listed counties, including independent entities located within the boundaries of the key city and the listed counties (unless otherwise listed separately)."

## Meals and Incidental Expenses (M&IE) Breakdown

	Total	Continental Breakfast/ Breakfast	Lunch	Dinner	IE
<b>Footnotes:</b>					
Employees may receive reimbursement for breakfast even though a continental breakfast is provided.	\$51	\$11	\$12	\$23	\$5
Employees are to deduct meals furnished to them during a conference or meeting from their reimbursement request in accordance with the rates within the GSA breakdown for breakfast, lunch and dinner components.	\$55	\$13	\$14	\$23	\$5
If per diem is not earned, the incidental expense will not be reimbursed.	\$59	\$13	\$15	\$26	\$5
	\$61	\$14	\$16	\$26	\$5
	\$66	\$16	\$17	\$28	\$5
	\$74	\$17	\$18	\$34	\$5

# LEASES SUMMARY

BOE #	LESSEE			LESSOR		AMOUNT
1.	Department of Administration – Risk Management Division			Nevada Public Agency Insurance Pool		\$170,999
		This is a renewal of an existing lease.				
		Term of Lease:	02/01/2020 – 01/31/2025	Located in Carson City		
2.	Department of Employment, Training and Rehabilitation			The Adolph P. Schuman Marital Trust		\$1,663,652
		This is a renewal of an existing lease.				
		Term of Lease:	12/01/2019 – 11/30/2024	Located in Reno		
3.	Department of Health and Human Services – Aging and Disability Services Division			Nye Communities Coalition		\$ 12,600
		This is an amendment to the original lease adding 274 square feet.				
		Term of Lease:	10/01/2019 – 06/30/2021	Located in Pahrump		
4.	Department of Health and Human Services – Aging and Disability Services Division – Rural Regional Center and Sierra Regional Center			Cathay Motuary – (Wah Sang)		\$165,013
		This is a renewal of an existing lease.				
		Term of Lease:	11/01/2019 – 10/31/2020	Located in Carson City		
5.	Department of Health and Human Services – Division of Public and Behavioral Health – Rural Clinics			Peterson Rentals, LLC		\$73,152
		This is a new lease to relocate the office.				
		Term of Lease:	05/01/2020 – 04/30/2025	Located in Tonopah		\$73,152
6.	Department of Health and Human Services – Division of Public and Behavioral Health – Rural Clinics			Cathay Motuary – (Wah Sang)		\$1,339,073
		This is a renewal of an existing lease.				
		Term of Lease:	12/01/2019 – 11/30/2026	Located in Carson City		

# LEASES SUMMARY

BOE #	LESSEE		LESSOR		AMOUNT
7.	Department of Public Safety – Parole Board		Charles R. and Beverlee M. McGrath		\$2,302,825
		This is a renewal of an existing lease.			
		Term of Lease:	01/01/2020 – 12/31/2029	Located in Carson City	
8.	Department of Transportation – NDOT Crews 908, 912 and 918		The Terraces #3, LLC		\$556,413
		This is an existing lease which adds an additional 4,000 square feet.			
		Term of Lease:	08/01/2020 – 07/31/2025	Located in Elko	
9.	Department of Veterans Services		Luzon Investors, LLC		\$667,962
		This is an amendment to the original lease to relocate the Department to a better location to accommodate their needs.			
		Term of Lease:	12/01/2019 – 11/30/2024	Located in Reno	
10.	Office of the Attorney General		Kietzke 5420, LLC		\$1,138,670
		This is a renewal of an existing lease.			
		Term of Lease:	12/01/2019 – 11/30/2024	Located in Reno	
11.	Nevada State Board of Cosmetology		Gerald and Kerri Hansen Family Trust		\$563,167
		This lease will relocate the Board offices.			
		Term of Lease:	03/01/2020 – 02/28/2030	Located in Reno	
12.	Nevada State Board of Dental Examiners		Transwestern Investment Holding VD, LLC, ETAL		\$969,301
		This lease will relocate the Board and adds additional 1540 space for new staff.			
		Term of Lease:	03/01/2020 – 02/28/2027	Located in Las Vegas	
13.	Nevada Commission on Ethics		Avalon Nevada Investments, LLC		\$149,768
		This is a renewal of an existing lease.			
		Term of Lease:	12/01/2019 – 11/30/2024	Located in Carson City	

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: 	10/9/19
Reviewed by: 	10/10/19
Reviewed by: 	

### STATEWIDE LEASE INFORMATION

1. Agency:	Department of Administration Risk Management Division 201 South Rook Street, Suite 201 Carson City, Nevada 89701 Mandy Hagler (775) 687-1755 Fax: (775) 687-3195 mhagler@admin.nv.gov				
Remarks:	Leasing Services negotiated this lease renewal at the existing rate, and includes two (2) conference rooms at no charge to the Tenant.				
Exceptions/Special notes:					
2. Name of Lessor:	Nevada Public Agency Insurance Pool				
3. Address of Lessor:	201 South Rook Street, Suite 102 Carson City, Nevada 89701				
4. Property contact:	Wayne Carlson (775) 885-7475 Fax (775) 883-7398 waynecarlson@poolpact.com				
5. Address of Lease property:	201 South Rook Street, Suite 201 Carson City, Nevada 89701				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 1,809				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 2,766.29	12	\$33,195.48	February 1, 2020 - January 31, 2021	\$1.53
2.5%	\$ 2,835.45	12	\$34,025.40	February 1, 2021 - January 31, 2022	\$1.57
0.0%	\$ 2,835.45	12	\$34,025.40	February 1, 2022 - January 31, 2023	\$1.57
2.5%	\$ 2,906.34	12	\$34,876.08	February 1, 2023 - January 31, 2024	\$1.61
0.0%	\$ 2,906.34	12	\$34,876.08	February 1, 2024 - January 31, 2025	\$1.61
c. Total Lease Consideration:		60	\$170,998.44		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One (1) identical term
e. Holdover notice:	# of Days required		30	Holdover terms:	5% / 90 Days
f. Term:	Five (5) years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.53 - \$1.71 - Carson City Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	1352				
6. Purpose of the lease:	To house the Division of Risk Management				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$0.00      Furnishings: \$0.00      Data/Phones: \$0.00				

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UCT - 7 2019

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION



**STATEWIDE LEASE INFORMATION**

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Mandy Hager 10/1/2019  
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV 20121663710	Exp:	11/30/2019	7
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	T32000480			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

David Patrick 10/4/19  
Authorized Signature Date  
Public Works Division

PS  
[Signature] For Board of Examiners ☒ YES ☐ NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>DBaughn</i>	<i>10/9/19</i>
Reviewed by: <i>TC</i>	<i>10/9/19</i>
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:	Department of Employment, Training and Rehabilitation Rehabilitation Division 500 East Third Street Carson City, Nevada 89713 Brandon Taylor T: 775.684.3901 E: bataylor@detr.nv.gov				
Remarks:	Leasing Services negotiated this renewal for an additional five years, creating a savings of \$66,087.36 over the term.				
Exceptions/Special notes:	New paint, carpet and maintenance items are included.				
2. Name of Lessor:	The Adolph P. Schuman Marital Trust				
3. Address of Lessor:	c/o Orrick, Herrington & Sutcliff 405 Howard Street San Francisco, California 94105				
4. Property contact:	Colliers Nevada Management 5520 Kietzke Lane, Suite 300 Reno, Nevada 89511 Melissa Molyneaux T: 775.823.4674 E: melissa.molyneaux@colliers.com				
5. Address of Lease property:	1325 Corporate Boulevard Reno, Nevada 89502				
a. Square Footage:	<input checked="" type="checkbox"/> Rentable <input type="checkbox"/> Usable 14,634				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 27,072.90	12	\$324,874.80	December 1, 2019 - November 30, 2020	\$1.85
0%	\$ 27,072.90	12	\$324,874.80	December 1, 2020 - November 30, 2021	\$1.85
3%	\$ 27,885.09	12	\$334,621.08	December 1, 2021 - November 30, 2022	\$1.91
0%	\$ 27,885.09	12	\$334,621.08	December 1, 2022 - November 30, 2023	\$1.91
3%	\$ 28,721.64	12	\$344,659.68	December 1, 2023 - November 30, 2024	\$1.96
c. Total Lease Consideration:	60		\$1,663,651.44		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One Identical Term
e. Holdover notice:	# of Days required		30	Holdover terms:	25%/90
f. Term:	Five (5) Years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.74 - \$2.04 - Reno Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3265, 3254, 3253				
6. Purpose of the lease:	To house the Rehabilitation Division				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$0.00      Furnishings: \$0.00      Data/Phones: \$0.00				

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OCT - 8 2019

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Kayla B. DeSocio 10/8/19  
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20121384905</u>	Exp:	<u>6/30/2020</u>	39
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T80976991</u>			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Shad D. Patrick 10/8/19  
Authorized Signature Date  
Public Works Division

BM //bm  
For Board of Examiners ☒ YES ☐ NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	<i>10/2/19</i>
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION  
FIRST AMENDMENT**

1. Agency:	Department of Health and Human Services Aging and Disability Services Division 3416 Goni Road, Building D 132-Fiscal Carson City, Nevada 89706 Lisa Tuttle (775) 687-0532 Fax: (775) 687-0573 email: lrtuttle@adsd.nv.gov				
Remarks:	Leasing Services negotiated this lease amendment to add 137 square feet of additional space, for a total of 274 square feet, to accommodate the hiring of a new employee by the Agency. Lease payments will commence retroactively due to employee hire date of October 1, 2019 and BOE approval scheduled for December 2019 BOE meeting.				
Exceptions/Special notes:	Subtenant responsible for janitorial services in order to maintain premises in a good state of repair and in sanitary conditions.				
2. Name of Lessor:	Nye Communities Coalition				
3. Address of Lessor:	1020 East Wilson Road Pahrump, Nevada 89048				
4. Property contact:	Tammi Odegard (775) 727-9970 x224 Fax: (775) 537-2322 email: tammi@nyecc.org				
5. Address of Lease property:	1020 East Wilson Road, Room 1 Pahrump, Nevada 89048				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 274				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 600.00	9	\$5,400.00	October 1, 2019 - June 30, 2020	\$2.19
0%	\$ 600.00	12	\$7,200.00	July 1, 2020 - June 30, 2021	\$2.19
c. Total Lease Consideration:		21	\$12,600.00		
d. Option to renew:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 0		Renewal terms:	NONE	
e. Holdover notice:	# of Days required 0		Holdover terms:	NONE	
f. Term:	Twenty-One (21) months				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	Not Available - Rural Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3167				
6. Purpose of the lease:	To house the Aging and Disability Services Division, Rural Regional Center				
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input checked="" type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$0.00      Furnishings: \$0.00      Data/Phones: \$0.00				

**RECEIVED**

**OCT - 1 2019**

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

  
\_\_\_\_\_  
Authorized Agency Signature

9/19/19  
\_\_\_\_\_  
Date

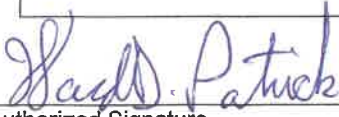
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20021504003</u>	Exp: <u>N/A - Charity</u>			
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section					
d. Is the Contractor's Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T27003317</u>				
h. Is this an Arms Length Transaction		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

  
\_\_\_\_\_  
Authorized Signature  
Public Works Division

9/24/19  
\_\_\_\_\_  
Date

PS

For Board of Examiners ☒ YES ☐ NO

Steve Sisolak  
Governor



Deonne Contine  
Director

Ward D. Patrick, PE  
Administrator

**Carson City Offices:**  
*Public Works Section*  
515 East Musser Street, Suite 102  
Carson City, Nevada 89701-4263  
(775) 684-4141 | Fax (775) 684-4142

*Buildings & Grounds Section*  
(775) 684-1800 | Fax (775) 684-1821

*Leasing Services Section*  
(775) 684-1815 | Fax (775) 684-1817

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Public Works Division*

**Las Vegas Offices:**  
*Public Works Section*  
2300 McLeod Street  
Las Vegas, Nevada 89104-4136  
(702) 486-5115 | Fax (702) 486-5094

*Buildings & Grounds Section*  
(702) 486-4300 | Fax (702) 486-4308

## MEMORANDUM

---

Date: October 1, 2019

To: Bessie Wooldridge, Budget Analyst

From: Jennifer Zampanti, Public Works Division, Leasing Services  
[jlzampanti@admin.nv.gov](mailto:jlzampanti@admin.nv.gov)

Subject: For placement on November's BOE meeting

---

**NYE COMMUNITIES COALITION**

Department of Health and Human Services, Aging and Disability Services Division  
1020 East Wilson Road, Room 1, Pahrump, NV 89048

This memo is a clarification for a retroactive start date of October 1, 2019 for the Sublease Amendment dated September 10, 2019. This Sublease was held in the Leasing office for preparation due to delay of receipt of the Letter of Intent and submittal of Space Request.

Thank you,

*Jennifer Zampanti*



Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i>
Reviewed by:	12/1/19
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health and Human Services Aging and Disability Services Division, Rural Regional Center Sierra Regional Center 605 South 21st Street Sparks, Nevada 89431 Lisa Tuttle T: 775.687.0532 F: 775.687.0573 E: ltuttle@adsd.nv.gov				
Remarks:	Leasing Services negotiated this renewal in order to provide separate lease agreements at this location for ADSD and DPBH.				
Exceptions/Special notes:					
2. Name of Lessor:	Cathay Mortuary - (Wah Sang)				
3. Address of Lessor:	4200 Geary Boulevard San Francisco, California 94118				
4. Property contact:	Sperry Van Ness 311 Up North Carson Street Carson City, Nevada 89701 Dan Shaheen T: 775.825.3330 x106 F: 775.825.8048 E: dan.shaheen@svn.com				
5. Address of Lease property:	1665 Old Hot Springs Road, Suite 162. Carson City, Nevada 89706				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 10,074				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 13,751.01	12	\$165,012.12	November 1, 2019 - October 31, 2020	\$1.37
c. Total Lease Consideration:		12	\$165,012.12		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 90 Renewal terms: Pre-Negotiated Option				
e. Holdover notice:	# of Days required 30 Holdover terms: 5% / 90				
f. Term:	One (1) Year				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.58 - \$1.99 - Carson City Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3167				
6. Purpose of the lease:	To house the Aging and Disability Services Division, Rural Regional Center				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00				

RECEIVED


SEP 25 2019

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

  
Authorized Agency Signature

9/17/19  
Date


For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV19941125231	Exp:	12/31/2019	33
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input checked="" type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
g. State of Nevada Vendor number:	T80988891			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

  
Authorized Signature  
Public Works Division

9/23/19  
Date

//  
For Board of Examiners ☒ YES ☐ NO



Steve Sisolak  
Governor



Deonne Contine  
Director

Ward D. Patrick, PE  
Administrator

**Carson City Offices:**  
*Public Works Section*  
515 East Musser Street, Suite 102  
Carson City, Nevada 89701-4263  
(775) 684-4141 | Fax (775) 684-4142

*Buildings & Grounds Section*  
(775) 684-1800 | Fax (775) 684-1821

*Leasing Services Section*  
(775) 684-1815 | Fax (775) 684-1817

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Public Works Division*

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2300 McLeod Street  
Las Vegas, Nevada 89104-4136  
(702) 486-5115 | Fax (702) 486-5094

*Buildings & Grounds Section*  
(702) 486-4300 | Fax (702) 486-4308

**RECEIVED**

SEP 30 2019

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**MEMORANDUM**

---

Date: October 1, 2019

To: BESSIE WOOLDRIDGE, Budget Analyst

From: Jennifer Zampanti, Public Works Division, Leasing Services  
[jlzampanti@admin.nv.gov](mailto:jlzampanti@admin.nv.gov)

Subject: For placement on November's BOE meeting

---

CATHAY MORTUARY (WAH SANG)

Department Of Health And Human Services, Aging and Disability Services Division, Rural  
Regional Center

1665 Old Hot Springs Road, Suite 162, Carson City, Nevada 89706

As requested, this memo is a clarification for a retroactive start date of November 1, 2019 for the Lease dated August 9, 2019. This Lease was held in the Leasing office for preparation due to negotiations for improvements to the property. Also, the signature process was delayed by the Lessor in order to give the Property Manager signatory authority.

Thank you,

*Jennifer Zampanti*

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <u>ARE</u>	<u>10.9.19</u>
Reviewed by: <u>BLW</u>	<u>10/11/19</u>
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health and Human Services Division of Public and Behavioral Health, Rural Clinics 4150 Technology Way, Third Floor Carson City, Nevada 89706 Debbie Ohl (775) 684-5915 Fax: (775) 684-4211 dlohl@health.nv.gov				
Remarks:	Leasing Services negotiated a new location per the Agency's request due to poor environmental conditions. The new location provides private offices for client interviews and all tenant improvements necessary are included with the lease agreement.				
Exceptions/Special notes:					
2. Name of Lessor:	Peterson Rentals, LLC				
3. Address of Lessor:	119 St Patrick Street Tonopah, Nevada 89049 MAILING: PO BOX 1604 Tonopah, Nevada 89049				
4. Property contact:	Connie L. Peterson (775) 482-9898 Cell: (775) 771-8572 connie.peterson@frontier.com				
5. Address of Lease property:	119 St Patrick Street Tonopah, Nevada 89049				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 1,200				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	APPROXIMATE cost per square foot
Increase %	\$ 1,200.00	12	\$14,400.00	MONTHS 1 - 12 estimated to be May 1, 2020	\$1.00
0%	\$ 1,200.00	12	\$14,400.00	MONTHS 13 - 24	\$1.00
2%	\$ 1,224.00	12	\$14,688.00	MONTHS 25 - 36	\$1.02
0%	\$ 1,224.00	12	\$14,688.00	MONTHS 37 - 48	\$1.02
2%	\$ 1,248.00	12	\$14,976.00	MONTHS 49 - 60 estimated to be April 30, 2025	\$1.04
c. Total Lease Consideration:		60	\$73,152.00		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One (1) identical term
e. Holdover notice:	# of Days required		30	Holdover terms:	5% / 90
f. Term:	Five (5) years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input checked="" type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	Not Available - Rural Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3648				
6. Purpose of the lease:	To house the Division of Public and Behavioral Health, Rural Clinics				
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input checked="" type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$2,260.00      Furnishings: \$0.00      Data/Phones: \$9,999.00				

RECEIVED

OCT - 8 2019

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes ☒ No ☐ Dec Unit

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Christina Pladnik  
Authorized Agency Signature

9/30/19  
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20191496882	Exp:	7/31/2020	2
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>APPLYING FOR</u>			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

David Patrick  
Authorized Signature  
Public Works Division

10/7/19  
Date

 PS For Board of Examiners ☒ YES ☐ NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <u>HRE</u>	<u>9.19.19</u>
Reviewed by: <u>AMW</u>	<u>9/23/19</u>
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:	Department of Health and Human Services Division of Public and Behavioral Health, Rural Clinics 4150 Technology Way, Suite 300 Carson City, Nevada 89706 Debbie Ohl (775) 684-5915 Fax: (775) 684-4211 dlohl@health.nv.gov																																								
Remarks:	Leasing Services negotiated this renewal in order to provide separate lease agreements at this location for ADSD and DPBH.																																								
Exceptions/Special notes:																																									
2. Name of Lessor:	Cathay Mortuary - (Wah Sang)																																								
3. Address of Lessor:	4200 Geary Boulevard San Francisco, California 94118																																								
4. Property contact:	Sperry Van Ness 311 Up North Carson Street Carson City, Nevada 89701 Dan Shaheen (775) 825-3330 x106 Fax: (775) 825-8048 dan.shaheen@svn.com																																								
5. Address of Lease property:	1665 Old Hot Springs Road, Suite 150 Carson City, Nevada 89706																																								
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 11,140																																								
b. Cost:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>cost per month</th><th># of months in time frame</th><th>cost per year</th><th>time frame</th><th>Actual cost per square foot</th></tr> </thead> <tbody> <tr> <td>\$ 15,206.10</td><td>12</td><td>\$182,473.20</td><td>December 1, 2019-November 30, 2020</td><td>\$1.365</td></tr> <tr> <td>3% \$ 15,662.84</td><td>12</td><td>\$187,954.08</td><td>December 1, 2020-November 30, 2021</td><td>\$1.406</td></tr> <tr> <td>0% \$ 15,662.84</td><td>12</td><td>\$187,954.08</td><td>December 1, 2021-November 30, 2022</td><td>\$1.406</td></tr> <tr> <td>3% \$ 16,141.86</td><td>12</td><td>\$193,702.32</td><td>December 1, 2022-November 30, 2023</td><td>\$1.449</td></tr> <tr> <td>0% \$ 16,141.86</td><td>12</td><td>\$193,702.32</td><td>December 1, 2023-November 30, 2024</td><td>\$1.449</td></tr> <tr> <td>0% \$ 16,141.86</td><td>12</td><td>\$193,702.32</td><td>December 1, 2024-November 30, 2025</td><td>\$1.449</td></tr> <tr> <td>3% \$ 16,632.02</td><td>12</td><td>\$199,584.24</td><td>December 1, 2025-November 30, 2026</td><td>\$1.493</td></tr> </tbody> </table>	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot	\$ 15,206.10	12	\$182,473.20	December 1, 2019-November 30, 2020	\$1.365	3% \$ 15,662.84	12	\$187,954.08	December 1, 2020-November 30, 2021	\$1.406	0% \$ 15,662.84	12	\$187,954.08	December 1, 2021-November 30, 2022	\$1.406	3% \$ 16,141.86	12	\$193,702.32	December 1, 2022-November 30, 2023	\$1.449	0% \$ 16,141.86	12	\$193,702.32	December 1, 2023-November 30, 2024	\$1.449	0% \$ 16,141.86	12	\$193,702.32	December 1, 2024-November 30, 2025	\$1.449	3% \$ 16,632.02	12	\$199,584.24	December 1, 2025-November 30, 2026	\$1.493
cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot																																					
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0% \$ 16,141.86	12	\$193,702.32	December 1, 2023-November 30, 2024	\$1.449																																					
0% \$ 16,141.86	12	\$193,702.32	December 1, 2024-November 30, 2025	\$1.449																																					
3% \$ 16,632.02	12	\$199,584.24	December 1, 2025-November 30, 2026	\$1.493																																					
Increase %																																									
c. Total Lease Consideration:	84 \$1,339,072.56																																								
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 90 Renewal terms: One (1) identical term																																								
e. Holdover notice:	# of Days required 30 Holdover terms: 5% / 90																																								
f. Term:	Seven (7) years																																								
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant																																								
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant																																								
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)																																								
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant																																								
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a. Estimated Expenses:	Moving: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00																																								

RECEIVED

SEP 17 2019

**STATEWIDE LEASE INFORMATION**

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes ☒ No ☐ Dec Unit \_\_\_\_\_

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Christi Bladuh 8/23/19  
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV19941125231	Exp:	12/31/2019	28
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input checked="" type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	T80988891			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

David Patrick 9/16/19  
Authorized Signature Date  
Public Works Division

☒ YES ☐ NO  
For Board of Examiners



Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:	Department of Public Safety Board of Parole Commissioners 1677 Old Hot Springs Road, Suite A Carson City, Nevada 89701 Kathi Baker (775) 687-6566 Fax: (775) 687-6737 kjbaker@parole.nv.gov				
Remarks:	This lease renewal and expansion was negotiated in order to consolidate employees and files into one building.				
Exceptions/Special notes:	The lease term is ten (10) years due to the scope and cost of improvements requested by the Tenant. Lessor is unable to amortize costs over less term and meet current market rates. Leasing Services conducted due diligence to insure there were no alternative locations available which meet the Agency's needs at a lesser cost and/or term.				
2. Name of Lessor:	McGrath, Charles and Beverlee				
3. Address of Lessor:	5011 West Gonzales Road Oxnard, California 93036				
4. Property contact:	Coldwell Banker Select 123 West 2nd Street Carson City, Nevada 89703 Nicole Mendoza (775) 882-3211 Fax: (775) 882-7553 NMendoza@selectpropmgt.com				
5. Address of Lease property:	1677 Old Hot Springs Road, Suite A Carson City, Nevada 89701				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 12,192				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 18,044.16	12	\$216,529.92	January 1, 2020 - December 31, 2020	\$1.48
0%	\$ 18,044.16	12	\$216,529.92	January 1, 2021 - December 31, 2021	\$1.48
3%	\$ 18,653.76	12	\$223,845.12	January 1, 2022 - December 31, 2022	\$1.53
0%	\$ 18,653.76	12	\$223,845.12	January 1, 2023 - December 31, 2023	\$1.53
3%	\$ 19,141.44	12	\$229,697.28	January 1, 2024 - December 31, 2024	\$1.57
0%	\$ 19,141.44	12	\$229,697.28	January 1, 2025 - December 31, 2025	\$1.57
3%	\$ 19,751.04	12	\$237,012.48	January 1, 2026 - December 31, 2026	\$1.62
0%	\$ 19,751.04	12	\$237,012.48	January 1, 2027 - December 31, 2027	\$1.62
3%	\$ 20,360.64	12	\$244,327.68	January 1, 2028 - December 31, 2028	\$1.67
0%	\$ 20,360.64	12	\$244,327.68	January 1, 2029 - December 31, 2029	\$1.67
c. Total Lease Consideration:		120	\$2,302,824.96		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One Identical Term
e. Holdover notice:	# of Days required		30	Holdover terms:	5%/90
f. Term:	Ten (10) Years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.66 - \$2.07 - Carson City Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3800				
6. Purpose of the lease:	To house the Board of Parole Commissioners				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input checked="" type="checkbox"/> An addition to current facilities (requires a remark) <input checked="" type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$3,648.00		Furnishings: \$0.00		Data/Phones: \$60,262.00

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OCT 22 2019

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes X No \_\_\_\_\_ Dec Unit E225

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Kathi Baker 10/21/19  
Authorized Agency Signature Date  
For Christopher P. DeRico

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20131101695	Exp:	2/28/2020	31
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
g. State of Nevada Vendor number:	T27016732			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

[Signature]  
Authorized Signature  
Public Works Division

10.22.19.  
Date

[Signature] For Board of Examiners ☒ YES ☐ NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	10/16/19
Reviewed by:	
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:	The Department of Transportation NDOT Crews 908, 912, and 918 1951 Idaho Street Elko, Nevada 89801 Sandy Spencer 775.777.2714 fax 775.777.2805 sspencer@dot.state.nv.us				
Remarks:	An additional 4,000 square foot secured, fenced & paved storage yard is included in the lease rent. Minimum Janitorial Standards				
Exceptions/Special notes:					
2. Name of Lessor:	The Terraces #3, LLC				
3. Address of Lessor:	215 Bluffs Avenue, Suite 300, Elko, Nevada 89801 P.O. Box 1988, Elko, Nevada 89803				
4. Property contact:	Doug Snyder 775.777.4153 fax: 775.753.3553 doug.snyder@hotmail.com				
5. Address of Lease property:	1250 Lamoille Hwy, Building 11 Elko, Nevada 89801				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 5,760				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 9,091.00	12	\$109,092.00	August 1, 2020 - July 31, 2021	\$1.58
2%	\$ 9,272.82	12	\$111,273.84	August 1, 2021 - July 31, 2022	\$1.61
0%	\$ 9,272.82	12	\$111,273.84	August 1, 2022 - July 31, 2023	\$1.61
0%	\$ 9,272.82	12	\$111,273.84	August 1, 2023 - July 31, 2024	\$1.61
2%	\$ 9,458.28	12	\$113,499.36	August 1, 2024 - July 31, 2025	\$1.64
c. Total Lease Consideration:		60	\$556,412.88		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One identical term
e. Holdover notice:	# of Days required		30	Holdover terms:	5%/90
f. Term:	Five (5) years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	Not Available - Rural Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	4660				
6. Purpose of the lease:	To house the Department of Transportation, Crews 908, 912 and 918				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$0.00		Furnishings: \$0.00	Data/Phones: \$0.00	

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OCT - 2 2019

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION



**STATEWIDE LEASE INFORMATION**

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

 9/22/19  
Authorized Agency Signature Date


For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20001015286	Exp:	2/29/2020	39
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	T29021097			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

 10/2/19  
Authorized Signature Date  
Public Works Division

 For Board of Examiners ☒ YES ☐ NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	<i>9/24/19</i>
Reviewed by:	
Reviewed by:	

# **STATEWIDE LEASE INFORMATION** **FIRST AMENDMENT**

1. Agency:	Nevada Department of Veteran Services 5460 Reno Corporate Drive, Suite 131 Reno, Nevada 89511 Amy Garland T: (775) 825-9750 F: (775) 688-1656 garlanda@veterans.nv.gov				
Remarks:	This Lease Amendment to add 1,765 square feet, was negotiated to accommodate new staff, the current space is not sufficient to support the existing, additional, contract & volunteer staff. The relocation includes tenant improvements consisting of: new carpet; paint, to match existing; and create an opening to connect the suites.				
Exceptions/Special notes:					
2. Name of Lessor:	Luzon Investors, LLC				
3. Address of Lessor:	c/o Nevada Commercial Services 5455 Kietzke Lane Reno, Nevada 89511				
4. Property contact:	Dresden Diehl T: (775) 737-7308 F: (775) 851-3667 Ddiehl@NCSReno.com				
5. Address of Lease property:	6630 South McCarran Boulevard, Building C, Suite 204 Reno, Nevada 89509				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 5,847				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 10,758.48	12	\$129,101.76	December 1, 2019 - November 30, 2020	\$1.84
3%	\$ 11,050.83	12	\$132,609.96	December 1, 2020 - November 30, 2021	\$1.89
0%	\$ 11,050.83	12	\$132,609.96	December 1, 2021 - November 30, 2022	\$1.89
3%	\$ 11,401.65	12	\$136,819.80	December 1, 2022 - November 30, 2023	\$1.95
0%	\$ 11,401.65	12	\$136,819.80	December 1, 2023 - November 30, 2024	\$1.95
c. Total Lease Consideration:		60	\$667,961.28		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 90 Renewal terms: One Identical Term				
e. Holdover notice:	# of Days required 30 Holdover terms: 5%/90				
f. Term:	Five (5) Years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.74 - \$2.04 - Reno Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	2560 / 2561 / 2564 / 2569				
6. Purpose of the lease:	To house the Department of Veteran Services				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input checked="" type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00				

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**SEP 17 2019**

**STATEWIDE LEASE INFORMATION**

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Amy J. Garland 9/13/19  
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20161464542	Exp:	8/31/2020	25
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	T32004393			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

David Patrick 9/16/19  
Authorized Signature Date  
Public Works Division

llps  
For Board of Examiners ☒ YES ☐ NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	10/8/19
Reviewed by: <i>[Signature]</i>	10/7/19
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:	Office of the Attorney General 100 North Carson street Carson City, Nevada 89701 Christian Schonlau (775) 684-1116 Fax (775) 684-1108 cschonlau@ag.nv.gov				
Remarks:	Leasing Services negotiated this lease renewal to include tenant improvements consisting of; new carpet, upgraded HVAC, door hardware to improve security.				
Exceptions/Special notes:					
2. Name of Lessor:	Kietzke 5420, LLC				
3. Address of Lessor:	4991 West Albuquerque Road Reno, Nevada 89511				
4. Property contact:	Doug Clemetson Property Manager (775) 771-0188 Fax (775) 852-5077 padderdad@aol.com OR Donald Clemetson Managing Member (925) 352-3506 clemos123@comcast.net				
5. Address of Lease property:	5420 Kietzke Lane, Suites 200 and 202 Reno, Nevada 89511				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 11,279				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$ 18,052.36	12	\$216,628.32	December 1, 2019 - November 30, 2020	\$1.60
2.5%	\$ 18,503.67	12	\$222,044.04	December 1, 2020 - November 30, 2021	\$1.64
2.5%	\$ 18,966.26	12	\$227,595.12	December 1, 2021 - November 30, 2022	\$1.68
2.5%	\$ 19,440.42	12	\$233,285.04	December 1, 2022 - November 30, 2023	\$1.72
2.5%	\$ 19,926.43	12	\$239,117.16	December 1, 2023 - November 30, 2024	\$1.77
c. Total Lease Consideration:		60	\$1,138,669.68		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One (1) identical term
e. Holdover notice:	# of Days required		30	Holdover terms:	5% / 90 Days
f. Term:	Five (5) years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.74 - \$2.04 - Reno Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	1030, 1031, 1033, 1045				
6. Purpose of the lease:	To house the Office of the Attorney General				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$0.00	Furnishings: \$0.00	Data/Phones: \$0.00		

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OCT - 1 2019

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes X No \_\_\_\_\_ Dec Unit B200

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

[Signature]  
Authorized Agency Signature

9-12-19  
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20081509541</u>	Exp:	<u>6/30/2020</u>	44
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T29017779</u>			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature]  
Authorized Signature

9/27/19  
Date

Public Works Division

PS

For Board of Examiners

☒ YES

☐ NO

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	7/30/19
Reviewed by:	

**REAL PROPERTY (FOR BOARDS AND COMMISSIONS)  
OR STORAGE LEASE INFORMATION**

1. Agency (Lessee):	Nevada State Board of Cosmetology Contact: Gary Landry, Executive Director Email: Gary@nvcosmo.com Phone: 702-675-8342 Fax: NA				
Purpose:	This lease was negotiated to relocate the Nevada State Board of Cosmetology Reno branch to a safe, easily accessible office space. The relocation will provide better access to services for current and prospective licensees.				
Exceptions/Special Lease Terms:	NA				
2. Name of Landlord (Lessor):	Gerald & Kerri Hansen Family Trust				
3. Address of Landlord:	740 Del Monte Lane, Suite 1, Reno, Nevada 89511				
4. Property Contact:	Gerald Hansen (740 Del Monte Lane, Suite 1, Reno, NV 89511) Phone: 775-338-5430 Fax: NA Email: 2thdocgerry@gmail.com				
5. Address of Lease Property:	740 Del Monte Lane, Suite 12, Reno, Nevada 89511				
a. Square Footage or Unit Description	2,143				
b. Cost:	Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
Increase %				Please see attachment	
c. Total Lease Consideration:		120		March 1, 2020 to February 28, 2030	
d. Option to Renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Renewal Terms: One (1) Identical LeaseTerm				
e. Holdover Notice:	# of Days Required 30 Holdover Terms: 5% - 90 days				
f. Term:	120 months				
g. Pass-thrus/CAM/Taxes:	<input checked="" type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant				
h. Utilities:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant				
i. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant <input checked="" type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 Day <input type="checkbox"/> Rural 5 Day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$2.02-\$2.14 for Class A in Reno				
l. Specific termination clause in lease:	Breach/Default/Lack of Funding				
m. Lease will be paid for by Agency Budget Account Number or BOC Number:	B006				
6. BOE Threshold:	NA				
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input checked="" type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only				
a. Estimated Moving Expenses: \$	3,000	Furnishings: \$	10,000	Data/Phones: \$	4,000

**RECEIVED**

SEP 27 2019

**PROPERTY OR STORAGE LEASE INFORMATION**

**IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE AND STORAGE SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.**

Yes ☒ No ☐ Dec Unit \_\_\_\_\_

**IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET**

  
Authorized Agency Signature

9/25/19  
Date

**8. State of Nevada Business License Information:**

a. Nevada Business ID Number:	NV20091608232	Exp:	12/31/2019
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC. <input type="checkbox"/> CORP. <input type="checkbox"/> LP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
*If no, please explain in exceptions section			
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
g. State of Nevada Vendor number:	NA		

**9. Compliance with NRS 331.110, Section 1, Paragraph 2:**

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**Please Note:** Dates for lease commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.



Year #	Time Frame	Monthly Rent	Monthly CAM/Taxes/Insurance	Monthly Total	Per Sq Foot	Annual Total
Year 1	3/1/2020 to 2/28/2021	\$3,900.26 ✓	\$385.74	\$4,286.00	\$2.00	\$51,432.00
Year 2	3/1/2021 to 2/28/2022	\$3,978.27 ✓	\$393.45	\$4,371.72	\$2.04	\$52,460.64
Year 3	3/1/2022 to 2/28/2023	\$4,057.83 ✓	\$401.32	\$4,459.15	\$2.08	\$53,509.80
Year 4	3/1/2023 to 2/29/2024	\$4,138.99 ✓	\$409.35	\$4,548.34	\$2.12	\$54,580.08
Year 5	3/1/2024 to 2/28/2025	\$4,221.77 ✓	\$417.54	\$4,639.31	\$2.16	\$55,671.72
Year 6	3/1/2025 to 2/28/2026	\$4,306.20 ✓	\$425.89	\$4,732.09	\$2.21	\$56,785.08
Year 7	3/1/2026 to 2/28/2027	\$4,392.33 ✓	\$434.41	\$4,826.74	\$2.25	\$57,920.88
Year 8	3/1/2027 to 2/29/2028	\$4,480.17 ✓	\$443.09	\$4,923.26	\$2.30	\$59,079.12
Year 9	3/1/2028 to 2/28/2029	\$4,569.78 ✓	\$451.96	\$5,021.74	\$2.34	\$60,260.88
Year 10	3/1/2029 to 2/28/2030	\$4,661.17 ✓	\$461.00	\$5,122.17	\$2.39	\$61,466.04
			10 Year Avg/Total (120 mo)	\$4,693.05	\$2.19	\$563,166.24



For Budget Division Use Only	
Reviewed by: 	10/10/19
Reviewed by: 	

**REAL PROPERTY (FOR BOARDS AND COMMISSIONS)  
OR STORAGE LEASE INFORMATION**

1. Agency (Lessee):	Nevada State Board of Dental Examiners Contact: Debra Shaffer-Kugel, Executive Director Email: dashaffer@nsbde.nv.gov Phone: 702.486.7044 Fax: 702.486.7046				
Purpose:	This lease was negotiated to relocate the Nevada State Board of Dental Examiners Las Vegas office (only office) to a safe, easily accessible office space. The relocation will provide better access to services for current licensees and prospective licensees. This office space is an increase in square footage imperative to meet the Board's needs due to the hiring of three (3) additional staff members.				
Exceptions/Special Lease Terms:					
2. Name of Landlord (Lessor):	Transwestern Investment Holdings VD, LLC, ETAL				
3. Address of Landlord:	5940 S. Rainbow Blvd Las Vegas, NV 89118				
4. Property Contact:	Kathy Stubbs, CPM Phone: 702.472.8113 5940 S. Rainbow Blvd Email: Kstubbs@bhswhproperties.com Las Vegas, NV 89118				
5. Address of Lease Property:	8925 West Russell Road, Suite 205 Las Vegas, NV 89148				
a. Square Footage or Unit Description	5,462				
b. Cost:	Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
Increase %				See Attachment effective March 1, 2020	
c. Total Lease Consideration:					
d. Option to Renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Renewal Terms: 1 five year option				
e. Holdover Notice:	# of Days Required Holdover Terms: 125% of monthly rental installment				
f. Term:					
g. Pass-thrus/CAM/Taxes:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant				
i. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant <input checked="" type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 Day <input type="checkbox"/> Rural 5 Day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.75-\$2.45 Las Vegas/Henderson Area				
l. Specific termination clause in lease:	Breach/Default/Lack of Funding				
m. Lease will be paid for by Agency Budget Account Number or BOC Number:	B007				
6. BOE Threshold:	N/A				
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input checked="" type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only				
a. Estimated Moving Expenses:	\$ 4000.00	Furnishings:	\$ 10,000	Data/Phones:	\$ 5500/20,000

**RECEIVED**

**OCT - 8 2019**

PROPERTY OR STORAGE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE AND STORAGE SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes ☒ No ☐ Dec Unit \_\_\_\_\_

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

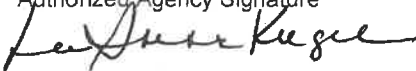
\_\_\_\_\_

Debra Shaffer-Kugel

09/24/2019

Authorized Agency Signature

Date



8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20151471596</u>	Exp: <u>08/31/2020</u>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC. <input type="checkbox"/> CORP. <input type="checkbox"/> LP <input type="checkbox"/>	
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section		
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
*If no, please explain in exceptions section		
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
*If no, please explain in exceptions section		
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>N/A</u>	

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Please Note: Dates for lease commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.


Board of Dental Examiners

Square Footage : 5462 rentable

Increase %	Cost Per Month	# of Months	Cost Per Year	Time Frame	Costs/Square Foot
0.00%	\$10,541.66 ✓	12	\$126,499.92	March 1, 2020 to February 28, 2021	\$1.93
3.00%	\$10,857.91 ✓	12	\$130,294.92	March 1, 2021 to February 28, 2022	\$1.99
3.00%	\$11,183.65 ✓	12	\$134,203.80	March 1 2022 to February 28, 2023	\$2.05
3.00%	\$11,519.16 ✓	12	\$138,229.92	March 1, 2023 to February 29, 2024	\$2.11
3.00%	\$11,864.73 ✓	12	\$142,376.76	March 1, 2024 to February 28, 2025	\$2.17
3.00%	\$12,220.67 ✓	12	\$146,648.04	March 1, 2025 to February 28, 2026	\$2.24
3.00%	\$12,587.29 ✓	12	\$151,047.48	March 1, 2026 to February 28, 2027	\$2.30

969,300.84

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

### STATEWIDE LEASE INFORMATION

1. Agency:	Nevada Commission on Ethics 704 West Nye Lane, Suite 204 Carson City, Nevada 89703 Yvonne Nevarez-Goodson 775-687-5469 fax: 775-687-1279 ynevarez@ethics.nv.gov				
Remarks:	This is a renewal of a current lease.				
Exceptions/Special notes:					
2. Name of Lessor:	Avalon Nevada Investments, LLC				
3. Address of Lessor:	c/o John Uhart Commercial Real Estate Services 301 West Washington Street, Suite 1 Carson City, Nevada 89703				
4. Property contact:	John Uhart 775-884-1896 fax: 775-884-4896 email: jfuhart@ccim.net				
5. Address of Lease property:	704 West Nye Lane, Suite 204 Carson City, Nevada 89703				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 1,891				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 2,344.84	12	\$28,138.08	December 1, 2019-November 30, 2020	\$1.24
4%	\$ 2,439.39	12	\$29,272.68	December 1, 2020-November 30, 2021	\$1.29
4%	\$ 2,533.94	12	\$30,407.28	December 1, 2021-November 30, 2022	\$1.34
0%	\$ 2,533.94	12	\$30,407.28	December 1, 2022-November 30, 2023	\$1.34
4%	\$ 2,628.49	12	\$31,541.88	December 1, 2023-November 30, 2024	\$1.39
c. Total Lease Consideration:		60	\$149,767.20		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One Identical Term
e. Holdover notice:	# of Days required		30	Holdover terms:	5%/90
f. Term:	Five (5) Years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.53 - \$1.71 - Carson City Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	1343				
6. Purpose of the lease:	To house the Nevada Commission on Ethics				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Expenses:	Moving: \$0.00      Furnishings: \$0.00      Data/Phones: \$0.00				

RECEIVED


Oct - 2 2019

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET


9/23/19  
 Authorized Agency Signature Date

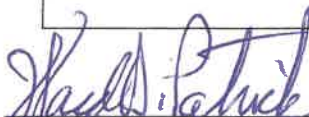
For Public Works Information:


8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV200011223053	Exp:	12/31/2019	6
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <span style="float: right;"><input checked="" type="checkbox"/> NO</span>			
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <span style="float: right;"><input type="checkbox"/> NO</span>			
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <span style="float: right;"><input type="checkbox"/> NO</span>			
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES <span style="float: right;"><input type="checkbox"/> NO</span>			
g. State of Nevada Vendor number:	T32002712			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES <span style="float: right;"><input type="checkbox"/> NO</span>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO


10/2/19  
 Authorized Signature Date  
 Public Works Division


 For Board of Examiners ☒ YES ☐ NO

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	012	GOVERNOR'S OFFICE - NUCLEAR PROJECTS OFFICE	URBAN ENVIRONMENTAL RESEARCH, LLC	HIGHWAY	\$400,000	
	Contract Description:	This is the first amendment to the original contract which provides research, information, reports, impact monitoring and related expert witness services in support of the State's licensing challenges to the Yucca Mountain repository program. This amendment extends the termination date from December 31, 2019 to December 31, 2021 and increases the maximum amount from \$500,000 to \$900,000 due to the continued need for these services.				
		Term of Contract:	01/01/2018 - 12/31/2021	Contract # 19340		
2.	015	GOVERNOR'S OFFICE OF FINANCE - BUDGET DIVISION	MGT CONSULTING GROUP DBA MGT OF AMERICA CONSULTING	GENERAL	\$166,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing services to the State of Nevada for the preparation of the Statewide Cost Allocation Plan and Attorney General Cost Allocation Plan.				
		Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22388		
3.	040	SECRETARY OF STATE'S OFFICE -	IMAGETECH SYSTEMS, INC.	GENERAL	\$72,335	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing migration of existing software from obsolete servers to new virtualized servers via remote access with no onsite support required. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from \$49,860 to \$122,195 due to the continued need for these services.				
		Term of Contract:	03/20/2019 - 06/30/2021	Contract # 21592		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CARSON VALLEY SWEEPING	OTHER: BUILDING RENTAL INCOME REVENUE	\$75,000	
	Contract Description:	This is a new contract to provide ongoing snow removal services for state-owned buildings in Carson City.				
		Term of Contract:	Upon Approval - 09/30/2023	Contract # 22399		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	COONS CONSTRUCTION, LLC	OTHER: BUILDING RENT INCOME REVENUE	\$57,000	
	Contract Description:	This is a new contract to provide ongoing snow removal services for state-owned buildings in Carson City.				
		Term of Contract:	Upon Approval - 09/30/2020	Contract # 22412		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS – NON-EXEC	BURKE CONSTRUCTION GROUP, INC.	OTHER: BONDS 90% AGENCY FUNDS 10%	\$44,013,458	Professional Service
	Contract Description:	This is a new contract to provide owner Construction Manager at Risk Services for the Nevada State College - Education Academic Building CIP project: CIP Project No. 19-C19; SPWD Contract No. 112942.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22467		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS – NON-EXEC	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	OTHER: BONDS 90% AGENCY FUNDS 10%	\$774,800	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada State College - Education Academic Building CIP project: SPWD Project No. 19-C19; Contract No. 112907.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22488		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS – NON-EXEC	NINYO & MOORE	OTHER: BONDS 92% AGENCY FUNDS 8%	\$246,878	Professional Service
	Contract Description:	This is a new contract to provide professional commissioning, surveying and miscellaneous services for the College of Southern Nevada - Health and Sciences Building CIP project, to include laboratory testing of the materials used for the earthwork operations and special inspections performed by a certified inspector: SPWD Project No. 19-C28; Contract No. 112958.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22470		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS – NON-EXEC	UTAH NEW VISION CONSTRUCTION, LLC	OTHER: BONDS 90% AGENCY FUNDS 10%	\$54,300	Professional Service
	Contract Description:	This is a new contract to provide professional commissioning, surveying and miscellaneous services for the Nevada State College - Education Academic Building CIP project: SPWD Project No. 19-C19, Contract No. 112972.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22485		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS – HEALTH AND HUMAN SERVICES CIP PROJECTS – NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	GENERAL	\$52,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center Electrical Upgrade CIP project, to include project design and construction administration services to replace the electrical systems in the administrative and old school buildings: SPWD Project No.19-M49; Contract No. 112936.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22483		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	GENERAL	\$150,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Lovelock Correctional Center - Underground Piping & Boiler Replacement CIP project: SPWD Project No. 19-M10; Contract No. 112937.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22478		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	BONDS	\$128,000	
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Ely State Prison - Housing Unit 1 Domestic & Heating Hot Water Piping Replacement CIP project: SPWD Project No. 19-M11; Contract No. 112925.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22480		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	BONDS	\$68,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the High Desert State Prison - Electrical Outlet & Cable Upgrades CIP project: SPWD Project No. 19-M02; Contract No. 112919.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22477		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS	GENERAL	\$54,400	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Casa Grande Transitional Housing - Surveillance System Replacement CIP project, to include design and bid documents to replace and expand the existing surveillance system that includes approximately 110 fixed and 20 pan-tilt-zoom cameras, digital storage and three monitoring stations: SPWD Project No. 19-M24; Contract No. 112935.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22482		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	SUMMIT ENGINEERING CORPORATION	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspections services for CIP projects: SPWD Contract No. 112561.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 22468		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	SUMMIT ENGINEERING CORPORATION	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP projects: SPWD Contract No. 112559.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 22469		
17.	300	DEPARTMENT OF EDUCATION – OFFICE OF THE SUPERINTENDENT	APPLIED MARKET ANALYSIS LLC DBA APPLIED ANALYSIS	GENERAL	\$200,000	Sole Source
	Contract Description:	This is a new contract to provide assistance to the Commission on School Funding regarding the implementation of the Pupil-Centered Funding Model, per Senate Bill (SB) 543, including developing a financial simulation model for the hold harmless provision, analyzing the impact of specific funding variables on districts and schools, and defining the underlying business rules used to develop the funding model outlined in SB543.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 22530		
18.	300	DEPARTMENT OF EDUCATION – OFFICE OF THE SUPERINTENDENT	AUGENBLICK PALAICH AND ASSOCIATES, INC.	GENERAL	\$200,000	Sole Source
	Contract Description:	This is a new contract to provide assistance to the Commission on School Funding regarding the implementation of the Pupil-Centered Funding Model, per Senate Bill 543, including developing a Nevada-specific comparable wage index, researching how other states calculate administrative costs and developing a methodology for determining the administrative rate for each Nevada school district, examining the costs associated with district size adjustments, and identifying successful implementation strategies and process used by other states when implementing similar funding models.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 22529		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	300	DEPARTMENT OF EDUCATION – OFFICE OF THE SUPERINTENDENT	WESTED	GENERAL	\$200,000	Sole Source
	Contract Description:	This is a new interlocal agreement to provide assistance to the Commission on School Funding regarding the implementation of the Pupil-Centered Funding Model (PCFM), per Senate Bill (SB) 543, including comparing current reporting requirements to the reporting requirements in SB 543, collecting and reporting exemplars for per-pupil funding reporting requirements from other states, developing guidelines for school districts and schools regarding financial, statistical, and programmatic reporting requirements, and identifying potential changes to existing laws and regulations to increase efficacy of the PCFM				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 22528		
20.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	REGENTS OF THE UNIVERSITY OF CALIFORNIA DBA UNIVERSITY OF CALIFORNIA, SANTA CRUZ, SILICON VALLEY	FEDERAL	\$290,314	
	Contract Description:	This is the first amendment to the original contract which provides the Smarter Balanced Complete Assessment System which includes summative, interim and formative assessments in English Language Arts and Mathematics for grades 3rd through 8th. This amendment increases the maximum amount from \$9,164,376.40 to \$9,454,690.80 due to projected enrollment growth for Fiscal Years 2020 and 2021.				
		Term of Contract:	11/14/2017 - 06/30/2021	Contract # 19313		
21.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	EDUCATIONAL RESEARCH AND TRAINING CORPORATION	FEDERAL	\$92,000	
	Contract Description:	This is a new contract to provide a migrant student information online database system.				
		Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22376		
22.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	TRANSACT COMMUNICATIONS, LLC	FEDERAL	\$147,290	Sole Source
	Contract Description:	This is the eighth amendment to the original contract which provides annual maintenance and support for the Cayen After School 21 statewide system and up to 130 sites in support of the Nevada 21st Century Community Learning Centers Program. This amendment extends the termination date from November 30, 2019 to November 30, 2021, increases the maximum amount from \$215,317 to \$362,607, and adds a two day training and modifications to the Performance Indicator Report for 2019-2020, due to the continued need for these services.				
		Term of Contract:	03/12/2013 - 11/30/2021	Contract # 13995		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS – STATE LIBRARY	NEVADA HUMANITIES	FEDERAL	\$150,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing implementation and administration of the Nevada Center for the Book program.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22359		
24.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	CARSON CITY CONSOLIDATED MUNICIPALITY	OTHER: REVENUE	\$197,000	
	Contract Description:	This is the first amendment to the original interlocal revenue contract which provides services to children with intellectual and developmental disabilities. This agreement will automatically renew each year unless terminated by either party. This amendment increases the maximum amount from \$60,000 to \$257,000 and changes the scope of work to revise Attachment B - Service Billing which reflects services and rates on the Division's website.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21271		
25.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	LYON COUNTY	OTHER: REVENUE	\$375,000	
	Contract Description:	This is the first amendment to the original interlocal revenue contract to provide services to children with intellectual and developmental disabilities. This agreement will automatically renew each year unless terminated by either party. This amendment increases the maximum amount from \$60,000 to \$435,000 and changes the scope of work to revise Attachment B - Service Billing which reflects services and rates on the Division's website.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20316		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION DBA WICHE	GENERAL	\$446,718	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing support for the employment of doctoral psychology interns.				
		Term of Contract:	08/10/2019 - 08/09/2021	Contract # 22354		
27.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - RURAL CLINICS	BOARD OF REGENTS OF NEVADA SYSTEM OF HIGHER EDUCATION, OBO - UNIVERSITY OF NEVADA, RENO	GENERAL	\$57,737	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing telepsychology services.				
		Term of Contract:	07/01/2019 - 06/30/2020	Contract # 22238		
28.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - RURAL CLINICS	BOARD OF REGENTS OF NEVADA SYSTEM OF HIGHER EDUCATION, OBO - UNIVERSITY OF NEVADA, RENO	GENERAL	\$140,264	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing telemedicine services to children, adolescents and outpatient rural clinic clients.				
		Term of Contract:	07/01/2019 - 06/30/2020	Contract # 22267		
29.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	SENET INTERNATIONAL CORPORATION	GENERAL 10% FEDERAL 90%	\$177,270	
	Contract Description:	This is a new contract to provide independent security audit services required for the triennial security and privacy control testing required by the Centers for Medicare and Medicaid Services.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22409		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	DELOITTE CONSULTING, LLP	FEDERAL	\$814,000	Sole Source
	Contract Description:	This is a new contract to provide design, development and implementation services to implement Temporary Assistance for Needy Family program (TANF) changes to expand child only TANF to non-blood related caregivers of foster children.				
		Term of Contract:	Upon Approval - 06/30/2020	Contract # 22345		
31.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CALIENTE YOUTH CENTER	LINCOLN COUNTY SCHOOL DISTRICT	GENERAL	\$643,520	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing educational services of youth in residence.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 22461		
32.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	AMERICAN CHILLER SERVICE, INC.	GENERAL	\$87,919	
	Contract Description:	This is a new contract to provide chiller replacement and ongoing repair/maintenance services for the Lovelock Correctional Center.				
		Term of Contract:	Upon Approval - 06/30/2020	Contract # 22421		
33.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	BOARD OF REGENTS OF NEVADA SYSTEM OF HIGHER EDUCATION, OBO – SYSTEMS COMPUTING CENTER	GENERAL	\$183,964	
	Contract Description:	This is a new interlocal agreement to provide on-going access to the video network capabilities of NevadaNet used for educational and public access purposes at various correctional sites.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 22431		
34.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	BUILDING CONTROL SERVICES, INC.	GENERAL	\$53,084	
	Contract Description:	This is a new contract to provide emergency chiller repair services at Warm Springs Correctional Center.				
		Term of Contract:	09/23/2019 - 04/30/2020	Contract # 22419		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	440	DEPARTMENT OF CORRECTIONS - CORRECTIONAL PROGRAMS	PERSHING COUNTY SCHOOL DISTRICT	FEDERAL	\$96,450	
	Contract Description:	This is a new interlocal agreement to provide ongoing educational and/or vocational services for youthful offenders incarcerated at Lovelock Correctional Center and enabling inmates the ability to obtain a high school equivalency certificates or high school diplomas.				
		Term of Contract:	07/01/2019 - 09/30/2020	Contract # 22422		
36.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	LAND O' LAKES, INC.	FEDERAL	\$68,971	
	Contract Description:	This is the second amendment to the original contract which allows school districts to purchase food for the National School Lunch and Breakfast programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$444,000 to \$512,971 due to the continued need for these services.				
		Term of Contract:	10/01/2016 - 09/30/2020	Contract # 18018		
37.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	LET'S DO LUNCH, INC. DBA INTEGRATED FOOD SERVICE	FEDERAL	\$757,673	
	Contract Description:	This is the second amendment to the original contract which allows school districts to purchase food for the National School Lunch and Breakfast programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$2,754,100 to \$3,511,773 due to the continued need for these services.				
		Term of Contract:	10/01/2016 - 09/30/2020	Contract # 18019		
38.	550	DEPARTMENT OF AGRICULTURE - NUTRITION EDUCATION PROGRAMS	MICHAEL FOODS, INC.	FEDERAL	\$448,862	
	Contract Description:	This is the second amendment to the original contract which allows school districts to purchase food for the National School Lunch and Breakfast programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$500,000 to \$948,862 due to the continued need for these services.				
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18764		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	611	GAMING CONTROL BOARD - FEDERAL FORFEITURE TREASURY-NON-EXEC	MOTOROLA, INC.	FEDERAL	\$764,995	
	Contract Description:	This is a new contract to provide a software system to manage information for the Enforcement Division's law enforcement functions.				
		Term of Contract:	Upon Approval - 11/11/2024	Contract # 22035		
40.	650	DEPARTMENT OF PUBLIC SAFETY - EVIDENCE VAULT	SPACE SAVER INTERMOUNTAIN, LLC	OTHER: COST ALLOCATION	\$93,694	Sole Source
	Contract Description:	This is a new contract to provide for the removal and replacement of the existing outdated and unsupported evidence locker control cabinets, locks, wiring and associated systems management software for nine evidence locations throughout the state.				
		Term of Contract:	Upon Approval - 06/30/2020	Contract # 22459		
41.	650	DEPARTMENT OF PUBLIC SAFETY - DIRECTOR'S OFFICE	KIRVIN DOAK COMMUNICATIONS, INC.	OTHER: AGENCY FUNDING 8% FEDERAL 22% HIGHWAY 70%	\$2,000,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing media and marketing services with a focus on the Zero Fatalities Campaign and recruiting activities. This amendment extends the termination date from December 12, 2019 to November 30, 2021 and increases the maximum amount from \$2,500,000 to 4,500,000 due to the continued need for these services.				
		Term of Contract:	12/12/2017 - 11/30/2021	Contract # 19449		
42.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - USGS CO-OP-NON-EXEC	U.S. DEPARTMENT OF THE INTERIOR, U.S. GEOLOGICAL SURVEY	OTHER: REIMBURSEMENT 63% FEDERAL 37%	\$358,300	
	Contract Description:	This is a new joint funding agreement to provide continued hydrologic monitoring along the Carlin Trend within the Humboldt River Region.				
		Term of Contract:	10/01/2019 - 09/30/2021	Contract # 22436		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - BASIN ACCOUNT REGION 1 – NON-EXEC	U.S. DEPARTMENT OF THE INTERIOR, U.S. GEOLOGICAL SURVEY	OTHER: WATER BASIN 54% FEDERAL 46%	\$29,200	
	Contract Description:	This is the third amendment to the original joint funding agreement which funds modeling studies in the Lower Humboldt River Basin to determine surface water and ground water interaction. This amendment increases the maximum amount from \$255,741 to \$284,941 due to an increase in the federal portion of the agreement with no change to the Division's portion.				
		Term of Contract:	04/01/2017 - 02/28/2021	Contract # 18413		
44.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	FEE: AIR QUALITY PERMIT	\$70,000	
	Contract Description:	This is a new interlocal agreement to provide the management, operation, and reporting of the Wood Stove Change-Out program to replace old woodburning stoves with federally compliant and certified biofuel stoves.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 22312		
45.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	WINDSOR SOLUTIONS IN NEVADA, INC.	FEDERAL	\$302,500	
	Contract Description:	This is the second amendment to the original contract which provides information technology system services to participate in the Federal Environmental Exchange Network. This amendment increases the maximum amount from \$1,100,000 to \$1,402,500 due to the need to include additional data flows.				
		Term of Contract:	10/01/2016 - 09/30/2020	Contract # 18042		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
46.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	RHITHRON ASSOCIATES, INC.	FEDERAL	\$51,600	
	Contract Description:	This is a new contract to provide ongoing services for the identification and enumeration of small river bottom animals and algae samples to assess the ecological integrity of rivers and streams.				
		Term of Contract:	Upon Approval - 09/30/2022	Contract # 22333		
47.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT	THE LAW OFFICES OF CHARLES R. ZEH, ESQ., LLC	OTHER: WORKERS' COMPENSATION AND SAFETY FUND 84% FEDERAL 16%	\$450,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing legal services to the Occupational Safety and Health Review Board.				
		Term of Contract:	Upon Approval - 09/30/2021	Contract # 21689		
48.	810	DEPARTMENT OF MOTOR VEHICLES - LICENSE PLATE FACTORY	UPS MAIL INNOVATION SERVICES	FEE: 85% LICENSE PLATE 15% SPECIAL PLATE	\$3,500,000	
	Contract Description:	This is a new contract to provide shipping services for license plates.				
		Term of Contract:	Upon Approval - 09/30/2023	Contract # 22400		
49.	810	DEPARTMENT OF MOTOR VEHICLES - SYSTEM TECHNOLOGY APPLICATION REDESIGN	MANAGEMENT TECHNOLOGY GROUP, LLC DBA MTG MANAGEMENT CONSULTANTS	FEE: TECHNOLOGY	\$294,945	
	Contract Description:	This is a new contract to provide a study of the current business functions and capabilities of the department's business processes and legacy application. The vendor will recommend a path forward "road map", potential costs, business process improvement opportunities and alternative replacement recommendations of various applications to support operational performance.				
		Term of Contract:	11/13/2019 - 06/30/2020	Contract # 22471		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
50.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	RALPH JONES, INC. DBA RALPH JONES DISPLAY	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$15,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing design, build and installation services for cabinetry, counter tops, display cases, shelving and fixtures at all Business Enterprises of Nevada locations. This amendment extends the termination date from January 31, 2020 to March 31, 2022 and increases the maximum amount from \$45,000 to \$60,000 due to the continued need for these services.				
		Term of Contract:	02/28/2018 - 03/31/2022	Contract # 19630		
51.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	WASHOE COUNTY SCHOOL DISTRICT	GENERAL 21.3% FEDERAL 78.7%	\$90,000	
	Contract Description:	This is a new interlocal agreement to provide pre-employment transitional services for students with disabilities.				
		Term of Contract:	Upon Approval - 07/31/2020	Contract # 22321		
52.	B26	LICENSING BOARDS AND COMMISSIONS - OSTEOPATHIC MEDICINE	MCDONALD CARANO, LLP	FEE: LICENSURE	\$63,000	
	Contract Description:	This is the first amendment to the original contract which provides government affairs and regulation development assistance to the Board. This amendment extends the termination date from December 31, 2019 to December 31, 2021 and increases the maximum amount from \$53,000 to \$116,000 due to the continued need for these services.				
		Term of Contract:	04/10/2018 - 12/31/2021	Contract # 19775		

**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: **19340**Amendment  
Number: **1**Agency Name: **NUCLEAR PROJECTS OFFICE**Legal Entity  
Name: **Urban Environmental Research, LLC**Agency Code: **012**Contractor Name: **Urban Environmental Research, LLC**Appropriation Unit: **1005-11**Address: **1180 North Town Center Drive  
Suite 100**Is budget authority  
available?: **Yes**City/State/Zip: **Las Vegas, NV 89144**

If "No" please explain: Not Applicable

Contact/Phone: **Paul Washeba 702-469-3332**Vendor No.: **T27024803**NV Business ID: **NV20061689932**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

**X** Highway Funds **100.00 %** Other funding 0.00 %Agency Reference #: **UER-2**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **01/01/2018**  
Examiner's approval?

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **12/31/2019**  
Termination Date:Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Licensing Support**

5. Purpose of contract:

**This is the first amendment to the original contract which provides research, information, reports, impact monitoring and related expert witness services in support of the State's licensing challenges to the Yucca Mountain repository program. This amendment extends the termination date from December 31, 2019 to December 31, 2021 and increases the maximum amount from \$500,000 to \$900,000 due to the continued need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
2. Amount of current amendment (#1):	\$400,000.00	\$400,000.00	\$400,000.00	Yes - Action
3. New maximum contract amount:	\$900,000.00			
and/or the termination date of the original contract has changed to:	12/31/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

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

There is a lack of expertise in this agency and/or other state agencies to carry out the type of research and analyses required by this contract.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3484, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/18/2017 Anticipated re-bid date: 08/01/2019

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Contractor currently under contract to the Agency. Quality of service provided by the contractor has been verified as satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	09/26/2019 10:58:19 AM
Division Approval	ddav12	09/26/2019 10:58:25 AM
Department Approval	ddav12	09/26/2019 10:58:28 AM

Contract Manager Approval	ddav12	09/26/2019 10:58:32 AM
Budget Analyst Approval	mtum1	10/13/2019 10:27:50 AM
BOE Agenda Approval	tgreenam	10/14/2019 15:53:04 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22388**

Agency Name: <b>GOVERNOR'S FINANCE OFFICE</b>	Legal Entity Name: MGT Consulting Group DBA MGT of America Consulting
Agency Code: <b>015</b>	Contractor Name: <b>MGT Consulting Group DBA MGT of America Consulting</b>
Appropriation Unit: <b>1340-10</b>	Address: <b>4320 W Kennedy Blvd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Tampa, FL 33609-2118</b>
If "No" please explain: Not Applicable	Contact/Phone: Bret Schlyer 316-214-3163
	Vendor No.: T32007735
	NV Business ID: NV20161629296

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **SWCAP Prof Services**

5. Purpose of contract:

**This is a new contract to provide ongoing services to the State of Nevada for the preparation of the Statewide Cost Allocation Plan and Attorney General Cost Allocation Plan.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$166,000.00**

Other basis for payment: FY 2021 and FY 2022 - \$41,000 each, FY 2023 and FY 2024 - \$42,000 each. 75 percent due upon submittal to the State of a draft SWCAP central service cost allocation plan and Section II billed services document, and Office of the Attorney General cost allocation plans. 15 percent due upon submittal to the State and CAS for a final cost allocation plan for review by CAS Office of the Attorney General cost allocation plans, and document on the Section II billed services. 10 percent due upon receipt by the State of an executed Cost Allocation Agreement from CAS.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**NRS 353.331**

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

**Time constraint and lack of specialization in the discipline**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?

Prior experience with State of Nevada, professional services as defined in NAC 333.150(2)(b)(5)

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Several prior years, including Fiscal 2008 through FY 20.

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

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

Not Applicable

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

Foreign Corporation

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Susan Brown, Director Ph: 775-684-0222

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/08/2019 07:53:12 AM
Division Approval	ddav12	10/08/2019 07:53:19 AM
Department Approval	ddav12	10/08/2019 07:53:22 AM
Contract Manager Approval	ddav12	10/08/2019 07:53:26 AM
Budget Analyst Approval	tgreenam	10/09/2019 11:39:03 AM
BOE Agenda Approval	tgreenam	10/09/2019 11:39:08 AM
BOE Final Approval	Pending	



**Carol Sweeney**

BA 1340

**From:** Carol Sweeney  
**Sent:** Wednesday, September 30, 2015 3:45 PM  
**To:** Chris Apple  
**Subject:** Thought re Professional Services

All CPA's are accountants but are all accountants CPA's?

If those at MGT are considered accountants, but not necessarily CPA's, NAC 333.150(2)(b)(6) applies.

Am I correct in my thinking?

**Carol Sweeney | Program Officer II | Administrative Services Division**  
State of Nevada | Department of Administration  
209 E. Musser Street, Room 304, Carson City, NV 89701-3716  
T: (775) 684-0243 | F: (775) 684-0275 | E: [csweeney@admin.nv.gov](mailto:csweeney@admin.nv.gov)

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10/1/15 10:30 AM  
Per Cindy Hoobler  
Even if not CPAs but performing  
accounting services, use  
NAC 333.150 ... & no Sole  
Source required. "Goodbye!"

Erin has  
requested a  
4-year quote  
from MGT for  
a new  
contract.

Tracking:

**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: **21592**Amendment  
Number: **1**Agency Name: **SECRETARY OF STATE'S OFFICE**Legal Entity  
Name: **ImageTech Systems Inc**Agency Code: **040**Contractor Name: **ImageTech Systems Inc**  
Address: **Rossmoyne Business Center**Appropriation Unit: **1050-26****5050 Louise Drive, Suite 104**Is budget authority  
available?: **Yes**City/State/Zip **Mechanicsburg, PA 17055**

If "No" please explain: Not Applicable

Contact/Phone: **RJ Oommen 717-761-5900**

Vendor No.:

NV Business ID: **NV20171134906**To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

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

2. Contract start date:

a. Effective upon Board of  
Examiner's approval? **No** or b. other effective date **03/20/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved  
Termination Date: **06/30/2020**Contract term: **2 years and 103 days**4. Type of contract: **Contract**Contract description: **Remote Service**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing migration of existing software from obsolete servers to new virtualized servers via remote access with no onsite support required. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from \$49,860 to \$122,195 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,860.00	\$49,860.00	\$49,860.00	Yes - Info
2. Amount of current amendment (#1):	\$72,335.00	\$72,335.00	\$122,195.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$122,195.00 06/30/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Secretary of State is at the end of a project to replace a legacy Commercial Recordings Filing system with a new vendor system called Cenuity. Cenuity utilizes FileNet. Imagetech Systems LLC was employed by the main contractor for specialized FileNet data migration tasks. The SOS is contracting with ImageTech for FileNet support, knowledge transfer and ongoing data migration purposes, leveraging the work they performed on the project.

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

State employees lack the time, knowledge, and expertise to complete the work.

9. Were quotes or proposals solicited? 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 #: 263**

**Approval Date: 03/04/2019**

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

Contractor is familiar with the structure and technical support issues with the legacy system and is best suited to provide guidance for data migration to the new SOS system.

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	shudder	10/04/2019 14:51:47 PM
Division Approval	shudder	10/04/2019 14:51:51 PM

Department Approval	shudder	10/04/2019 14:51:56 PM
Contract Manager Approval	adale	10/04/2019 14:52:57 PM
EITS Approval	tgalluzi	10/08/2019 13:56:42 PM
Budget Analyst Approval	dlenzner	10/14/2019 16:04:16 PM
BOE Agenda Approval	lfree1	10/14/2019 16:15:06 PM



<b>Purchasing Use Only:</b>	
Approval #:	263

## CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	<b>Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:</b>				
	State Agency:		Secretary of State's Office		
	Contact Name(s) and Titles:		Tim Horgan		
	Telephone Number(s):		775-684-5702		
	Email Address(s):		thorgan@sos.nv.gov		
2	<b>Contractor Information:</b>				
	Contractor:		ImageTech Systems, Inc		
	Contact Name:		RJ Oommen		
	Address:		Camp Hill, PA 17011		
	Phone Number:		717-761-5900 x101		
	Email Address:		rjo@imagetechsys.com		
3	<b>Ongoing relationship disclosure – List all previous contract information:</b>				
	Procurement method:		Solicitation Waiver #180301		
	CETS #:		19731		
	Contract "not to exceed amount":		\$ 49,660.00		
	Contract term:		Start date: mm/dd/yy	3/19/2018	End date: mm/dd/yy
4	<b>Procurement method used to award the current contract:</b>				
	RFP, solicitation # if applicable:		Extension of Solicitation Waiver #180301		
	Quote, solicitation # if applicable:				
	Waiver, provide number:				
	Other:				
5	<b>Current contract information:</b>				
	CETS #:		Pending		
	Initial contract "not to exceed amount":		\$49,860.00		
	Contract term:		Start date: mm/dd/yy	3/20/2019	End date: mm/dd/yy

Amendment information – List all previously approved amendments:			
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in end date: mm/dd/yy
	N/A		

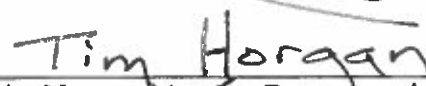
Proposed amendment information:			
7	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in end date: mm/dd/yy
	New Contract	A New Contract with the same vendor with the same purpose to accomplish the same deliverables.	\$49,860.00 6/30/2020

8	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):
	Due to the set-backs with the e SOS 's Legacy FileNet IS data structure we need to retain this vendor for this expert services.

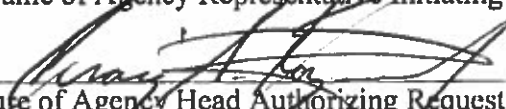
9	What are the potential consequences to the State if the contract extension request is denied?
	To accommodate any other vendor's need to spend three to five weeks of time analyzing the SOS's legacy FileNet IS data structure would result in additional expenses of approximately \$20,000 to \$30,000 dollars. In addition to the added expense, the time required would introduce delay in the ongoing legacy system replacement project, potentially incurring additional costs to the state.

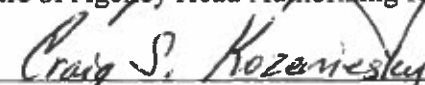
By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.

  
Signature of Agency Representative Initiating Request

  
Print Name of Agency Representative Initiating Request

2-26-19  
Date

  
Signature of Agency Head Authorizing Request

  
Print Name of Agency Head Authorizing Request

2/26/2019  
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Signed:

A handwritten signature in black ink, appearing to be 'JAS', written over a horizontal line.

Administrator, Purchasing Division or Designee

3-4-2019

Date

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

**Purchasing Use Only:**

Approval#: **180301**

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b> <i>Secretary of States Office</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Tim Horgan; Chief IT Manager</i>	<i>775.684.5702</i>	<i>thorgan@sos.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	<i>ImageTech Systems, Inc.</i>
	Contact Name:	<i>RJ Oommen</i>
	Address:	<i>Slate Hill Business Center, 3913 Hartzdale Drive, Suite 1300, Camp Hill, PA 17011</i>
	Telephone Number:	<i>717.761.5900 x101</i>
	Email Address:	<i>rjo@imagetechsys.com</i>

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>11/30/2017</i>	End Date:

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<i>Budget account 1050, Category 26</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	<i>Not to exceed \$49,660</i>



2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<ul style="list-style-type: none"> <li>Review legacy eSoS system integration with FileNet Image Services: Though ImageTech is already familiar with the structure and some of the issues within our legacy FileNet Image Services (FileNet IS) database, in order to support our legacy implementation they still need to familiarize themselves with how FileNet IS is integrated with our legacy system. We expect this to require 2 to 3 remote sessions (meetings) for knowledge transfer, review of any custom code available to share and review of documentation.</li> <li>FileNet Image Services Technical support: One year of unlimited incident support.</li> <li>FileNet P8 and IBM Content Navigator Basic Deployment Skills Transfer: An estimated two weeks of remote support for the SOS in setup and documentation of a new P8 environment.</li> </ul>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<p>To date, support for our legacy FileNet IS based system had been provided by RS Computer Associates (RSCA). Recently the Secretary of State became aware that RSCA has dissolved and we are engaged with the Attorney General's Office to terminate their contract.</p> <p>The Secretary of State's Office is currently engaged in a project that will replace the legacy, FileNet IS based system (eSoS). ImageTech, as a subcontractor for the eSoS Replacement Project, has already received, reviewed and mapped the data from the FileNet IS database to the new P8 system database. As such, ImageTech is already uniquely familiar with portions of our legacy system that it would take any other vendor an estimated three to five weeks to achieve. By sourcing this contract to ImageTech, we will not incur three to five weeks of time and expense.</p>

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>
	<p>Any other vendor would need to spend three to five weeks of time analyzing the SOS's legacy FileNet IS data structure; the state would thereby incur an additional expense of approximately \$20,000 to \$30,000 dollars. In addition to this added expense, the time required for another vendor to analyze what ImageTech already has an understanding of (not to mention the time spend competitively bidding this service) would introduce delay in the ongoing legacy system replacement project, potentially incurring additional costs to the state.</p>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:		No:	<input checked="" type="checkbox"/>
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.				
	b. <u>If not</u> , why were alternatives not evaluated? Alternative services would not provide the specific deliverable necessary to meet the needs of the ongoing SOS TIR project. The state is obligated to provide this support as part of our obligation in a multi-million dollar contract with a third-party vendor (PCC) under contract for the SOS TIR project to replace the existing e-SoS system.				

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</b>	Yes:	<input checked="" type="checkbox"/>	No:	
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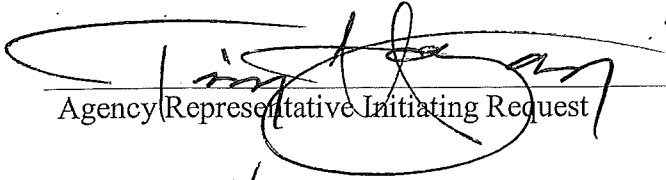
<b>request.</b>								
a. If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:								
Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, Waiver #)			
3/24/2017	6/30/2018	\$17,050	Support of FileNet IS 4.1		Contract #18508			
4/22/2013	6/30/2014	\$19,175.00	Support of FileNet IS 4.1		Contract #14291			
		\$						
		\$						
		\$						

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>
	To accommodate any other vendor's need to spend three to five weeks of time analyzing the SOS's legacy FileNet IS data structure would result in additional expenses of approximately \$20,000 to \$30,000 dollars. In addition to the added expense, the time required would introduce delay in the ongoing legacy system replacement project, potentially incurring additional costs to the state.

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 hourly rate that ImageTech proposes charging for their services is in line with the rate charged by the company that previously held this support contract and the support they have quoted us (once they have become familiar with the legacy system integrations they are not already familiar with) will exceed the service previously provided.

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:		No:	X
	a. If yes, please provide details regarding future obligations or needs.				

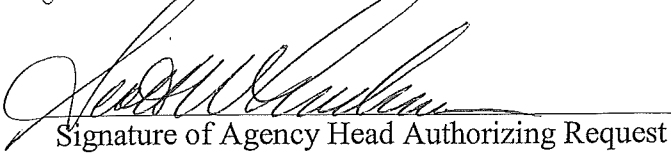
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

  
Agency Representative Initiating Request

2-16-18

Tim Horgan  
Print Name of Agency Representative Initiating Request

Date

  
Signature of Agency Head Authorizing Request

Scott W. Anderson  
Print Name of Agency Head Authorizing Request

2/21/18  
Date

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

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

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

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

\_\_\_\_\_  
Date

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

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

Signed:

  
Administrator, Purchasing Division or Designee

3-15-2018  
Date

\* Note: Waiver # 171103 is rescinded. This waiver replaces waiver # 171103.  
Solicitation Waiver Revised: June 2016 Page 4 3

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

**Purchasing Use Only:**

Approval#: 171103

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency: <u>Secretary of States Office</u>		
	Contact Name and Title	Phone Number	Email Address
	<u>Tim Horgan; Chief IT Manager</u>	<u>775.684.5702</u>	<u>thorgan@sos.nv.gov</u>

1b	<b>Vendor Information:</b>	
	Identify Vendor:	<u>ImageTech Systems, Inc.</u>
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	Telephone Number:	<u>717.761.5900 x101</u>
	Email Address:	<u>rjo@imagetechsys.com</u>

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

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

1e	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	<u>11/30/2017</u>	End Date:

1f	<b>Funding:</b>	
	State Appropriated:	<u>Budget account 1050, Category 26</u>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>	
	<u>Not to exceed \$48,100</u>	

2	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased:</b></p> <ul style="list-style-type: none"> <li>Review legacy eSoS system integration with FileNet Image Services: Though ImageTech is already familiar with the structure and some of the issues within our legacy FileNet Image Services (FileNet IS) database, in order to support our legacy implementation they still need to familiarize themselves with how FileNet IS is integrated with our legacy system. We expect this to require 2 to 3 remote sessions (meetings) for knowledge transfer, review of any custom code available to share and review of documentation.</li> <li>FileNet Image Services Technical support: One year of unlimited incident support.</li> <li>FileNet P8 and IBM Content Navigator Basic Deployment Skills Transfer: An estimated two weeks of remote support for the SOS in setup and documentation of a new P8 environment.</li> </ul>
---	---

3	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b></p> <p>To date, support for our legacy FileNet IS based system had been provided by RS Computer Associates (RSCA). Recently the Secretary of State became aware that RSCA has dissolved and we are engaged with the Attorney General's Office to terminate their contract.</p> <p>The Secretary of State's Office is currently engaged in a project that will replace the legacy, FileNet IS based system (eSoS). ImageTech, as a subcontractor for the eSoS Replacement Project, has already received, reviewed and mapped the data from the FileNet IS database to the new P8 system database. As such, ImageTech is already uniquely familiar with portions of our legacy system that it would take any other vendor an estimated three to five weeks to achieve. By sourcing this contract to ImageTech, we will not incur three to five weeks of time and expense.</p>
---	---

4	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b></p> <p>Any other vendor would need to spend three to five weeks of time analyzing the SOS's legacy FileNet IS data structure; the state would thereby incur an additional expense of approximately \$20,000 to \$30,000 dollars. In addition to this added expense, the time required for another vendor to analyze what ImageTech already has an understanding of (not to mention the time spend competitively bidding this service) would introduce delay in the ongoing legacy system replacement project, potentially incurring additional costs to the state.</p>
---	--

5	<p><b>Were alternative services or commodities evaluated? Check One.</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/></p>
	<p>a. <u>If yes</u>, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</p>
	<p>b. <u>If not</u>, why were alternatives not evaluated?</p> <p>Alternative services would not provide the specific deliverable necessary to meet the needs of the ongoing SOS TIR project. The state is obligated to provide this support as part of our obligation in a multi-million dollar contract with a third-party vendor (PCC) under contract for the SOS TIR project to replace the existing e-SoS system.</p>

6	<p><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 <u>MUST</u> accompany this</b></p>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	
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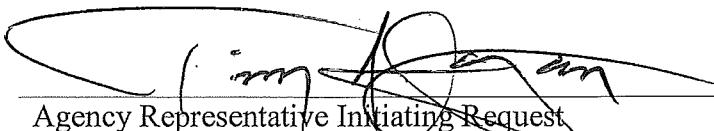
<b>request.</b>				
a. If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:				
Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)
3/24/2017	6/30/2018	\$17,050	Support of FileNet IS 4.1	Contract #18508
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		\$		
		\$		
		\$		

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>
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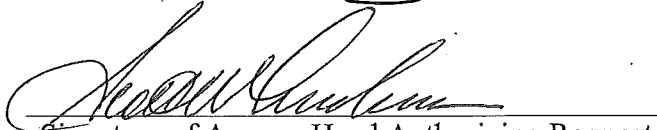
9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:		No:	X
	a. If yes, please provide details regarding future obligations or needs.				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

  
\_\_\_\_\_  
Agency Representative Initiating Request

Tim Horgan  
\_\_\_\_\_  
Print Name of Agency Representative Initiating Request

10-31-17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Agency Head Authorizing Request

11/1/17 swa  
\_\_\_\_\_

Scott W. Anderson  
\_\_\_\_\_  
Print Name of Agency Head Authorizing Request

11/1/17  
\_\_\_\_\_  
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

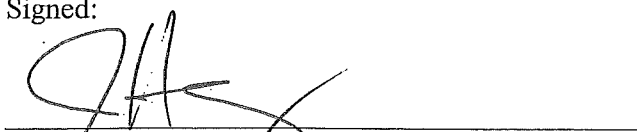
\_\_\_\_\_  
Print Name of Representative Providing Review

\_\_\_\_\_  
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

11-6-2017  
\_\_\_\_\_  
Date

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22399**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CARSON VALLEY SWEEPING</b>
Agency Code: <b>082</b>	Contractor Name: <b>CARSON VALLEY SWEEPING</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>130 ENTERPRISE WAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-230-0058</b>
	Vendor No.: <b>T32008868</b>
	NV Business ID: <b>NV20191440569</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % Building Rental Income Revenue</b>

Agency Reference #: ASD 2832940

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2023**Contract term: **3 years and 334 days**4. Type of contract: **Contract**Contract description: **SNOW REMOVAL**

5. Purpose of contract:

**This is a new contract to provide ongoing snow removal services for state-owned buildings in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Buildings and Grounds Section is concerned with the safety, health and working conditions of all State employees.**

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

**Lack of manpower.**

9. Were quotes or proposals solicited?

**Yes**

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

**No**

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

**Coons Construction**  
**Carson Valley Sweeping**  
**Carson Valley Sweeping**
b. Solicitation Waiver: **Not Applicable**

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



This vendor provides the best pricing for the job.

d. Last bid date: 08/01/2019 Anticipated re-bid date: 07/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

David Bell, Grounds Supervisor Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/16/2019 09:56:18 AM
Division Approval	ssands	09/16/2019 09:56:23 AM
Department Approval	ssands	09/16/2019 09:56:26 AM
Contract Manager Approval	ssands	10/07/2019 16:22:34 PM
Budget Analyst Approval	kshe1	10/14/2019 10:13:13 AM
BOE Agenda Approval	jrodrig9	10/21/2019 09:37:58 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22412**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **COONS CONSTRUCTION, LLC**Contractor Name: **COONS CONSTRUCTION, LLC**Address: **PO BOX 1460**City/State/Zip: **DAYTON, NV 89403-1460**Contact/Phone: **775-246-1660**Vendor No.: **T27031342A**NV Business ID: **NV20091032286**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Building Rent Income Revenue**Agency Reference #: **ASD 2832939**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2020**Contract term: **334 days**4. Type of contract: **Contract**Contract description: **SNOW REMOVAL**

5. Purpose of contract:

**This is a new contract to provide ongoing snow removal services for state-owned buildings in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Buildings and Grounds Section is concerned with the safety, health and working conditions of all State employees.**

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

**Lack of manpower**

9. Were quotes or proposals solicited?

**Yes**

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

**No**

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

**Carson Valley Sweeping  
United Tree  
Coons Construction**b. Solicitation Waiver: **Not Applicable**

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

This vendor has the equipment to handle these locations

d. Last bid date: 08/01/2019 Anticipated re-bid date: 08/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

David Bell, Grounds Supervisor Ph: 684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/01/2019 14:27:35 PM
Division Approval	ssands	10/01/2019 14:27:38 PM
Department Approval	ssands	10/01/2019 14:27:41 PM
Contract Manager Approval	ssands	10/01/2019 14:28:30 PM
Budget Analyst Approval	kshe1	10/04/2019 16:10:27 PM
BOE Agenda Approval	jrodrig9	10/17/2019 19:15:48 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22467**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1510-73**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BURKE CONSTRUCTION GROUP, INC.**Contractor Name: **BURKE CONSTRUCTION GROUP, INC.**Address: **385 PILOT RD.**City/State/Zip: **LAS VEGAS, NV 89119-3525**Contact/Phone: **702-367-1040**Vendor No.: **T29021150**NV Business ID: **NV19841005880**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>90.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>10.00 % Agency Funds</b>

Agency Reference #: **112942**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **2 years and 241 days**4. Type of contract: **Contract**Contract description: **OWNER-CMAR**

5. Purpose of contract:

**This is a new contract to provide owner Construction Manager at Risk Services for the Nevada State College - Education Academic Building CIP project: CIP Project No. 19-C19; SPWD Contract No. 112942.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,013,458.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 Leg. Approved CIP**

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

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

9. Were quotes or proposals solicited?

**No**

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

**No**

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

**Not Applicable**b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/07/2019 08:49:21 AM
Division Approval	lwildes	10/07/2019 08:49:25 AM
Department Approval	lwildes	10/07/2019 08:49:28 AM
Contract Manager Approval	lwildes	10/07/2019 08:49:31 AM
Budget Analyst Approval	kshe1	10/14/2019 15:38:33 PM
BOE Agenda Approval	jrodrig9	10/17/2019 20:12:24 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22488**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1510-73**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS PC**Contractor Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS PC**Address: **8882 SPANISH RIDGE AVE.**City/State/Zip: **LAS VEGAS, NV 89148-1303**Contact/Phone: **702-251-8896**Vendor No.: **T80997582**NV Business ID: **NV19871041301**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>90.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>10.00 % Agency Funds</b>

Agency Reference #: **112907**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **2 years and 241 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada State College - Education Academic Building CIP project: SPWD Project No. 19-C19; Contract No. 112907**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$774,800.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 Leg. Approved CIP**

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

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

**Not Applicable**

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/08/2019 15:14:26 PM
Division Approval	lwildes	10/08/2019 15:14:29 PM
Department Approval	lwildes	10/08/2019 15:14:31 PM
Contract Manager Approval	lwildes	10/08/2019 15:14:34 PM
Budget Analyst Approval	kshe1	10/14/2019 16:17:25 PM
BOE Agenda Approval	jrodrig9	10/17/2019 20:50:53 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22470**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>NINYO &amp; MOORE</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>NINYO &amp; MOORE</b>
Appropriation Unit:	<b>1510-74</b>	Address:	<b>6700 PARADISE RD. Suite E</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>LAS VEGAS, NV 89119-3744</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>702-433-0330</b>
		Vendor No.:	<b>T27000873A</b>
		NV Business ID:	<b>NV19961094658</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>92.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>8.00 % Agency Funds</b>

Agency Reference #: 112958

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **2 years and 241 days**4. Type of contract: **Contract**Contract description: **MISCELLANEOUS**

5. Purpose of contract:

**This is a new contract to provide professional commissioning, surveying and miscellaneous services for the College of Southern Nevada - Health and Sciences Building CIP project, to include laboratory testing of the materials used for the earthwork operations and special inspections performed by a certified inspector: SPWD Project No. 19-C28; Contract No. 112958**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$246,878.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 Leg. Approved CIP**

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

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

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



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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No

If "Yes", please explain

Not Applicable

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

No

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

Not Applicable

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

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Labaj, Mark, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Iwildes	10/07/2019 10:49:38 AM
Division Approval	Iwildes	10/07/2019 10:49:42 AM
Department Approval	Iwildes	10/07/2019 10:49:45 AM
Contract Manager Approval	Iwildes	10/07/2019 10:49:48 AM
Budget Analyst Approval	kshe1	10/14/2019 16:32:30 PM
BOE Agenda Approval	jrodrig9	10/17/2019 21:10:40 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22485**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>UTAH NEW VISION CONSTRUCTION, LLC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>UTAH NEW VISION CONSTRUCTION, LLC</b>
Appropriation Unit:	<b>1510-73</b>	Address:	<b>11350 E 18625 South Suite #118</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>MOUNT PLEASANT, UT 84647-3503</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>801-557-3211</b>
		Vendor No.:	<b>T29009993</b>
		NV Business ID:	<b>NV20151696378</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>90.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>10.00 % Agency Funds</b>

Agency Reference #: 112972

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **2 years and 241 days**4. Type of contract: **Contract**Contract description: **Miscellaneous**

5. Purpose of contract:

**This is a new contract to provide professional commissioning, surveying and miscellaneous services for the Nevada State College - Education Academic Building CIP project: SPWD Project No. 19-C19, Contract No. 112972.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$54,300.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

2019 Leg. Approved CIP

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

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Commissioning, Surveying, &amp; Miscellaneous Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

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

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

**Not Applicable**

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No

If "Yes", please explain

Not Applicable

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

No

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

Not Applicable

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

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/08/2019 14:35:57 PM
Division Approval	lwildes	10/08/2019 14:35:59 PM
Department Approval	lwildes	10/08/2019 14:36:02 PM
Contract Manager Approval	lwildes	10/08/2019 15:32:03 PM
Budget Analyst Approval	kshe1	10/14/2019 16:02:58 PM
BOE Agenda Approval	jrodrig9	10/17/2019 20:30:10 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22483**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HARRIS CONSULTING ENGINEERS, LLC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HARRIS CONSULTING ENGINEERS, LLC</b>
Appropriation Unit:	<b>1535-51</b>	Address:	<b>680 PILOT RD. SUITE A</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>LAS VEGAS, NV 89119-9015</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>702-269-1575</b>
		Vendor No.:	<b>T27003439</b>
		NV Business ID:	<b>NV20011085889</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

Agency Reference #: 112936

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **2 years and 241 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center - Electrical Upgrade CIP project, to include project design and construction administration services to replace the electrical systems in the administrative and old school buildings: SPWD Project No.19-M49; Contract No. 112936.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$52,000.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 Leg. Approved CIP**

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

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/08/2019 14:11:20 PM
Division Approval	lwildes	10/08/2019 14:11:24 PM
Department Approval	lwildes	10/08/2019 14:11:27 PM
Contract Manager Approval	lwildes	10/08/2019 14:11:30 PM
Budget Analyst Approval	kshe1	10/15/2019 11:25:07 AM
BOE Agenda Approval	jrodrig9	10/17/2019 21:28:23 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22478**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1550-77**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AINSWORTH ASSOCIATES MECHANICAL ENGINEERS**Contractor Name: **AINSWORTH ASSOCIATES MECHANICAL ENGINEERS**Address: **1420 HOLCOMB AVE., STE. 201**City/State/Zip: **RENO, NV 89502-8003**Contact/Phone: **916-737-6014**Vendor No.: **T27012245A**NV Business ID: **NV19751005286**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

Agency Reference #: **112937**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **2 years and 241 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Lovelock Correctional Center - Underground Piping & Boiler Replacement CIP project: SPWD Project No. 19-M10; Contract No. 112937.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 leg. approved CIP**

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

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

**Not Applicable**

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

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

Demonstrated the required expertise for work on this project.W

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/08/2019 12:27:44 PM
Division Approval	lwildes	10/08/2019 12:27:48 PM
Department Approval	lwildes	10/08/2019 12:27:51 PM
Contract Manager Approval	lwildes	10/08/2019 12:27:55 PM
Budget Analyst Approval	kshe1	10/15/2019 12:01:59 PM
BOE Agenda Approval	jrodrig9	10/21/2019 09:37:26 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22480**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1550-78**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AINSWORTH ASSOCIATES MECHANICAL ENGINEERS**Contractor Name: **AINSWORTH ASSOCIATES MECHANICAL ENGINEERS**Address: **1420 HOLCOMB AVE., STE 201**City/State/Zip: **RENO, NV 89502-8003**Contact/Phone: **916-737-6014**Vendor No.: **T27012245A**NV Business ID: **NV19751005286**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

Agency Reference #: **112925**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **2 years and 241 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Ely State Prison - Housing Unit 1 Domestic & Heating Hot Water Piping Replacement CIP project: SPWD Project No. 19-M11; Contract No. 112925.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$128,000.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 leg. approved CIP**

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

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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



Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Demonstrated the required expertise for work on this project.Wi

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Marshall, Benton, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/08/2019 13:27:28 PM
Division Approval	lwildes	10/08/2019 13:27:32 PM
Department Approval	lwildes	10/08/2019 13:27:35 PM
Contract Manager Approval	lwildes	10/08/2019 13:27:38 PM
Budget Analyst Approval	kshe1	10/15/2019 11:50:13 AM
BOE Agenda Approval	jrodrig9	10/17/2019 22:11:49 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22477**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HARRIS CONSULTING ENGINEERS, LLC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HARRIS CONSULTING ENGINEERS, LLC</b>
Appropriation Unit:	<b>1550-75</b>	Address:	<b>680 PILOT RD. SUITE A</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>LAS VEGAS, NV 89119-9015</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>702-269-1575</b>
		Vendor No.:	<b>T27003439</b>
		NV Business ID:	<b>NV20011085889</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

Agency Reference #: 112919

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **2 years and 241 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the High Desert State Prison - Electrical Outlet & Cable Upgrades CIP project: SPWD Project No. 19-M02; Contract No. 112919.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$68,000.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

2019 leg. approved CIP

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

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

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

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

**Not Applicable**

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/08/2019 11:56:18 AM
Division Approval	lwildes	10/08/2019 11:56:21 AM
Department Approval	lwildes	10/08/2019 11:56:24 AM
Contract Manager Approval	lwildes	10/08/2019 11:56:27 AM
Budget Analyst Approval	kshe1	10/15/2019 12:16:54 PM
BOE Agenda Approval	jrodrig9	10/17/2019 22:24:58 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22482**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1550-81**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS**Contractor Name: **HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS**Address: **6280 S VALLEY VIEW BLVD SUITE #416**City/State/Zip: **LAS VEGAS, NV 89118-3892**Contact/Phone: **702-685-0136**Vendor No.: **T29039677**NV Business ID: **NV20121298770**To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

Agency Reference #: **112935**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **2 years and 241 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Casa Grande Transitional Housing - Surveillance System Replacement CIP project, to include design and bid documents to replace and expand the existing surveillance system that includes approximately 110 fixed and 20 pan-tilt-zoom cameras, digital storage and three monitoring stations: SPWD Project No. 19-M24; Contract No. 112935.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$54,400.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 Leg. Approved CIP**

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No

If "Yes", please explain

Not Applicable

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

No

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

Not Applicable

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

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Iwildes	10/08/2019 13:52:20 PM
Division Approval	Iwildes	10/08/2019 13:52:23 PM
Department Approval	Iwildes	10/08/2019 13:52:26 PM
Contract Manager Approval	Iwildes	10/08/2019 13:52:29 PM
Budget Analyst Approval	kshe1	10/15/2019 11:38:01 AM
BOE Agenda Approval	jrodrig9	10/17/2019 21:50:25 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22468**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>SUMMIT ENGINEERING CORPORATION</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>SUMMIT ENGINEERING CORPORATION</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>1150 LAMOILLE HIGHWAY</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>ELKO, NV 89801</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>775-738-8058</b>
		Vendor No.:	<b>T81073504</b>
		NV Business ID:	<b>NV19781008234</b>

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service</b>

Agency Reference #: 112561

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **241 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

**This is a new contract to provide ongoing professional materials testing and inspections services for CIP projects: SPWD Contract No. 112561.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Legislatively approved CIP.**

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

**Materials Testing and Inspection Services are required to ensure building safety and code compliance.**

9. Were quotes or proposals solicited?

**No**

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

**No**

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

**Not Applicable**b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Demonstrated the required expertise for work on this project.w

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/07/2019 09:21:43 AM
Division Approval	lwildes	10/07/2019 09:21:46 AM
Department Approval	lwildes	10/07/2019 09:21:49 AM
Contract Manager Approval	lwildes	10/07/2019 09:21:52 AM
Budget Analyst Approval	kshe1	10/14/2019 11:11:33 AM
BOE Agenda Approval	jrodrig9	10/17/2019 19:41:37 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22469**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>SUMMIT ENGINEERING CORPORATION</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>SUMMIT ENGINEERING CORPORATION</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>1150 LAMOILLE HIGHWAY</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>ELKO, NV 89801</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>775-738-8058</b>
		Vendor No.:	<b>T81073504</b>
		NV Business ID:	<b>NV19781008234</b>

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service</b>

Agency Reference #: 112559

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **241 days**4. Type of contract: **Contract**Contract description: **Open End**

5. Purpose of contract:

**This is a new contract to provide ongoing professional geotechnical investigation services for CIP projects: SPWD Contract No. 112559.**

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 Leg. Approved CIP**

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

**Geotechnical Investigation Services are required to ensure building safety and code compliance.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

**Not Applicable**b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**



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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/07/2019 09:37:59 AM
Division Approval	lwildes	10/07/2019 09:38:02 AM
Department Approval	lwildes	10/07/2019 09:38:06 AM
Contract Manager Approval	lwildes	10/07/2019 09:38:09 AM
Budget Analyst Approval	hfield	10/14/2019 10:58:30 AM
BOE Agenda Approval	jrodrig9	10/17/2019 19:44:27 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22530**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2673-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **APPLIED MARKET ANALYSIS, LLC**Contractor Name: **APPLIED MARKET ANALYSIS, LLC  
DBA APPLIED ANALYSIS**Address: **6385 S RAINBOW BLVD STE 105**City/State/Zip: **LAS VEGAS, NV 89118**Contact/Phone: **JEREMY AGUERO 702/967-3333**Vendor No.: **T32002332**NV Business ID: **NV19971021720**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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.

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

Agency Reference #: **300**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **1 year and 242 days**4. Type of contract: **Contract**Contract description: **Subject Expertise**

5. Purpose of contract:

**This is a new contract to provide assistance to the Commission on School Funding regarding the implementation of the Pupil-Centered Funding Model, per Senate Bill (SB) 543, including developing a financial simulation model for the hold harmless provision, analyzing the impact of specific funding variables on districts and schools, and defining the underlying business rules used to develop the funding model outlined in SB543.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: Per Itemized Invoice

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Implementation of Senate Bill 543.**

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

**Vendor has specific subject matter expertise that can contribute to this project that the Department of Education's employees do not have**

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

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

Not Applicable

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

**Approval #: 190907**

**Approval Date: 09/27/2019**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

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

**Applied Market Analysis, LLC is doing business as Applied Analysis.**

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	10/16/2019 15:32:35 PM
Division Approval	amccalla	10/16/2019 15:32:37 PM
Department Approval	amccalla	10/16/2019 15:32:41 PM
Contract Manager Approval	amccalla	10/16/2019 15:32:43 PM
Budget Analyst Approval	cbrekken	10/17/2019 11:32:04 AM
BOE Agenda Approval	tgreenam	10/29/2019 13:49:34 PM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Deonne E. Contine  
Director

Robin Hager  
Deputy Director

Kevin D. Doty  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Purchasing Use Only:

Approval#:

110907 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency Name: <i>Department of Education</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Heidi Haartz, Deputy Superintendent, B&amp;SS</i>	<i>775-687-9175</i>	<i>hhaartz@doe.nv.gov</i>

1b	<b>Vendor Information:</b>	
	Identify Vendor:	<i>Applied Analysis</i>
	Contact Name:	<i>Jeremy A. Aguero</i>
	Complete Address:	<i>6385 S. Rainbow Blvd., Ste. 105, Las Vegas, NV 89118</i>
	Telephone Number:	<i>702-314-1439</i>
Email Address:		<i>jaguero@appliedanalysis.com</i>

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

1d	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	<i>X</i>	No
	Amendment:	#		
	CETS:	#		

1e	<b>Term:</b>			
	One (1) Time Purchase:	<i>X</i>		
	Contract:	Start Date:	<i>BOE/IFC Approval</i>	End Date: <i>6-30-2021</i>

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
Other (Explain):		<i>IFC Contingency Account (per SB 543)</i>

Purchasing Use Only:

Approval #:

190907 ©

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$200,000

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b> <i>Technical assistance in the implementation of SB 543, which creates the Pupil Centered Funding Model for K-12 education in the State of Nevada. Services include assisting the Department and the Commission on School Funding with the validation of the funding model/methodology and analyzing the economic impact on the Department, individual school districts, and the State Public Charter School Authority.</i>
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3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b> <i>Mr. Aguero assisted legislators with the development of SB 543, making him uniquely qualified to provide technical assistance to the Department and the Commission with the implementation of this legislation.</i>
---	--

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b> <i>Subject Matter Expertise: Mr. Aguero's role in developing the proposed funding model and resulting legislation make him (and the company) uniquely qualified. There are no other vendors with this expertise.</i> <i>Timing: Nearly all of provisions included in SB 543 must be completed on or before the start of the 2021 Legislative Session. The amount of work required and the short turn-around time require the Department to utilize internal and external resources to best meet the needs of the state.</i>
---	--

5	Were alternative services or commodities evaluated? Check One.	Yes:		No:	X
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
	b. <u>If not</u> , why were alternatives not evaluated?				
	The Department is unaware of any other individuals or companies that contributed to the development of the proposed funding model.				

Purchasing Use Only:

Approval #:

190907

*[Signature]*

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</b>			Yes:		No:	X
	a. If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, 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>
	<i>Valuable time will be lost if the Department must go through the competitive bid process. As noted previously, the workload to be completed within the next year, in order to be compliant with SB 543, are tremendous.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>Based on the Department's interaction with Mr. Aguero during the 2019 Legislative Session, it is clear that he is the only vendor who can provide this specific technical assistance to the Department and the Commission on School Funding.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:		No:	X
	a. If yes, please provide details regarding future obligations or needs.				

**Purchasing Use Only:**

Approval #:

190907 @

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.

Heidi K Haartz

Agency Representative Initiating Request

Heidi Haartz

Print Name of Agency Representative Initiating Request

9/15/19

Date

[Signature]

Signature of Agency Head Authorizing Request

Jhone Ebert

Print Name of Agency Head Authorizing Request

9/17/19

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 or 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.

Approved by:

Kevin D. Doty

Administrator, Purchasing Division or Designee

9/27/19

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: **22529**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2673-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AUGENBLICK PALAICH AND ASSOCIATES, INC.**Contractor Name: **AUGENBLICK PALAICH AND ASSOCIATES, INC.**Address: **ASSOCIATES (APA)****1547 GAYLORD ST**City/State/Zip: **DENVER, CO 80206**Contact/Phone: **JUSTIN SILVERSTEIN 303/293-2175**Vendor No.: **T27041969**NV Business ID: **NV20171752082**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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.

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

Agency Reference #: **300**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **1 year and 242 days**4. Type of contract: **Contract**Contract description: **Subject Expertise**

5. Purpose of contract:

**This is a new contract to provide assistance to the Commission on School Funding regarding the implementation of the Pupil-Centered Funding Model, per Senate Bill 543, including developing a Nevada-specific comparable wage index, researching how other states calculate administrative costs and developing a methodology for determining the administrative rate for each Nevada school district, examining the costs associated with district size adjustments, and identifying successful implementation strategies and process used by other states when implementing similar funding models.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: Per Itemized Invoice

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Implementation of Senate Bill 543.**

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

**Vendor has specific subject matter expertise that can contribute to this project that the Department of Education's employees do not have**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**



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

Not Applicable

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

**Approval #: 191001**

**Approval Date: 10/08/2019**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Contract ended in March 2019-Satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	10/16/2019 15:33:43 PM
Division Approval	amccalla	10/16/2019 15:33:45 PM
Department Approval	amccalla	10/16/2019 15:33:47 PM
Contract Manager Approval	amccalla	10/16/2019 15:33:50 PM
Budget Analyst Approval	cbrekken	10/17/2019 11:32:12 AM
BOE Agenda Approval	tgreenam	10/29/2019 13:50:09 PM
BOE Final Approval	Pending	



STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION

*Purchasing Division*

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

*Purchasing Use Only:*

Approval#: 191001 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency Name: <i>Department of Education</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Heidi Haartz, Deputy Superintendent, B&amp;SS</i>	<i>775-687-9175</i>	<i>hhaartz@doe.nv.gov</i>

1b	<b>Vendor Information:</b>	
	Identify Vendor:	<i>Augenblick, Palaich and Associates (APA)</i>
	Contact Name:	<i>Justin Silverstein or Amanda Brown</i>
	Complete Address:	<i>1547 Gaylord St., Denver CO 80206</i>
	Telephone Number:	<i>303-293-2175</i>
Email Address:	<i>jrs@apaconsulting.net or arb@apaconsulting.net</i>	

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

1d	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	<i>X</i>	No
	Amendment:	#		
	CETS:	#		

1e	<b>Term:</b>			
	One (1) Time Purchase:	<i>X</i>		
	Contract:	Start Date:	<i>BOE/IFC Approval</i>	End Date: <i>6-30-2021</i>

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
Other (Explain):	<i>IFC Contingency Account (per SB 543)</i>	

Purchasing Use Only:

Approval #:

191001 9

1g

Total Estimated Value of this Service Contract, Amendment or Purchase:

\$200,000

2

Provide a description of work/services to be performed or commodity/good to be purchased:

*Technical assistance in the implementation of SB 543, which creates the Pupil Centered Funding Model for K-12 education in the State of Nevada. Services include assisting the Department and the Commission on School Funding with defining optimal funding levels for K-12 education in the State of Nevada, for all students and for specific categories of students*

*In order to accomplish the work described in SB 543, the Commission will be forming two work groups, one focused on the development of the proposed formula and the distribution of funds and one focused on the reporting requirements outlined in SB 543, as well as monitoring of the implementation of the proposed funding model and identification of needed conceptual and statutory changes. It appears that this vendor will be well qualified to provide subject matter expertise to the formula and funding distribution work group.*

3

What are the unique features/qualifications required for this service or good that are not available from any other vendor:

*APA recently (2018) conducted the Nevada School Finance Study, which identified needed resources for students, including students with special needs. The study also included the implementation of two adequacy approaches to develop cost factors and provided an updated set of recommendations to the State. Several of the funding recommendations developed by APA are included in the Pupil Centered Funding Model, described in SB 543. This recent and unique experience allows APA to assist the Department and the Commission, specifically the funding and distribution work group, without the need for additional preparation time. Based on this previous work done on behalf of the Department of Education, APA has insight into the State's (and local districts') attributes, information that will be critical to defining the parameters of "optimal" funding for k-12 education in Nevada.*

4

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

*Subject Matter Expertise: The proposed services layer on to work previously conducted by APA, through a contract with the Department of Education. No other vendors would have the foundational information readily available to continue this important work. Additionally, APA has national experienced with cost-based modeling for k-12 education. (Nevada is one of 2 states in the nation currently using expense-based modeling; Nevada will now transition to cost-based modeling.)*

*Timing: Nearly all of provisions included in SB 543 must be completed on or before the start of the 2021 Legislative Session. The amount of work required and the short turn-around time require the Department to utilize internal and external resources to best meet the needs of the state. The proposed funding formula must be developed and tested by the Department and local school districts prior to May 15, 2020, and the Commission must submit its recommendations, based on a comparative analysis of the current funding formula and the new funding formula, to the Governor and the Legislature on or before July 15, 2020. Due to the short time frame allowed for completion of this work, the Commission will be meeting at least monthly through the remainder of FY 2020. It is imperative that subject matter expertise be available to the Commission and the Department, in order to avoid delays and jeopardize this important project.*

	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:		No:	<b>X</b>
	a. <b><u>If yes</u></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
5	b. <b><u>If not</u></b> , why were alternatives not evaluated?				
	<p><b><i>The Department is unaware of any other individuals or companies that have recently conducted this type of research and would be readily available to continue with the development and implantation of the proposed funding formula.</i></b></p> <p><b><i>If the solicitation waiver is approved, the Department plans to initiate a contract with the vendor that is effective upon the approval of IFC, following its October 24, 2019 meeting. Section 74.5 of SB 543 includes a General Fund appropriation to the IFC totaling \$6.6 million for allocation to the Department for the implementation of the legislation. This contract would be retroactively approved by the BOE on November 12, 2019.</i></b></p>				

Purchasing Use Only:

Approval #:

191001 @

6	Has the agency purchased this service or commodity in the past? Check One. <i>Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i>			Yes:		No:	X
	a. If yes, starting with the most recent contract and working backward, for the <i>entire</i> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, Waiver #)	
			\$				
			\$				
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>Valuable time will be lost if the Department must go through the competitive bid process. As noted previously, the workload to be completed within the next year, in order to be compliant with SB 543, are tremendous.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>The Department conducted an internet search and found no vendors with experience in K-12 cost modeling. It appears that the majority of expertise in cost modeling for education is targeted to higher education.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:		No:	X
	a. If yes, please provide details regarding future obligations or needs.				

Purchasing Use Only:

Approval #:

191001 @

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.

Heidi Haartz

Agency Representative Initiating Request

Heidi Haartz

Print Name of Agency Representative Initiating Request

9/16/19

Date

[Signature]

Signature of Agency Head Authorizing Request

Jhone Ebert

Print Name of Agency Head Authorizing Request

9/19/19

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 or 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.

Approved by:

Kevin D. Doty

Administrator, Purchasing Division or Designee

10/8/19

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: **22528**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2673-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WESTED**Contractor Name: **WESTED**Address: **730 HARRISON ST**City/State/Zip: **SAN FRANCISCO, CA 94107**

Contact/Phone: Jason Willis 415-565-3000

Vendor No.: T81012500

NV Business ID: NV20111743662

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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.

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

Agency Reference #: 300

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **1 year and 242 days**4. Type of contract: **Interlocal Agreement**Contract description: **Subject Expertise**

5. Purpose of contract:

**This is a new interlocal agreement to provide assistance to the Commission on School Funding regarding the implementation of the Pupil-Centered Funding Model (PCFM), per Senate Bill (SB) 543, including comparing current reporting requirements to the reporting requirements in SB 543, collecting and reporting exemplars for per-pupil funding reporting requirements from other states, developing guidelines for school districts and schools regarding financial, statistical, and programmatic reporting requirements, and identifying potential changes to existing laws and regulations to increase efficacy of the PCFM.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: Per Itemized Invoice

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Implementation of Senate Bill 543.

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

Vendor has specific subject matter expertise that can contribute to this project that the Department of Education's employees do not have.

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

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

Not Applicable

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

**Approval #: 191002**

**Approval Date: 10/08/2019**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Contract ended in March 2019-Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	10/16/2019 15:33:14 PM
Division Approval	amccalla	10/16/2019 15:33:17 PM
Department Approval	amccalla	10/16/2019 15:33:19 PM
Contract Manager Approval	amccalla	10/16/2019 15:33:22 PM
Budget Analyst Approval	cbrekken	10/17/2019 11:31:56 AM
BOE Agenda Approval	tgreenam	10/29/2019 13:49:51 PM
BOE Final Approval	Pending	





STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Purchasing Division*

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

*Purchasing Use Only:*

Approval#: 191002 (C)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency Name: <i>Department of Education</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Heidi Haartz, Deputy Superintendent, B&amp;SS</i>	<i>775-687-9175</i>	<i>hhaartz@doe.nv.gov</i>

1b	<b>Vendor Information:</b>	
	Identify Vendor:	<i>WestEd</i>
	Contact Name:	<i>Jason Willis, Director, Strategy &amp; Performance</i>
	Complete Address:	<i>730 Harrison St., San Francisco, CA 94107</i>
	Telephone Number:	<i>877-4-WestEd</i>
	Email Address:	<i>jwillis@wested.org</i>

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

1d	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	<i>X</i>	No
	Amendment:	#		
	CETS:	#		

1e	<b>Term:</b>			
	One (1) Time Purchase:	<i>X</i>		
	Contract:	Start Date:	<i>BOE/IFC Approval</i>	End Date: <i>6-30-2021</i>

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>IFC Contingency Account (per SB 543)</i>

Purchasing Use Only:

Approval #:

191002②

1g

Total Estimated Value of this Service Contract, Amendment or Purchase:

\$200,000

2

Provide a description of work/services to be performed or commodity/good to be purchased:

*Technical assistance in the implementation of SB 543, which creates the Pupil Centered Funding Model for K-12 education in the State of Nevada. Services include assisting the school districts and the State Public Charter School with implementation of the Pupil Centered Funding Plan, including but not limited to the decentralization of fiscal and programmatic reporting. Technical assistance may also be to provide to the Department and Commission in the development of required reports. WestEd may also support the Commission in making recommendations to the Governor and the Legislature regarding needed (statutory) changes to support the successful implementation of the new funding formula.*

*In order to accomplish the work described in SB 543, the Commission will be forming two work groups, one focused on the development of the proposed formula and the distribution of funds and one focused on the reporting requirements outlined in SB 543, as well as monitoring of the implementation of the proposed funding model and identification of needed conceptual and statutory changes. It is anticipated that WestEd will be will qualified to provide subject matter expertise to the reporting and monitoring work group.*

3

What are the unique features/qualifications required for this service or good that are not available from any other vendor:

*WestEd has previously supported the Department by facilitating conversations with school districts (and other stakeholders) regarding the development and implementation of a new funding formula. Through this work, WestEd has developed subject matter expertise on the Department and the districts. At the district level this expertise includes demographic and geographic opportunities and limitations, as well as current practices for resource allocation. This insight will support the rapid implementation of the proposed Pupil Centered Funding Formula, specifically at the district and school levels. WestEd has supported other states and local districts in a similar capacity.*

4

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

*Subject Matter Expertise: WestEd is already familiar with the Department and the districts, as well as the proposed funding model and desired outcomes. They can begin this work immediately, eliminating delays related to program start up. Testing of the proposed funding formula must be completed by May 15, 2020.*

*Timing: Nearly all of provisions included in SB 543 must be completed prior to the start of the 2021 Legislative Session. Specifically, the Commission is required by SB 543 to submit recommendations regarding the implementation of the proposed Pupil Centered Funding Plan to the Governor and the Legislature on or before July 15, 2020.*

*The amount of work required and the short turn-around time require the Department to utilize internal and external resources, already familiar with the State of Nevada and the Department of Education, to best meet the needs of the state. Currently, the Commission is planning to meet at least monthly in order to complete its work within the established timeframe. It is possible that meeting*

*more frequently may be necessary. The Department must engage the assistance of outside partner, with subject matter expertise, in order to avoid delays in the work of the Commission.*

5	<b>Were alternative services or commodities evaluated? Check One.</b>		Yes:		No:	X
	a. <i><b>If yes</b>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>					
	b. <i><b>If not</b>, why were alternatives not evaluated?</i>					
<p><i>The Department is unaware of any other vendors with this type of Nevada-specific expertise. Due to the short time available for project completion, the Department believes it is prudent to utilize organizations already with the State and its objectives.</i></p> <p><i>If the solicitation waiver is approved, the Department plans to initiate a contract with the vendor that is effective upon the approval of IFC, following its October 24, 2019 meeting. Section 74.5 of SB 543 includes a General Fund appropriation to the IFC totaling \$6.6 million for allocation to the Department for the implementation of the legislation. This contract would be retroactively approved by the BOE on November 12, 2019.</i></p>						

Purchasing Use Only:

Approval #:

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:		No:	X
	a. <i>If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, 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>	
	<p><i>Valuable time will be lost if the Department must go through the competitive bid process. As noted previously, the workload to be completed within the next year, in order to be compliant with SB 543, is tremendous. The Commission must provide recommendations to the Governor and the Legislature, to facilitate effective implementation of the funding formula, on or before July 15, 2020. The</i></p>	

	<i>Department must submit its biennial budget request on or before August 31, 2020.</i>
--	---

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>The Department is unaware of any other vendors with this type of Nevada-specific expertise. Due to the short time available for project completion, the Department believes it is prudent to utilize organizations already with the State, the intent of the proposed legislation and the need for urgent response capacity.</i>

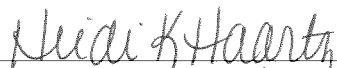
9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				

Purchasing Use Only:

Approval #:

191002@

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



Agency Representative Initiating Request

Heidi Haartz

Print Name of Agency Representative Initiating Request

9/15/19

Date



Signature of Agency Head Authorizing Request

Jhone Ebert

Print Name of Agency Head Authorizing Request

9/17/19

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 or 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.

Approved by:



Administrator, Purchasing Division or Designee

10/8/19

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: **19313**Amendment  
Number: **1**Agency Name: **NDE - DEPARTMENT OF  
EDUCATION**Legal Entity  
Name: **Regents of the University of California  
DBA UCSC Silicon Valley**Agency Code: **300**Contractor Name: **Regents of the University of California  
DBA UCSC Silicon Valley**Appropriation Unit: **2697-45**Address: **UCSC Silicon Valley Campus**Is budget authority  
available?: **Yes****3175 Bowers Ave.**City/State/Zip **Santa Clara, CA 95054**

If "No" please explain: Not Applicable

Contact/Phone: **Lynda M. Rogers, Ed.D. 310/825-0659**Vendor No.: **T29018364**NV Business ID: **Gov't Entity**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **11/14/2017**  
Examiner's approval?

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **06/30/2021**

Termination Date:

Contract term: **3 years and 228 days**4. Type of contract: **Interlocal Agreement**Contract description: **SBAC Membership**

5. Purpose of contract:

**This is the first amendment to the original contract which provides the Smarter Balanced Complete Assessment System which includes summative, interim and formative assessments in English Language Arts and Mathematics for grades 3rd through 8th. This amendment increases the maximum amount from \$9,164,376.40 to \$9,454,690.80 due to projected enrollment growth for Fiscal Years 2020 and 2021.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,164,376.40	\$9,164,376.40	\$9,164,376.40	Yes - Action
2. Amount of current amendment (#1):	\$290,314.40	\$290,314.40	\$290,314.40	Yes - Action
3. New maximum contract amount:	\$9,454,690.80			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

In 2010 Nevada joined the Smarter Balanced Assessment Consortium (SBAC), a state led consortium working to develop assessments in line with the new standards. Nevada has worked with SBAC to develop new standards since 2010. This contract is necessary in order to obtain access to the Assessments that Nevada participated in developing as a Governing State within the consortium.

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

State employees do not have access to the Assessments provided under this agreement. The Nevada Department of Education does not have the resources or expertise necessary to develop the computer adaptive assessment model.

9. Were quotes or proposals solicited? 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):

PARCC  
The Regents of the University of California

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 277.180 the agency has contracted with the Regents of the University of California, UCSC Silicon Valley Campus.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Department of Education #16204 from 12/9/2014-7/1/2017 - work was satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rrussum	09/20/2019 14:43:26 PM
Division Approval	rrussum	09/20/2019 14:43:34 PM
Department Approval	amccalla	09/20/2019 14:57:52 PM
Contract Manager Approval	amccalla	09/26/2019 12:16:13 PM
Budget Analyst Approval	cbrekken	09/30/2019 16:17:35 PM
BOE Agenda Approval	tgreenam	10/02/2019 12:39:53 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: **22376**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2712-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **EDUCATIONAL RESEARCH & TRAINING CORPORATION**Contractor Name: **EDUCATIONAL RESEARCH & TRAINING CORPORATION**Address: **1514 13TH AVENUE**City/State/Zip: **GREELEY, CO 80631-4736**Contact/Phone: **RICHARD RANGEL 970/302-9776**Vendor No.: **T27021215**NV Business ID: **NV20111766500**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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

General Funds 0.00 % Fees 0.00 %

**X** Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 300

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Database System**

5. Purpose of contract:

**This is a new contract to provide a migrant student information online database system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$92,000.00**

Payment for services will be made at the rate of \$23,000.00 per Per Fiscal Year

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**A tracking system is required for migrant student information.**

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

**This is a specialized service**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

**ERTC  
DLZP  
BOON IT**b. Solicitation Waiver: **Not Applicable**



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

Pursuant to RFP #30DOE-S735, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/24/2019 Anticipated re-bid date: 06/01/2023

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Department of Education; Work is satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	09/13/2019 11:59:49 AM
Division Approval	amccalla	09/13/2019 11:59:52 AM
Department Approval	amccalla	09/13/2019 11:59:54 AM
Contract Manager Approval	amccalla	09/13/2019 11:59:57 AM
EITS Approval	daxtel1	09/16/2019 12:33:23 PM
Budget Analyst Approval	cbrekken	09/26/2019 14:23:45 PM
BOE Agenda Approval	tgreenam	09/30/2019 14:58:23 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **13995**Amendment Number: **8**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Legal Entity Name: **TRANSACT COMMUNICATIONS, LLC**Agency Code: **300**Contractor Name: **TRANSACT COMMUNICATIONS, LLC**Appropriation Unit: **2712-64**Address: **DBA CAYEN SYSTEMS  
5105 200TH ST SW STE 200**Is budget authority available?: **Yes**City/State/Zip: **LYNNWOOD, WA 98036**

If "No" please explain: Not Applicable

Contact/Phone: **Alex Jarzebowicz 414/257-9400**Vendor No.: **T27041983**NV Business ID: **NV20171337464**To what State Fiscal Year(s) will the contract be charged? **2013-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2013**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **11/30/2019**

Termination Date:

Contract term: **8 years and 265 days**4. Type of contract: **Contract**Contract description: **Federal Reports/Eval**

5. Purpose of contract:

**This is the eighth amendment to the original contract which provides annual maintenance and support for the Cayen After School 21 statewide system and up to 130 sites in support of the Nevada 21st Century Community Learning Centers Program. This amendment extends the termination date from November 30, 2019 to November 30, 2021, increases the maximum amount from \$215,317 to \$362,607, and adds a two day training and modifications to the Performance Indicator Report for 2019-2020, due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,680.00	\$48,680.00	\$48,680.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$48,680.00	No
b. Amendment 2:	\$0.00	\$0.00	\$48,680.00	No
c. Amendment 3:	\$27,140.00	\$27,140.00	\$75,820.00	Yes - Action
d. Amendment 4:	\$26,259.00	\$26,259.00	\$26,259.00	Yes - Info
e. Amendment 5:	\$31,119.00	\$31,119.00	\$57,378.00	Yes - Action
f. Amendment 6:	\$57,644.00	\$57,644.00	\$57,644.00	Yes - Action
g. Amendment 7:	\$24,475.00	\$24,475.00	\$24,475.00	Yes - Info
2. Amount of current amendment (#8):	\$147,290.00	\$147,290.00	\$171,765.00	Yes - Action

3.	New maximum contract amount:	\$362,607.00
	and/or the termination date of the original contract has changed to:	11/30/2021

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The United States Department of Education (USDOE) Requires certain data be provided as part of the 21st Annual Performance Report (PPICs) in a specific format, Cayen AS21 masses the information from the 51 programs in order to meet the various requirements and then uploads this information into Federal data contractor, AIR.

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

Due to the small staff size assigned to work with Elementary and secondary Education, the consultants who handle the programs included in this contract, also handle a minimum of three other programs as well. Due to the workload assigned to NDE staff, there is not enough time to complete these assignments, and no other state agency has the required background knowledge and/or expertise.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

**Approval #: 121207**

**Approval Date: 12/20/2012**

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

No one else can make changes to the CayenAS system, required changes to make the Nevada 21st CCLC program operate in compliance with the federal guidelines in terms of tracking and reporting would be jeopardized. While other systems could be purchased, the cost would be prohibitive in terms of the dollars and time. Having no system in place would cause significant problems with end of year reporting

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vrutledg	10/03/2019 14:08:23 PM
Division Approval	vrutledg	10/03/2019 14:08:31 PM
Department Approval	amccalla	10/08/2019 16:11:03 PM
Contract Manager Approval	amccalla	10/08/2019 16:11:10 PM
Budget Analyst Approval	cbrekken	10/14/2019 13:14:19 PM
BOE Agenda Approval	tgreenam	10/14/2019 16:05:51 PM

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

Purchasing Use Only:

Approval #: 292

## CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	<b>Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:</b>			
	State Agency:		Department of Education	
	Contact Name(s) and Titles:		TeQuila Barrett	
	Telephone Number(s):		702-486-7953	
	Email Address(s):		tbarrett@doe.nv.gov	

2	<b>Contractor Information:</b>			
	Contractor:		Cayen Systems, LLC	
	Contact Name:		Joe Cayen	
	Address:		7100 W. Center Street	
	Phone Number:		414-257-9400	
	Email Address:		joe@cayen.net	

3	<b>Ongoing relationship disclosure – List all previous contract information:</b>					
	Procurement method:		Waiver			
	CETS #:		13995			
	Contract “not to exceed amount”:		\$			
	Contract term:		Start date:	03/12/2013	End date:	11/30/2017
			mm/dd/yy		mm/dd/yy	
	CETS #:					
	Contract “not to exceed amount”:					
		Start date:	11/30/2017	End date:	11/30/2019	
		mm/dd/yy		mm/dd/yy		

4	<b>Procurement method used to award the current contract:</b>	
	RFP, solicitation # if applicable:	
	Quote, solicitation # if applicable:	
	Waiver, provide number: 121207	
	Other:	

5	<b>Current contract information:</b>				
	CETS #: 13995				
	Initial contract “not to exceed amount”:		\$48,680.00		
	Contract term:	Start date:	3/12/2013	End date:	11/30/2019
		mm/dd/yy		mm/dd/yy	

6	Amendment information – List all previously approved amendments:			
	Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	1	No Cost Extension	\$0	10/30/2014
	2	No Cost Extension	\$0	11/30/2014
	3	Increases the amount of the contract and total number of sites to provide 21 <sup>st</sup> Century data collection services for DOE reporting of the entire school year.	Adds \$ for a total amount of \$75,820.00	11/30/2015
	4	Extend contract for one year and increase dollar amount to provide continued services, including the addition of online electronic teacher survey and updates to align with new federal system, for data collection and reporting of the federal APR requirements.	Adds \$26,259.00 for a total amount of \$102,079.00	11/30/2016
	5	Extend contract for one year and increase dollar amount to provide continued services, including the addition of online electronic teacher survey and updates to align with new federal system, for data collection and reporting of the federal APR requirements.	Adds \$31,119.00 for a total amount of \$133,198.00	11/30/2017
	6	Extend contract for two years and increase dollar amount to provide annual maintenance and support for the Cayen After School 21 (AS 21) statewide System and up to 60 sites in support of the Nevada 21 <sup>st</sup> CCLC Program. The amendment extends the termination date from November 30, 2017 to November 30, 2019, and increases the amount of contract from \$133,198.00 to \$190,842.00 to continue these services for statewide data collection of Nevada's 21 <sup>st</sup> CCLC sites according to federal program requirements.	Adds \$57,644.00 for a total amount of \$190,842.00	11/30/2019
	7	Increase dollar amount to provide annual maintenance and support for the Cayen After School 21 (AS 21) statewide System and up to 60 sites in support of the Nevada 21 <sup>st</sup> Century Community Learning Centers (21 <sup>st</sup> CCLC) Program. The amendment increases the number of	Adds \$24,475.00 for a total amount of \$215,317.00	11/30/2019

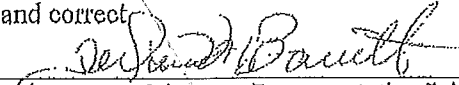
		sites up to 130 and increases the amount of contract from \$190,842.00 to \$215,317.00 to continue these services for statewide data collection of Nevada's 21 <sup>st</sup> CCLC sites according to federal program requirements.	
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<b>Proposed amendment information:</b>				
	<b>Amd #:</b>	<b>Brief synopsis of what the requested amendment will accomplish</b>	<b>Change in "not to exceed" amount:</b>	<b>Change in end date: mm/dd/yy</b>
7	8	The amendment increases the amount of contract from \$215,317.00 to \$293,157.00 to continue these services in support of Nevada's 21 <sup>st</sup> CCLC sites according to federal program requirements. In addition, it extend the contract for up to two years and increases the dollar amount due to the API changes in the federal system used for data collection. The federal government developed an API for data collection which automatically transfers data directly from the Cayen database to the federal 21APR system. Services will continue due to the delay in reviewing and transitioning to a statewide data collection system for 21 <sup>st</sup> CCLC with Infinite Campus. It is the intent of NDE to streamline its data collection processes for across programs in the statewide Infinite Campus system, if possible. However, additional time is necessary to review and customize the required data points, testing and conducting of a pilot phase across all department programs prior to rollout of a full implementation.	\$293,157.00	11/30/2021

	<b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):</b>
8	The United States Department of Education requires submission of certain data as part of the annual report for 21 <sup>st</sup> Century Community Learning Center programs. During the past two years, NDE has worked with the USDOE to develop an API process for submitting the program data to the federal 21APR system directly from the Cayen system. This process was fully implemented as on June 2019 for submission of the 2018-2019 school year data in the absence of a successful pilot of the Infinite Campus platform. Therefore, NDE request this extension to continue to use the Cayen system to submit the program data through an API submission through the 2020-2021 school years. NDE will continue to explore the use of other statewide data collection systems, such as Infinite Campus, in efforts to consolidate and streamline data collection processes for the department across multiple state education programs. This plan will not be implemented for a single program to allow for efficient and effective use of state funds. Cayen has collected and housed the 21 <sup>st</sup> Century program data each year, in the required format for Nevada's programs, in order to meet the requirement and submit the data for the federal report. NDE is requesting to extend the services for two years to continue collecting the data in the NEW API format for federal reporting.

9	<p><b>What are the potential consequences to the State if the contract extension request is denied?</b></p> <p><i>The Nevada Department of Education will fail to collect the required data in a manner consistent to the federal program guidelines for the 21<sup>st</sup> Century programs and the recently adopted federal API data collection process. All school staff working in programs will require additional technical assistance and training to manually collect the program data in accordance to meeting state and federal requirements of receive the grant funds. This will immediately increase the need for additional internal staff.</i></p>
---	--

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.

  
 Signature of Agency Representative Initiating Request

TeQuia Barrett  
 Education Programs Professional

8-23-19  
 Date

  
 Signature of Agency Head Authorizing Request


Jonathan P. Moore  
 Deputy Superintendent of Student Achievement

08-22-19  
 Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Signed:

  
 Administrator, Purchasing Division or Designee

9/10/19  
 Date





<b>Purchasing Use Only:</b>	
Approval #:	#294

NOTE: #292 Rescinded + replaced with #294 @

## CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	<b>Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:</b>	
	State Agency:	Department of Education
	Contact Name(s) and Titles:	TeQuia Barrett
	Telephone Number(s):	702-486-7953
	Email Address(s):	tbarrett@doe.nv.gov

2	<b>Contractor Information:</b>	
	Contractor:	Cayen Systems, LLC
	Contact Name:	Joe Cayen
	Address:	7100 W. Center Street
	Phone Number:	414-257-9400
	Email Address:	joe@cayen.net

3	<b>Ongoing relationship disclosure – List all previous contract information:</b>				
	Procurement method:	Waiver			
	CETS #:	13995			
	Contract “not to exceed amount”:	\$			
	Contract term:	Start date: mm/dd/yy	03/12/2013	End date: mm/dd/yy	11/30/2017
	CETS #:				
	Contract “not to exceed amount”:				
		Start date: mm/dd/yy	11/30/2017	End date: mm/dd/yy	11/30/2019

4	<b>Procurement method used to award the current contract:</b>	
	RFP, solicitation # if applicable:	
	Quote, solicitation # if applicable:	
	Waiver, provide number:	121207
	Other:	

5	<b>Current contract information:</b>			
	CETS #:13995			
	Initial contract “not to exceed amount”:	\$48,680.00		
	Contract term:	Start date: mm/dd/yy	3/12/2013	End date: mm/dd/yy

Rec'd 10/03/19

#2940

Amendment information – List all previously approved amendments:			
Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
1	No Cost Extension	\$0	10/30/2014
2	No Cost Extension	\$0	11/30/2014
3	Increases the amount of the contract and total number of sites to provide 21 <sup>st</sup> Century data collection services for DOE reporting of the entire school year.	Adds \$ for a total amount of \$75,820.00	11/30/2015
4	Extend contract for one year and increase dollar amount to provide continued services, including the addition of online electronic teacher survey and updates to align with new federal system, for data collection and reporting of the federal APR requirements.	Adds \$26,259.00 for a total amount of \$102,079.00	11/30/2016
5	Extend contract for one year and increase dollar amount to provide continued services, including the addition of online electronic teacher survey and updates to align with new federal system, for data collection and reporting of the federal APR requirements.	Adds \$31,119.00 for a total amount of \$133,198.00	11/30/2017
6	Extend contract for two years and increase dollar amount to provide annual maintenance and support for the Cayen After School 21 (AS 21) statewide System and up to 60 sites in support of the Nevada 21 <sup>st</sup> CCLC Program. The amendment extends the termination date from November 30, 2017 to November 30, 2019, and increases the amount of contract from \$133,198.00 to \$190,842.00 to continue these services for statewide data collection of Nevada's 21 <sup>st</sup> CCLC sites according to federal program requirements.	Adds \$57,644.00 for a total amount of \$190,842.00	11/30/2019
7	Increase dollar amount to provide annual maintenance and support for the Cayen After School 21 (AS 21) statewide System and up to 60 sites in support of the Nevada 21 <sup>st</sup> Century Community Learning Centers (21 <sup>st</sup> CCLC) Program. The amendment increases the number of	Adds \$24,475.00 for a total amount of \$215,317.00	11/30/2019

		sites up to 130 and increases the amount of contract from \$190,842.00 to \$215,317.00 to continue these services for statewide data collection of Nevada's 21 <sup>st</sup> CCLC sites according to federal program requirements.		
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<b>Proposed amendment information:</b>				
	<b>Amd #:</b>	<b>Brief synopsis of what the requested amendment will accomplish</b>	<b>Change in "not to exceed" amount:</b>	<b>Change in end date: mm/dd/yy</b>
7	8	<i>The amendment increases the amount of contract from \$215,317.00 to \$362,607.00 to continue these services in support of Nevada's 21<sup>st</sup> CCLC sites according to federal program requirements. In addition, it extend the contract for up to two years and increases the dollar amount due to the API changes in the federal system used for data collection. The federal government developed an API for data collection which automatically transfers data directly from the Cayen database to the federal 21APR system. Services will continue due to the delay in reviewing and transitioning to a statewide data collection system for 21<sup>st</sup> CCLC with Infinite Campus. It is the intent of NDE to streamline its data collection processes for across programs in the statewide Infinite Campus system, if possible. However, additional time is necessary to review and customize the required data points, testing and conducting of a pilot phase across all department programs prior to rollout of a full implementation.</i>	<b>\$362,607.00</b>	<b>11/30/2021</b>

	<b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):</b>
8	<i>The United States Department of Education requires submission of certain data as part of the annual report for 21<sup>st</sup> Century Community Learning Center programs. During the past two years, NDE has worked with the USDOE to develop an API process for submitting the program data to the federal 21APR system directly from the Cayen system. This process was fully implemented as on June 2019 for submission of the 2018-2019 school year data in the absence of a successful pilot of the Infinite Campus platform. Therefore, NDE request this extension to continue to use the Cayen system to submit the program data through an API submission through the 2020-2021 school years. NDE will continue to explore the use of other statewide data collection systems, such as Infinite Campus, in efforts to consolidate and streamline data collection processes for the department across multiple state education programs. This plan will not be implemented for a single program to allow for efficient and effective use of state funds. Cayen has collected and housed the 21<sup>st</sup> Century program data each year, in the required format for Nevada's programs, in order to meet the requirement and submit the data for the federal report. NDE is requesting to extend the services for two years to continue collecting the data in the NEW API format for federal reporting.</i>

#2940

9	<p><b>What are the potential consequences to the State if the contract extension request is denied?</b></p> <p><i>The Nevada Department of Education will fail to collect the required data in a manner consistent to the federal program guidelines for the 21<sup>st</sup> Century programs and the recently adopted federal API data collection process. All school staff working in programs will require additional technical assistance and training to manually collect the program data in accordance to meeting state and federal requirements of receive the grant funds. This will immediately increase the need for additional internal staff.</i></p>
---	--

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.



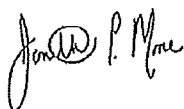
Signature of Agency Representative Initiating Request

TeQuia Barrett

Education Programs Professional

8-27-19

Date



Signature of Agency Head Authorizing Request

Jonathan P. Moore

Deputy Superintendent of Student Achievement

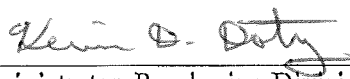
08-22-19

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Signed:



Administrator, Purchasing Division or Designee

10/8/19

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: **22359**Agency Name: **ADMIN - NV ST LIBRARY,  
ARCHIVES AND PUBLIC RECORDS**Agency Code: **332**Appropriation Unit: **2891-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NEVADA HUMANITIES**Contractor Name: **NEVADA HUMANITIES**Address: **PO BOX 8029**City/State/Zip: **RENO, NV 89507**Contact/Phone: **Stephanie Gibson 775-784-6587**Vendor No.: **T80946425**NV Business ID: **NV19751003518**To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

General Funds 0.00 % Fees 0.00 %

**X** Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **ASD 2832919**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **2 years and 242 days**4. Type of contract: **Contract**Contract description: **Library services**

5. Purpose of contract:

**This is a new contract to provide ongoing implementation and administration of the Nevada Center for the Book program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: FY20: \$50,000; FY21 \$50,000; FY22 \$50,000.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**To fulfill obligations as state affiliate of Library of Congress for the National Center for the Book program.**

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

**Staffing shortages to manage the scope of this program.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

**Not Applicable**

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

**Approval #: 170701A**

**Approval Date: 05/03/2018**

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No**

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

**No**

If "Yes", please explain

Not Applicable

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

**Yes**

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

Since 2000, service is satisfactory.

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

**No**

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

Sulin Jones, LSTA Coordinator Ph: 775-684-3340

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/19/2019 11:08:03 AM
Division Approval	ssands	09/19/2019 11:08:05 AM
Department Approval	ssands	09/19/2019 11:08:08 AM
Contract Manager Approval	ssands	09/19/2019 11:10:49 AM
Budget Analyst Approval	cpalme2	09/19/2019 14:06:01 PM
BOE Agenda Approval	cmurph3	09/25/2019 12:53:35 PM
BOE Final Approval	Pending	

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

<b>Purchasing Use Only:</b>	
Approval#:	170701 A

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b> Nevada State Library, Archives and Public Records		
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	Sulin Jones	775 684-3340	sulinjones@admin.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	<b>Identify Vendor:</b>	Nevada Humanities
	<b>Contact Name:</b>	Stephanie Gibson
	<b>Address:</b>	1670-200 North Virginia St, Reno, NV 89507
	<b>Telephone Number:</b>	775-784-6587
	<b>Email Address:</b>	sgibson@nevadahumanities.org

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

<b>1d</b>	<b>Contract Information:</b>			
	<b>Is this a new Contract?</b>	Yes	No	x
	<b>Amendment:</b>	#1		
	<b>CETS:</b>	#18977		

<b>1e</b>	<b>Term:</b>			
	<b>One (1) Time Purchase:</b>	yes		
	<b>Contract:</b>	<b>Start Date:</b> July 1, 2018	<b>End Date:</b> June 30, 2022	

<b>1f</b>	<b>Funding:</b>	
	<b>State Appropriated:</b>	
	<b>Federal Funds:</b>	x
	<b>Grant Funds:</b>	
	<b>Other (Explain):</b>	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$200,000

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<p>The Nevada State Library, Archives and Public Records (NSLAPR) is designated as the state affiliate of the National Center for the Book in the Library of Congress. Nevada Humanities will administer programs demarcated as Nevada Center for the Book initiatives:</p> <ol style="list-style-type: none"> <li>1. Nevada Reads - a statewide One Book program to promote literacy and build community</li> <li>2. National Book Festival: represent Nevada in the Pavilion of States during this annual festival hosted by the Library of Congress in Washington, DC</li> <li>3. Letters About Literature:</li> <li>4. Additional book, author, and literacy related programs produced by Nevada Humanities in alignment with the Center for the Book mission and vision</li> </ol>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<p>Nevada State Library and Archives uses available resources and collaborative projects to advance literacy initiatives leveraged with thoughtfully selected books, reading activities and programs statewide through the Nevada Center for the Book/Nevada Literacy Services. The scope of projects, both currently in place and potential, are a credit to the staff, their collaborations and the collective energy of Nevadans who believe in the role of books and reading in today's society. The Nevada Center for the Book is positioned to support and collaborate on programs that reach all Nevadans. And the professional expertise of the Nevada Humanities is stand alone in its class. Additionally, the genesis of Nevada's affiliate status with the Library of Congress' Center for the Book was due to the Nevada Humanities.</p>

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>
	<p>As the premier allied partner in advancing literacy in Nevada, the Nevada Humanities organization not only joins the Nevada State Library in celebration of Nevada's vast community of authors, illustrators, designers, book artists and artisans and publishers, but it is the only other statewide organization with allied literary authority and credibility among this audience to deploy the programs of the National Center for the Book in the Library of Congress.</p>

5	<b>Were alternative services or commodities evaluated? Check One.</b>		<b>Yes:</b>		<b>No:</b>	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>					
	b. <i>If not, why were alternatives not evaluated?</i>					
<p>Alternatives were not evaluated because no other allied partner meets the requirements of this program as described in the guidelines for establishing state centers for the book. The state library should be closely involved with the center. If the center is not to be located at the state library, the state library must agree to its location elsewhere and to serve as a major partner.</p> <p>The activities of a state center in promoting books, reading, libraries, and literacy are more important than its location. The state center should not be or be seen as a vehicle for promoting any single library. A state center for the book should be truly statewide in its governance, support, and activities. Its creation should help unify a state's book community, from author to reader, and its activities should reinforce and strengthen the work of other organizations. State centers should not be or be seen as "competitors" with other organizations. The Nevada Humanities is the only organization who meets these requirements.</p>						



6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</b>				Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:							
	Term		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
	Start and End Dates							
	08/08/17	06/30/18	\$50,000	Project Management, Nevada Center for the Book	Waiver #170701			
			\$					
		\$						

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>
	The State Library will have to reconsider its engagement with this national program, due to organizational bandwidth. The opportunity cost to thousands of engaged Nevadans who annually participate in the programs noted above is significant.

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>
	As having been responsible for these program activities we have a clear understanding of how much time and effort is required to advance strategic goals. The price to share some of the responsibilities for executing programs and all that is necessary to promote success is based on an average number of hours required from a variety of key skills and abilities from the Nevada Humanities, the only allied partner with statewide credibility and authority to engage in the work.

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>				Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. If yes, please provide details regarding future obligations or needs.							
	This purchase will not "obligate" the State to this vendor, however the success of the partnership is likely to lend itself to future programs.							

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.

Sulin Jones  
Agency Representative Initiating Request

Sulin Jones  
Print Name of Agency Representative Initiating Request

04-27-18  
Date

Tammy Westergard  
Signature of Agency Head Authorizing Request

Tammy Westergard, Assistant Administrator  
Print Name of Agency Head Authorizing Request

4-27-18  
Date (Acting Administrator)

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:

[Signature]  
Administrator, Purchasing Division or Designee

5-3-2018  
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: **21271** Amendment Number: **1**

Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **CARSON CITY CONSOLIDATED MUNICIPALITY**

Agency Code: **402** Contractor Name: **CARSON CITY CONSOLIDATED MUNICIPALITY**

Appropriation Unit: **3167-00** Address: **201 N. CARSON STREET, SUITE 2**

Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89701**

If "No" please explain: Not Applicable Contact/Phone: **775/887-2190**

Vendor No.:

NV Business ID: **GOVERNMENTAL ENTITY**

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

## 2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2022**

Termination Date:

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Carson City Consolid**

## 5. Purpose of contract:

**This is the first amendment to the original interlocal revenue contract which provides services to children with intellectual and developmental disabilities. This agreement will automatically renew each year unless terminated by either party. This amendment increases the maximum amount from \$60,000 to \$257,000 and changes the scope of work to revise Attachment B - Service Billing which reflects services and rates on the Division's website.**

## 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$60,000.00	\$60,000.00	\$60,000.00	Yes - Action
2. Amount of current amendment (#1):	\$197,000.00	\$197,000.00	\$197,000.00	Yes - Action
3. New maximum contract amount:	\$257,000.00			

**II. JUSTIFICATION**

## 7. What conditions require that this work be done?

Pursuant to NRS 435.010 and NRS 435.020, the Aging and Disability Services Division (ADSD) is obligated to provide services to children with intellectual and developmental disabilities and the County to reimburse ADSD the non-federal share of funding as payment for services.

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

State employees are providing the services for the County.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

MHDS 7/1/11 - 6/30/13, ADSD 7/1/13 - current. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	10/01/2019 08:18:48 AM
Division Approval	dbowma1	10/01/2019 08:18:53 AM
Department Approval	mwinebar	10/01/2019 08:52:41 AM
Contract Manager Approval	ltuttl1	10/01/2019 15:30:58 PM
Budget Analyst Approval	hfield	10/07/2019 13:56:46 PM
BOE Agenda Approval	bwooldri	10/08/2019 08:05:24 AM

STEVE SISOLAK  
Governor



RICHARD WHITLEY, MS  
Director

DENA SCHMIDT  
Administrator


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES  
3416 Goni Road, Suite D-132  
Carson City, NV, 89706  
Telephone (775) 687-4210 • Fax (775) 687-0574  
<http://adsd.nv.gov>

September 30, 2019

**MEMORANDUM**

TO: Susan Brown, Director  
Governor's Finance Office

THROUGH: Richard Whitley, MS, Director  
Department of Health and Human Services

FROM: Dena Schmidt, Administrator   
Aging and Disability Services Division

**SUBJECT: Request for Approval for Retroactive Date of May 29, 2019, for Carson City Consolidated Municipality Revenue Contract**

This memorandum requests the above referenced Aging and Disability Services Division (ADSD) revenue contract with Carson City Consolidated Municipality be approved for a retroactive date effective May 29, 2019, for increase of revenue. This contract requires this retroactive date which increases revenue for the State's obligation to continue to provide services and ensure continuity of care to children.

This revenue contract is for reimbursement to ADSD for the non-federal share of funding as payment for children's services per NRS 435.010. The critical nature of these services and NRS 435.020 obligate the State to continue to provide needed support services and service coordination for residents with intellectual and developmental disabilities.

Thank you,

Dena Schmidt, Administrator  
Aging and Disability Services Division

cc: Jessica Adams, ADSD, Deputy Administrator  
Lisa Tuttle, ADSD, Contract Manager





**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **20316**Amendment  
Number: **1**Agency Name: **DHHS - AGING AND DISABILITY  
SERVICES DIVISION**Legal Entity  
Name: **LYON COUNTY**Agency Code: **402**Contractor Name: **LYON COUNTY**Appropriation Unit: **3167-00**Is budget authority  
available?: **Yes**City/State/Zip **Yerington, NV 89447**

If "No" please explain: Not Applicable

Contact/Phone: **775-463-6510**Vendor No.: **T40156600**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

2. Contract start date:

a. Effective upon Board of  
Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 11/2019

Retroactive? **Yes**

If "Yes", please explain

3. Previously Approved  
Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Lyon County**

5. Purpose of contract:

**This is the first amendment to the original interlocal revenue contract to provide services to children with intellectual and developmental disabilities. This agreement will automatically renew each year unless terminated by either party. This amendment increases the maximum amount from \$60,000 to \$435,000 and changes the scope of work to revise Attachment B - Service Billing which reflects services and rates on the Division's website.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$60,000.00	\$60,000.00	\$60,000.00	Yes - Action
2. Amount of current amendment (#1):	\$375,000.00	\$375,000.00	\$375,000.00	Yes - Action
3. New maximum contract amount:	\$435,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 435.010 and NRS 435.020, the Aging and Disability Services Division (ADSD) is obligated to provide services to children with intellectual and developmental disabilities and the County to reimburse ADSD the non-federal share of funding as payment for services.

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



State employees are providing the services for the County.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

7/1/11 to 6/30/13 for Mental Health and Developmental Services - Satisfactory  
7/1/13 to current for Aging and Disability Services - Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	06/19/2019 14:20:48 PM
Division Approval	dbowma1	06/19/2019 14:20:55 PM
Department Approval	mwinebar	06/20/2019 16:57:49 PM
Contract Manager Approval	ltuttl1	09/17/2019 15:19:56 PM
Budget Analyst Approval	bwooldri	10/01/2019 09:19:47 AM
BOE Agenda Approval	bwooldri	10/08/2019 07:42:40 AM

STEVE SISOLAK  
Governor



RICHARD WHITLEY, MS  
Director

DENA SCHMIDT  
Administrator


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES  
3416 Goni Road, Suite D-132  
Carson City, NV, 89706  
Telephone (775) 687-4210 • Fax (775) 687-0574  
<http://adsd.nv.gov>

September 30, 2019

**MEMORANDUM**

TO: Susan Brown, Director  
Governor's Finance Office

THROUGH: Richard Whitley, MS, Director  
Department of Health and Human Services

FROM: Dena Schmidt, Administrator   
Aging and Disability Services Division

**SUBJECT: Request for Approval for Retroactive Date of March 14, 2019, for Lyon County Revenue Contract**

This memorandum requests the above referenced Aging and Disability Services Division (ADSD) revenue contract with Lyon County be approved for a retroactive date effective March 14, 2019, for increase of revenue. This contract requires this retroactive date which increases revenue for the State's obligation to continue to provide services and ensure continuity of care to children.

This revenue contract is for reimbursement to ADSD for the non-federal share of funding as payment for children's services per NRS 435.010. The critical nature of these services and NRS 435.020 obligate the State to continue to provide needed support services and service coordination for residents with intellectual and developmental disabilities.

Thank you,

Dena Schmidt, Administrator  
Aging and Disability Services Division

cc: Jessica Adams, ADSD, Deputy Administrator  
Lisa Tuttle, ADSD, Contract Manager

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22354**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	<b>WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION DBA WICHE</b>
Agency Code:	<b>406</b>	Contractor Name:	<b>WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION DBA WICHE</b>
Appropriation Unit:	<b>3168-10</b>	Address:	<b>FOR HIGHER EDUCATION DBA WICHE</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>3035 CENTER GREEN DR STE 200 BOULDER, CO 80301</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Liza Tupa 303-541-0224
		Vendor No.:	T81006182
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2020-2022</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.

<b>X</b>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:		C 17457		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/10/2019**

Anticipated BOE meeting date 10/2019

Retroactive? **Yes**

If "Yes", please explain

**This interlocal agreement was delayed because the division had to ensure that budgetary funding would be available for this project. The delay was attributed to the need to wait for fiscal budget closing (August 31, 2019).**

3. Termination Date: **08/09/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Internship Consort.**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing support for the employment of doctoral psychology interns.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$446,718.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This work is required to support the Psychology Internship Consortium.

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

Nevada State employees do not possess the resources that WICHE already has in place.

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?

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

15%

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

**No**

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

**No**

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

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

Not Applicable

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

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

Yes- DPBH has had contracts in place since August of 2017. Services have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	09/03/2019 13:31:17 PM
Division Approval	rmorse	09/03/2019 13:31:19 PM
Department Approval	mwinebar	10/02/2019 17:10:17 PM
Contract Manager Approval	ttilto1	10/04/2019 08:06:59 AM
Budget Analyst Approval	afrantz	10/21/2019 08:53:20 AM
BOE Agenda Approval	bwooldri	10/21/2019 09:18:05 AM
BOE Final Approval	Pending	

STATE OF NEVADA

STEVE SISOLAK  
Governor

RICHARD WHITLEY, MS  
Director



LISA SHERYCH  
Administrator

IHSAN AZZAM, PhD., MD  
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) 684-4220 · Fax: (775) 684-4211

DATE: September 3, 2019

**MEMORANDUM**

TO: Aaron Frantz  
Budget Officer  
Governor's Finance Office

THROUGH: Christina Hadwick  
Administrative Services Officer IV  
Division of Public and Behavioral Health

FROM: Brooke Barlow  
Administrative Services Officer II  
Division of Public and Behavioral Health

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – C 17457 (CETS#22354)**

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **Western Interstate Commission for Higher Education (WICHE)**
- Services to be provided: **Provide ongoing support for the employment of doctoral psychology interns in a doctoral internship program in psychology that meets the standards for accreditation by the American Psychological Association.**
- Funding source and expenditure category: **BA 3168 - CAT 10; GFUND/ BA 3648 - CAT 08; GFUND**
- Requested start date of work: **August 10, 2019**
- Expected execution date of agreement: **November 12, 2019**
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - **This interlocal agreement was delayed because the division had to ensure that budgetary funding would be available for this project before finalizing the contract budget. Program and fiscal staff also requested changes to the contract budget in year 2, which further delayed approvals.**
    - **Describe the impact to the program/services if this work is not started prior to the execution of the agreement: If this request for retroactive start is not approved, the Internship Consortium would lack funding in which Nevada is a large recipient of the services provided by participating interns.**
  - Explain how the program/bureau will prevent future retroactive requests: **The agency will endeavor to secure funding in a more expedient manner concerning projects of this nature in the future.**

If you have any questions, please contact Rick Morse at (775) 684-5932 or [rmorse@health.nv.gov](mailto:rmorse@health.nv.gov).

cc: Contract Unit  
Division of Public and Behavioral Health

Revised 8/19

Public Health: Working for a Safer and Healthier Nevada

**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: **22238**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3648-08**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS of NV System of Higher Education, School of**Contractor Name: **BOARD OF REGENTS of NV System of Higher Education, School of**Address: **Liberal Arts/Dept of Psych. Clinical Psychology, MS 298**City/State/Zip: **RENO, NV 89557-0298**Contact/Phone: **Anthony Papa 775-682-8666**Vendor No.: **D35000816**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

Agency Reference #: **C 17146**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**Anticipated BOE meeting date **11/2019**Retroactive? **Yes**

If "Yes", please explain

**Rural Clinics currently has a similar agreement in place with UNR (C 16143) CETS #19291 and both parties agreed to extend the agreement because it has been beneficial to clients receiving services and students developing their professional skills. Negotiations were ongoing with UNR, and we finally agreed on cost and the use of an Interlocal agreement.**

3. Termination Date: **06/30/2020**Contract term: **1 year**4. Type of contract: **Interlocal Agreement**Contract description: **Telepsychology**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing telepsychology services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,736.80**

Other basis for payment: Upon receipt of monthly invoice.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Due to shortage of health care professionals in rural communities, collaboration between State agencies supports development of community capacity of care.**

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

**NSHE employees will be performing the work at the Nevada State Public Health Laboratory (NSPHL).**

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?

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

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

**No**

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

**No**

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

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

Not Applicable

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

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

State agencies routinely contract with each other for services - satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	08/13/2019 09:55:40 AM
Division Approval	rmorse	08/13/2019 09:55:42 AM
Department Approval	mwinebar	09/23/2019 12:56:53 PM
Contract Manager Approval	rmorse	09/23/2019 16:13:27 PM
Budget Analyst Approval	afrantz	09/25/2019 09:37:20 AM
BOE Agenda Approval	bwooldri	09/30/2019 15:44:33 PM
BOE Final Approval	Pending	

STATE OF NEVADA

STEVE SISOLAK  
Governor

RICHARD WHITLEY, MS  
Director



LISA SHERYCH  
Administrator

IHSAN AZZAM, PhD., MD  
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) 684-4220 · Fax: (775) 684-4211

July 15, 2019

**MEMORANDUM**

**TO:** Aaron Frantz  
Budget Officer  
Governor's Finance Office

**THROUGH:** Christina Hadwick  
Administrative Services Officer IV  
Division of Public and Behavioral Health

**FROM:** Tina Gerber-Winn  
Agency Manager  
Rural Clinics

**SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – C 17146 (CETS #22238)**

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- **Name of Vendor:** Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Liberal Arts Department of Psychology
- **Services to be provided:** A doctoral psychology student will provide telepsychology services for 16 hours per week for a total of 50 weeks. A licensed clinical psychologist which provides 1 hour per week of direct supervision for the doctoral psychology student.
- **Funding source and expenditure category:** BA3648 - CAT 08; GFUND-100%
- **Requested start date of work:** July 1, 2019
- **Expected execution date of agreement (IFC approvals):** November 15, 2019
- **Detailed explanation as to why a retroactive agreement is necessary, including:**
  - Reason(s) why the agreement was not submitted timely:
    - Rural Clinics currently has a similar agreement in place with UNR (C 16143) and both parties agreed to extend the agreement because it has been beneficial to clients receiving services and students developing their professional skills. Negotiations were ongoing with UNR, and we finally agreed on cost and the use of an Interlocal agreement. Delays in internal processes caused further delay from the date the vendor and DAG signed the contract extending the BOE date out even farther.
  - **Describe the impact to the program/services if this work is not started prior to the execution of the agreement:** If the work is not started prior to the execution of the agreement, there may be a lapse in services to clients with mental health challenges. This lapse may result in increased risk of hospitalization and need for emergency services.
  - **Explain how the program/bureau will prevent future retroactive requests:** Rural Clinics maintains an active tracking sheet for all contractual agreements. We will continue this practice and review the status of all new contracts and renewals on a weekly basis to insure the steps to completion are assertively pursued.

If you have any questions, please contact Brian Burriss at (775) 684-5029 or brianburriss@health.nv.gov.

cc: Contract Unit  
Division of Public and Behavioral Health

Revised 4/19



**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: **22267**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3648-08**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Board of Regents, NSHE on behalf of Dept. of Psychiatry

Contractor Name: **Board of Regents, NSHE on behalf of Dept. of Psychiatry**Address: **and Behavioral Sciences****1664 N. Virginia St., M/S 0332**City/State/Zip: **Reno, NV 89557-0332**

Contact/Phone: Gail Smith 775-784-6003

Vendor No.: D35000816

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

Agency Reference #: C 17265

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **Yes**

If "Yes", please explain

**Discussions with the UNR School of Medicine regarding this agreement began in May 2019. Discussions were centered around the addition of two residents' new pay rates, hours worked, and the Scope of Work. We were unable to submit our contract until these matters were resolved. Delays in internal processes caused further delay from the date the vendor and DAG signed the contract extending the BOE date even further.**

3. Termination Date: **06/30/2020**Contract term: **1 year**4. Type of contract: **Interlocal Agreement**Contract description: **Telemed Services**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing telemedicine services to children, adolescents and outpatient rural clinic clients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$140,263.62****II. JUSTIFICATION**

7. What conditions require that this work be done?

This contract allows DPBH and UNRMED to treat patients more efficiently utilizing teleconferencing equipment to quickly diagnose and treat patients.

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

DPBH is not staffed to provide these types of services.

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

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

Not Applicable

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

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

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

State agencies routinely contract with each other for services - satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	08/19/2019 12:20:33 PM
Division Approval	rmorse	08/19/2019 12:20:38 PM
Department Approval	mwinebar	10/02/2019 09:24:45 AM
Contract Manager Approval	tilto1	10/02/2019 11:00:22 AM
Budget Analyst Approval	afrantz	10/14/2019 11:20:00 AM
BOE Agenda Approval	bwooldri	10/14/2019 16:12:28 PM
BOE Final Approval	Pending	

STATE OF NEVADA

STEVE SISOLAK  
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RICHARD WHITLEY, MS  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300

Carson City, NV 89706

Telephone: (775) 684-4220 · Fax: (775) 684-4211

August 9, 2019

**MEMORANDUM**

**TO:** Aaron Frantz  
Budget Officer  
Governor's Finance Office

**THROUGH:** Christina Hadwick  
Administrative Services Officer IV  
Division of Public and Behavioral Health

**FROM:** Tina Gerber-Winn  
Agency Manager  
Rural Clinics

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – C 17265 (CETS #22267)**

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- **Name of Vendor:** Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada School of Medicine (UNRMED), Department of Psychiatry and Behavioral Sciences.
- **Services to be provided:** Child and Adolescent Fellows and Residents will provide Telemedicine/Psychiatric Services to various Mental Health Clinics throughout Rural Nevada. UNRMED Faculty Supervision will be providing 4 hours of supervision for both Child and Adolescent Fellows during their block scheduled appointment times.
- **Funding source and expenditure category:** BA3648 - CAT 08; GFUND-100%
- **Requested start date of work:** July 1, 2019
- **Expected execution date of agreement** November 12, 2019
- **Detailed explanation as to why a retroactive agreement is necessary, including:**
  - Reason(s) why the agreement was not submitted timely:
    - Discussions with the UNR School of Medicine have been ongoing since May 2019. Discussions were centered around the addition of two residents' new pay rates, hours worked, and the Scope of Work. We were unable to submit our contract until these matters were resolved. Delays in internal processes caused further delay from the date the vendor and DAG signed the contract extending the BOE date even further.
  - **Describe the impact to the program/services if this work is not started prior to the execution of the agreement:** If the work is not started prior to the execution of the agreement, there may be a lapse in services to children, adolescent and adult consumers with mental health challenges. This lapse may result in increased risk of hospitalization and need for emergency services.
  - **Explain how the program/bureau will prevent future retroactive requests:** Rural Clinics maintains an active tracking sheet for all contractual agreements. We will continue this practice and review the status of all new contracts and renewals on a weekly basis to insure the steps to completion are assertively pursued.

If you have any questions, please contact Greg Kitchingman at (775) 684-5023 or brianburris@health.nv.gov.

cc: Contract Unit  
Division of Public and Behavioral Health

Revised 4/19

Public Health: Working for a Safer and Healthier Nevada

**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: **22409**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Agency Code: **407**Appropriation Unit: **3228-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SENET INTERNATIONAL CORPORATION**Contractor Name: **SENET INTERNATIONAL CORPORATION**Address: **3040 WILLIAMS DR STE 510**City/State/Zip: **FAIRFAX, VA 22031-4618**Contact/Phone: **KRISTIN BISER 703-206-9383**Vendor No.: **T27042597**NV Business ID: **NV20181826100**To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

<b>X</b>	General Funds	<b>10.00 %</b>	Fees	0.00 %
<b>X</b>	Federal Funds	<b>90.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **3 years and 242 days**4. Type of contract: **Contract**Contract description: **Security Audit**

5. Purpose of contract:

**This is a new contract to provide independent security audit services required for the triennial security and privacy control testing required by the Centers for Medicare and Medicaid Services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$177,270.00**

Other basis for payment: As outlined in Attachment AA: Deliverable Payment Schedule

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The DWSS is required to have a third-party assessor conduct triennial security and privacy controls audits for the DWSS CMS ACA Renewal process. The audits are based on specific MARS-E v2.0 security standards.**

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

**The state does not have the resources to perform the work.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S793 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/29/2019 Anticipated re-bid date: 02/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Previously under contract with Silver State Health Insurance Exchange and provided satisfactory service.

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

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

Not Applicable

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

Foreign Corporation

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

John Truex, Information Security Officer Ph: 775-684-0721

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	09/23/2019 09:04:30 AM
Division Approval	bberry	10/01/2019 17:14:38 PM
Department Approval	mwinebar	10/02/2019 16:57:14 PM
Contract Manager Approval	mpomerle	10/03/2019 08:55:15 AM
Budget Analyst Approval	bwooldri	10/08/2019 09:14:20 AM
BOE Agenda Approval	bwooldri	10/08/2019 09:14:38 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22345**Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**Agency Code: **407**Appropriation Unit: **3230-49**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DELOITTE CONSULTING, LLP**Contractor Name: **DELOITTE CONSULTING, LLP**Address: **9809TH STREET SUITE 1800**City/State/Zip: **SACRAMENTO , CA 95814**Contact/Phone: **916-761-6466**Vendor No.: **T27024237C**NV Business ID: **NV20081436471**To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2020**Contract term: **273 days**4. Type of contract: **Contract**Contract description: **Fictive Kin**

5. Purpose of contract:

**This is a new contract to provide design, development and implementation services to implement Temporary Assistance for Needy Family program (TANF) changes to expand child-only TANF to non-blood related caregivers of foster children.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$814,000.00**

Other basis for payment: As outlined in Attachment AA - Deliverable Payment Schedule

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**At the last State of Nevada Legislative Session, AB498 updated NRS 422.A.260 to provide child only TANF assistance to a "fictive kin", a person lacking consanguinity, who is in the process of securing a foster license with whom a unrelated child has been placed by Department of Child and Family Services (DCFS). DWSS eligibility applications do not support a Fictive Kin program at this time. Pursuant to NRS 422.A.260 (AB 498) the Division must adopt the policy and make any necessary system updates by July 1, 2020.**

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

**State staff do not possess the expertise required to perform this modify the system eligibility applications.**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 #: 190801**

**Approval Date: 08/06/2019**

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

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Currently under contract with DWSS and providing satisfactory services.

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

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

Not Applicable

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

Foreign Corporation

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Lisa Swearingen, Chief, Eligibility & Payments Ph: 775-684-0560

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	08/30/2019 15:55:31 PM
Division Approval	cbuscay	09/04/2019 08:52:22 AM
Department Approval	mwinebar	09/04/2019 09:22:35 AM
Contract Manager Approval	sjon23	09/04/2019 09:55:38 AM
EITS Approval	tgalluzi	09/04/2019 15:00:58 PM
Budget Analyst Approval	bwooldri	09/26/2019 08:08:00 AM
BOE Agenda Approval	bwooldri	09/26/2019 08:08:05 AM
BOE Final Approval	Pending	

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Steve Sisolak  
Governor

Deonne E. Contine  
Director

Kevin D. Doty  
Acting Administrator

**Purchasing Use Only:**

Approval#: **190801**

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency: <b>DWSS</b>		
	Contact Name and Title	Phone Number	Email Address
	<b>Lisa Swearingen, Chief of Eligibility and Payments Unit</b>	<b>(775) 684-0560</b>	<b>lswearingen@dwss.nv.gov</b>

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	<b>Deloitte Consulting LLP</b>
	Contact Name:	<b>Rakesh Duttgupta</b>
	Address:	<b>980 9th St Suite 1800, Sacramento, CA 95814</b>
	Telephone Number:	<b>(916) 761-6466</b>
	Email Address:	<b>rduttgupta@deloitte.com</b>

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

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	<b>X</b>	No
	Amendment:	#		
	CETS:	#		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	<b>October 1<sup>st</sup>, 2019 September BOE Approval</b>	End Date:

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	<b>100%</b>
	Grant Funds:	
	Other (Explain):	

01/25/19



1g	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b> \$834,000
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2	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>  <i>Deloitte Consulting LLP will provide Project Management, Design, Development, Implementation and Warranty services to implement TANF program changes to expand child-only TANF to non-blood related caregivers of foster children in the State of Nevada, otherwise known as fictive kin. This implementation will allow fictive kin to be eligible for child-only TANF, if they meet the eligibility requirements for the program and receive financial assistance from the State through this program. As required by Assembly Bill No. 498.</i></p> <p><i>Deloitte will work with DWSS to identify and implement:</i></p> <ul style="list-style-type: none"> <li><i>i. Eligibility rules, and case and member level tests for fictive kin assistance eligibility.</i></li> <li><i>ii. Rules for termination, denial or time limits.</i></li> <li><i>iii. Rules for budgeting and determining assistance benefit amounts.</i></li> <li><i>iv. Modifications to the existing Rules Engine, NOMADS and AMPS systems to introduce a new TANF assistance aid code and rules for determining eligibility.</i></li> <li><i>v. Modifications to NOMADS and AMPS screens to add new fields and values for capturing information required to identify a fictive kin case and eligibility.</i></li> <li><i>vi. Required notices and renewal forms for assistance recipients.</i></li> <li><i>vii. Modifications to TANF program reports and creating new reports to meet DWSS management and federal reporting requirements.</i></li> <li><i>viii. Impact on other systems or processes, then design and implement changes as necessary. Such as batches, budgeting other program benefits, and referrals to IVD systems.</i></li> </ul>
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3	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b></p> <p><i>Deloitte Consulting LLP has a local team that has knowledge of DWSS processes and systems for efficient project delivery (e.g. Work Order creation process (WITS), Help Desk Systems (HEAT), and Configuration Management, Quality Management, Scope Management processes). Deloitte team also has demonstrated in-depth knowledge of</i></p> <ul style="list-style-type: none"> <li><i>i. Existing DWSS Standards</i></li> <li><i>ii. Existing Network, Security, Technical Architecture and Environments.</i></li> <li><i>iii. Existing ACCESS NV, NOMADS and AMPS Data-models and Functionality, Batch Jobs Framework (Orchestration, Sequencing)</i></li> <li><i>iv. Existing Interfaces with Business Rules Engine, Case Management (AMPS and NOMADS), Lobby Management (Pathos) and Document Management/ Imaging/ Printing (DIS, FileNet and Thunderhead) sub-systems.</i></li> <li><i>v. Existing Business and Technical requirements, User Interfaces and Workflows</i></li> </ul> <p><i>Deloitte particularly has in-depth knowledge of DWSS's existing TANF program policies and eligibility rules from the business side as well as the technical implementation of these rules in DWSS's Integrated Eligibility System; in November 2015 Deloitte implemented a project that migrated all TANF rules from the DWSS's legacy system to DWSS's current Business Rules Engine. This new service requires DWSS's TANF program to provide provisions for the payment of child-only assistance to a fictive kin on behalf of a child who has been placed with the fictive kin. Deloitte's functional and technical understanding of the current system is an advantage over other vendors.</i></p>
---	--

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

**Knowledge and Expertise:**

*The proposed project scope pertains to modifying existing business processes and systems to introduce the new TANF assistance for fictive kin while preserving the integrity of current TANF assistance for other current eligible population groups that should remain unaffected. Successful design, development and implementation of the new TANF assistance for fictive kin requires thorough knowledge of existing Business Processes, Business Rules Engine, Case Management (AMPS and NOMADS), Lobby Management (Pathos), Benefit Issuance, Benefit Renewal and Notice of Decision process, Batches and Document Management/ Imaging/ Printing (FileNet and Thunderhead) sub-systems.*

*Deloitte Consulting LLP is the only vendor with the required experience, knowledge and skills in all these areas since they have worked with them over last several years in DWSS and EITS environments.*

*Deloitte implemented, tested and rolled out the current eligibility determination rules for SNAP, MEDICAL and TANF programs. Other vendors cannot offer the same level of knowledge and experience.*

**Risks and Quality:**

*If implemented by another vendor with less extensive knowledge of DWSS's current rules engine, there could be an adverse impact on the eligibility and benefits of current assistance recipients if the project is implemented incorrectly or introduces bugs to the existing Integrated Eligibility System. Based on a 6 month average for 2019, a poor implementation that introduces bugs to the system could affect 1153580 Cases.*

*The breakdown of these cases by program is:*

- i. 694615 Medical Cases.*
- ii. 437225 SNAP Cases.*
- iii. 21740 TANF Cases.*

*Deloitte developed the current rules for the above programs. Deloitte's team has the deep functional and technical understanding required to ensure that their implementation of this project does not adversely impact exiting eligibility and benefits issuance or interrupt it.*

**Timeline:**

*The timeline of this project is critical, Assembly Bill No. 498 Approved by Governor Steve Sisolak effective July 1, 2020 requires DWSS to include provisions in the State's TANF program to provide assistance to fictive kin. This gives the Division a little under 12 months to successfully design, implement, and execute the changes needed in the systems to issue child-only TANF to fictive kin. The time needed to open the service up to an RFP, collect responses, and determine a vendor will dramatically reduce the time available for any selected vendor to implement the project.*

*Furthermore, any other vendor will need additional time, additional DWSS staff resources and training to learn and become familiar with existing TANF policies, business processes, systems and interfaces. Deloitte's proposed scope, timeline and budget does not include these additional activities and associated costs as they already have this knowledge and work relationship.*

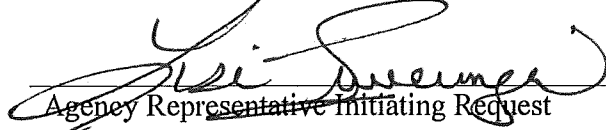
5	Were alternative services or commodities evaluated? Check One.		Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>					
	<b>In-house:</b> i. <i>DWSS's teams (Development, Operations and User Acceptance Testing) are occupied with other DWSS project implementations and in-house Work Items, their workload will not allow them take on additional comprehensive project implementations. If taken on, this project implementation risks not being implemented by the deadline or other critical work may be impacted or delayed.</i>					
	<b>Other Vendors:</b> i. <i>DWSS has worked with other vendors during ACA implementation and later, who did not have knowledge and experience with existing computing environment including legacy systems such as NOMADS, AMPS and DIS. These vendors either failed completely, were unable to deliver in a timely fashion or the deliverables did not meet the business requirements.</i> ii. <i>Knowledge and understanding of TANF Program, NOMADS, AMPS and DIS and how various sub-systems need to be integrated together is a key success factor, no other vendor has that.</i> iii. <i>Going through the procurement process, negotiating a new contract and bringing a new vendor up to speed and coordinate with internal stakeholders regarding the project will also impact the ability of any other vendor to complete the project by the July 1, 2020 deadline and reduce overall project productivity. As that would delay the project start date and reduce the project timeline.</i>					
b. <i>If not, why were alternatives not evaluated?</i>						

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.			Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, Waiver #)	
			\$				
			\$				
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
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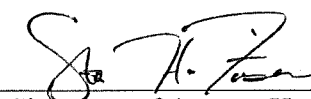
		<p><b>Increased risk to project schedule. If forced to implement the project inhouse or through another vendor selected through competitive bid, the project will not meet the Assembly Bill No. 498 deadline or fail.</b></p> <ul style="list-style-type: none"> <li>• Any delay in the implementation of this project will prevent DWSS from meeting the requirements in Assembly Bill No. 498 Approved by Governor Steve Sisolak effective July 1, 2020.</li> <li>• If DWSS fails to implement the project by July 1, 2020 fictive kin eligible for assistance under the new Bill will not be able to receive that assistance. The agency estimates 441 children to have have been placed by court order into care of a fictive kin in the year 2018.</li> </ul> <p><b>Increased risk to project quality. If forced to implement the project inhouse or through another vendor selected through competitive bid, the implementation will not have the same level of quality.</b></p> <ul style="list-style-type: none"> <li>• Bugs in the implementation of the new rules may impact the eligibility of fictive kin if not implemented correctly.</li> <li>• Bugs in integration or common modules or an incorrect implementation approach may impact the eligibility and benefits of current assistance recipients, cause an interruption in benefit issuance or eligibility, or cause performance issues and system interruptions that impact case worker's productivity.</li> </ul>				
8		<p><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></p> <p><i>The project budget was evaluated and set by the State and Deloitte agreed to the budget set by the State.</i></p> <p><i>Deloitte is the vendor that implemented, and tested the current Rules used by the state for SNAP, TANF and Medical programs and provided production support in the production environment. They are the most knowledgeable and experienced vendor to implement this project for DWSS in Nevada.</i></p>				
9		<p><b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b></p> <p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>	Yes:		No:	X

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

  
Agency Representative Initiating Request

Lisa Swearingin  
Print Name of Agency Representative Initiating Request

7.25.19  
Date

  
Signature of Agency Head Authorizing Request

Steve H. Fisher  
Print Name of Agency Head Authorizing Request

7/25/19  
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:

Kevin D. Doty  
Administrator, Purchasing Division or Designee

8/6/19  
Date



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***Enterprise IT Services Division***

100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Steve Fisher, Administrator, DWSS  
Bart London, CITM, DWSS  
Brenda Berry, CFO, DWSS

**CC:** David Haws, Administrator, EITS, DOA  
David Axtell, Chief Enterprise Architect, EITS, DOA

**FROM:** Timothy Galluzi, Technology Investment Administrator, DOA, EITS

**SUBJECT:** TIN Review Completed: DWSS – Implement Fictive Kin Program  
AB498 - TIN: T407190904144440

**DATE:** September 23, 2019

We completed the review of DWSS's – *Implement Fictive Kin Program AB498* TIN.

The submitted TIN, for the estimated investment of \$800,000, represents the initiative for enhancements to the TANF program to enable the declaration of fictive kin to receive support, in accordance with AB. 498 from the 2019 legislative session. The associated CETS contract includes a SOW that states that this enhancement will include modifications to the: Eligibility Rules Engine, NOMADS & AMPS, Posting Module, Benefits Issuance Batches, Redetermination and Termination Batches, Notices and Forms, and Reports.

The Project Management, Design, Development, Implementation and Production support services are being provided by a leading industry resource (Deloitte), while oversight/governance is being provided by State-allocated IT PM. The project appears to be well planned and scoped. Using the existing vendor to upgrade the application should help to reduce project risk. Impact to EITS resources and operations as well as other state entities is minimal.

A copy of this completion memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22461**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3179-13**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Lincoln County School District

Contractor Name: **Lincoln County School District**Address: **PO Box 118**City/State/Zip: **Panaca, NV 89042**Contact/Phone: **775-728-4471**Vendor No.: **T40234500**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **Yes**

If "Yes", please explain

**This interlocal contract is retroactive due to the need to meet the educational needs of the youth. Contract negotiations were extensive, causing delays in processing the contract.**

3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Education at CYC**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing educational services of youth in residence.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$643,520.00**

Payment for services will be made at the rate of \$80,440.00 per Quarter

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The superintendent of Caliente Youth Center is mandated by NRS 63.210 to provide for the educational needs of youth in residence. The Division contracts with Lincoln County School District for these services.

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

Caliente Youth Center does not have accredited staff available to meet these educational requirements.

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?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

**Yes** If "Yes", please explain

Interlocal Agreement with Lincoln County School District.

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

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

Yes, the contractor has been under contract with the Division. Services have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Sheryl Johnson, Admin Services Officer 1 Ph: 775-726-8200

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	10/07/2019 13:52:41 PM
Division Approval	knielsen	10/07/2019 16:04:51 PM
Department Approval	sjohnso9	10/08/2019 13:23:33 PM
Contract Manager Approval	sknigge	10/08/2019 14:57:17 PM
Budget Analyst Approval	afrantz	10/09/2019 13:51:38 PM
BOE Agenda Approval	bwooldri	10/10/2019 16:03:03 PM
BOE Final Approval	Pending	







DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD AND FAMILY SERVICES  
4126 TECHNOLOGY WAY, SUITE 300  
CARSON CITY, NV 89706  
Telephone (775) 684-4400 • Fax (775) 684-4455  
dcfs.nv.gov

MEMORANDUM

TO: Lynnette Aaron, Executive Branch Budget Officer  
Governor's Finance Office

THROUGH: Stacey Johnson, Deputy Director, Fiscal Services   
Department of Health and Human Services

FROM: Katrina Nielsen, ASO IV   
Division of Child and Family Services

DATE: 10/7/2019

SUBJECT: Retroactive Contract Approval Request - CETS 22461 – Lincoln County School District

---

A retroactive effective date of July 1, 2019 is requested for the contract between the Division of Child and Family Services (DCFS) and the Lincoln County School District (LCSD) in order to continue to provide ongoing educational services to youth in residence at the Caliente Youth Center pursuant to NRS 63.210.

The legislatively approved level of funding to LCSD has remained static at least since FY1999. During the FY20-21 biennium, the agency submitted on behalf of LCSD a request to increase funding provided to LCSD for salary and operational costs of the C.O. Bastian High School passed through to the county through an interlocal contract. The increased funding request was not approved.

Subsequently, the Lincoln County School District submitted a contract funding request exceeding the legislatively approved amount available and provided a revised Scope of Work to support their increased funding request. DCFS requested a FY20 budget supporting the amount requested. After several months, the FY20 budget was received but it did not match the initial funding request. Analysis of this budget resulted in the determination of several inconsistencies and discrepancies.

DCFS has determined the best approach is to move forward with a revised Scope of Work depicting the educational services currently being provided and a contractual amount based upon the legislatively approved budget. Ongoing C.O. Bastian High School funding issues may be addressed at a later date outside of the initial interlocal contract.

**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: **22421**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3710-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: American Chiller Service, Inc.

Contractor Name: **American Chiller Service, Inc.**Address: **ACS****11328 Sunrise Gold Circle****Rancho Cordova, CA 95742-6508**

Contact/Phone: Ben Barlow 775-322-9900

Vendor No.: PUR0005542

NV Business ID: NV19921063155

To what State Fiscal Year(s) will the contract be charged? **2020**

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

**X** General Funds **100.00 %** Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2020**Contract term: **242 days**4. Type of contract: **Contract**Contract description: **Chiller Comp. Repair**

5. Purpose of contract:

**This is a new contract to provide chiller replacement and ongoing repair/maintenance services for the Lovelock Correctional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$87,919.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Chiller # 1 is not operable. Chiller must be repaired to maintain proper temperature levels at the facility for health and safety of the inmates and staff.

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

The department does not have the expertise and/or equipment for this service. No other State agency offers these services.

9. Were quotes or proposals solicited?

Yes

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

No

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

American Chiller Service, Inc.  
Nevada Chiller and Boiler  
Emcorb. Solicitation Waiver: **Not Applicable**

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

This vendor provided the lowest and most responsive bid. Pursuant to NAC 333.114, the State Purchasing Administrator authorized NDOC to proceed with this repair as an emergency.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Contract/CETS#22329 for emergency lease at LCC. Work performed has been verified as satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	09/25/2019 09:23:44 AM
Division Approval	amonro1	09/25/2019 15:54:24 PM
Department Approval	sewart	09/27/2019 08:41:16 AM
Contract Manager Approval	aroma2	10/01/2019 16:50:13 PM
Budget Analyst Approval	kshe1	10/04/2019 15:59:17 PM
BOE Agenda Approval	jrodrig9	10/17/2019 19:05:31 PM
BOE Final Approval	Pending	

Northern Administration  
5500 Snyder Ave.  
Carson City, NV 89701  
(775) 887-3285

Southern Administration  
3955 W. Russell Rd.  
Las Vegas, NV 89118  
(702) 486-9906



Steve Sisolak  
Governor

Harold Wickham  
Acting Director

**State of Nevada  
Department of Corrections**

**MEMORANDUM**

DATE: September 17, 2019  
TO: Scott Ewart, Chief of Fiscal Services  
FROM: Kirsten Hertz, ASO *Kirsten Hertz*  
RE: Director's Emergency Fund Request – LCC Chiller

On July 24, 2019, one of the two York chillers providing cooling to Lovelock Correctional Center became inoperable. American Chiller Service examined the chiller and determined that the compressor was inoperable. The existing chiller system is designed to operate via a lead and a lag chiller to cool Administration, Operations, Medical, Education, Gym and Culinary; as well as staff areas within the housing units. This design requires both chillers to run simultaneously. As outside temperatures increase, the load increases requiring both chillers to run in order to provide adequate cooling to the above mentioned staff areas.

The facility has remained cool with a larger capacity rental chiller since the breakdown, until September 16, 2019, when the rental was dismantled to return to the vendor.

Quotes were received from American Chiller and Emcor detailing both repair and replace scenarios. The decision has been made that the route the NDOC will pursue is repairing the inoperable compressor.

As per the information submitted previously regarding the inoperable chiller at LCC, we respectfully request the use of the Director's Emergency Fund dollars in the amount of \$87,919 for repair only by American Chiller.

A third vendor was contacted on September 13, 2019, Nevada Chiller & Boiler. Brenna responded to the request that during her research, the compressor was not available via typical channels and would have to be investigated further. She was unsure of when she would receive pricing information from their vendor. Thus, a third quote was not available within the time frame required.

**E-MAILED**

SEP 17 2019  
*Scott Adrienne Ali*  
ASO OFFICE LCC

**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: **22431**

Agency Name:	<b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name:	<b>BOARD OF REGENTS - SYSTEMS COMPUTING CENTER</b>
Agency Code:	<b>440</b>	Contractor Name:	<b>BOARD OF REGENTS - SYSTEMS COMPUTING CENTER</b>
Appropriation Unit:	<b>3710-26</b>	Address:	<b>1664 N VIRGINIA ST. STOP 270</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>RENO, NV 89557</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Glenn Heath, ASM/CSM 702-720-3311
		Vendor No.:	D35000811
		NV Business ID:	Government Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2020-2021</b>		

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

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

Agency Reference #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **Yes**

If "Yes", please explain

**Updated scope of work and updated costs estimates for FY 2020 and FY 2021 were not received by Nevada Department of Corrections until July 11, 2019. These costs and scope required a thorough review by MIS and were approved September 19, 2019. However, since these services have been provided continuously, even after the prior contract/ CETS #20149 expired June 30, 2019, we are requesting retroactive approval for this contract, effective July 1, 2019.**

3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Video Network**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing access to the video network capabilities of NevadaNet used for educational and public access purposes at various correctional sites.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$183,964.00**

Other basis for payment: Payment for services at the annual rate of \$4,181.00 per video room for FY 20~\$91,982.00; and the annual rate of \$4,181.00 per video room for FY 21~\$91,982.00. Payable upon satisfactory completion of services and submission of invoice.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NSHE has video network infrastructure deployed through the State of Nevada to support educational, research, rural health, and public agency purposes. Nevada Department of Corrections seeks to connect to the Nevada System of Higher Education network to gain access to the wide area video capabilities of NevadaNet for educational and public agency purposes.

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

NDOC does not have the network capabilities to provide the 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: **Not Applicable**

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

NSHE/SCS is responsible for provisioning and managing system-wide information services. The SCS-supported statewide network provides data and video Internet public agencies.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

NDOC, FY 14 to present. Services verified as satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	09/30/2019 14:54:45 PM
Division Approval	amonro1	10/01/2019 10:25:15 AM
Department Approval	sewart	10/01/2019 16:08:18 PM
Contract Manager Approval	aroma2	10/07/2019 08:39:14 AM
Budget Analyst Approval	kshe1	10/14/2019 14:03:53 PM
BOE Agenda Approval	jrodrig9	10/17/2019 20:02:38 PM
BOE Final Approval	Pending	



Purchasing Division  
Northern Administration  
5500 Snyder Ave.  
Carson City, NV 89701  
(775) 887-3252  
Fax: (775) 887-3343



Steve Sisolak  
Governor


Harold Wickham  
Acting Director

John Borrowman  
Deputy Director  
Support Services

**State of Nevada  
Department of Corrections**

**MEMORANDUM**

TO: Kristina Shea, Executive Branch Budget Officer,  
Governor's Finance Office

FROM: Scott Ewart, Chief of Fiscal Services   
Department of Corrections

DATE: September 26, 2019

SUBJECT: Retroactive Contract for CETS# 22431 Board of Regents of Nevada System of  
Higher Education on Behalf of Systems Computing Center

---

Nevada Department of Corrections (NDOC) respectfully requests approval for the retroactive contract between the NDOC and Board of Regents of Nevada Department of Higher Education on Behalf of Systems Computing Center. NDOC is requesting a retroactive effective date of July 1, 2019 to provide video networking services throughout the state.

Updated scope of work and cost estimates for the 20/21 Biennium was received by NDOC on July 11, 2019. Since any potential changes to the scope of services provided under the contract may involve configuration and compatibility issues with the existing NDOC IT network, it was necessary for the NDOC MIS team to complete a thorough review, which was completed on September 19, 2019.

Since these video networking services provide vital connectivity to the NDOC and the departments outside partners by; reducing travel costs, reducing inmate transportation costs, providing telemedicine with the NDOC medical providers, and improve the overall outcomes of department wide initiatives, these video networking services have been provided continuously, after the prior contract/ CETS #20149 expired June 30, 2019. As a result the NDOC is requesting retroactive approval for this contract.

Should you have any questions please contact me at (775) 887-3210 or by email at [sewart@doc.nv.gov](mailto:sewart@doc.nv.gov).

Thank you.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22419**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3710-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BUILDING CONTROL SERVICES, INC.**Contractor Name: **BUILDING CONTROL SERVICES, INC.**Address: **4750 LONGLEY LANE****SUITE 102**City/State/Zip: **RENO, NV 89502-5981**Contact/Phone: **Jenn Cooksey 775-826-8998**Vendor No.: **PUR0005209**NV Business ID: **NV20161538859**To what State Fiscal Year(s) will the contract be charged? **2020**

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

**X** General Funds **100.00 %** Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/23/2019**Anticipated BOE meeting date **11/2019**Retroactive? **Yes**

If "Yes", please explain

**This contract was approved by State Purchasing for emergency repairs to ensure that we can maintain safe temperature conditions for inmates and employees.**3. Termination Date: **04/30/2020**Contract term: **220 days**4. Type of contract: **Contract**Contract description: **Chiller Repair**

5. Purpose of contract:

**This is a new contract to provide emergency chiller repair services at Warm Springs Correctional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$53,084.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The existing chiller failed at Warm Springs Correctional Center on August 16, 2019. An emergency rental unit had to be installed while it could be determined if repair or replacement would be required. At \$4,705 per month, repairs must be expedited to minimize outgoing costs and restore existing equipment.**

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

**No NDOC employee has training or certification required for this work. No other State agency performs 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):

**RHP  
NV Chiller & Boiler  
Building Control Services Inc.**



b. Solicitation Waiver: **Not Applicable**

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

This vendor provided the lowest and most responsive bid.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Contract/ CETS# 22358 for emergency rental unit. Work has been performed satisfactorily.

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

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

Not Applicable

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

Nevada Corporation

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	09/25/2019 09:20:23 AM
Division Approval	amonro1	10/03/2019 07:41:36 AM
Department Approval	sewart	10/03/2019 08:30:42 AM
Contract Manager Approval	aroma2	10/07/2019 10:27:25 AM
Budget Analyst Approval	hfield	10/14/2019 13:31:42 PM
BOE Agenda Approval	jrodrig9	10/17/2019 19:52:19 PM
BOE Final Approval	Pending	

Purchasing Division  
Northern Administration  
5500 Snyder Ave.  
Carson City, NV 89701  
(775) 887-3252  
Fax: (775) 887-3343



Steve Sisolak  
Governor


Harold Wickham  
Acting Director

John Borrowman  
Deputy Director  
Support Services

**State of Nevada  
Department of Corrections**

**MEMORANDUM**

TO: Kristina Shea, Executive Branch Budget Officer,  
Governor's Finance Office

FROM: Scott Ewart, Chief of Fiscal Services   
Department of Corrections

DATE: September 23, 2019

SUBJECT: Retroactive Contract Building Control Services CETS# 22419

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Nevada Department of Corrections respectfully requests approval for the retroactive contract between the Nevada Department of Corrections (NDOC) and Building Control Services, Inc. NDOC is requesting a retroactive effective date of September 23, 2019 to repair the existing chiller that failed at Warm Springs Correctional Center on August 16, 2019.

This retroactive start date request is in accordance with the September 19, 2019 NDOC request made to the State Purchasing Administrator, Kevin Doty, for emergency repair approval pursuant to the impending contract necessary to make repairs to the Warm Springs Correctional Center HVAC Chiller.

This work is urgently required to maintain temperatures for health and safety of the inmates and state employees in the area. Failure to approve this work will required costly rental for portable chiller to be extended at \$4,705.00 per month.

Should you have any questions please contact me at (775) 887-3210 or by email at [sewart@doc.nv.gov](mailto:sewart@doc.nv.gov).

Thank you.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22422**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>PERSHING COUNTY SCHOOL DISTRICT</b>
Agency Code: <b>440</b>	Contractor Name: <b>PERSHING COUNTY SCHOOL DISTRICT</b>
Appropriation Unit: <b>3711-21</b>	Address: <b>PO BOX 389</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LOVELOCK, NV 89419</b>
If "No" please explain: Not Applicable	Contact/Phone: Neil Gallagher, Principal 775-273-4215
	Vendor No.: T40234400
	NV Business ID: Governmental Agency

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

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

Agency Reference #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **Yes**

If "Yes", please explain

**As a continuation of the current program, NDOC applies annually to NDE to receive the pass-through funding for the program. The application is submitted to NDE in collaboration with LEA sub-recipient(s). On September 16, 2019, NDOC received approval from NDE for the YOP program's SFY20 budget. NDOC is providing this information as justification for the processing of the retro-active inter-local agreements to reimburse the school districts for providing educational services to our students.**

3. Termination Date: **09/30/2020**Contract term: **1 year and 92 days**4. Type of contract: **Interlocal Agreement**Contract description: **Re-Entry Programs**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing educational and/or vocational services for youthful offenders incarcerated at Lovelock Correctional Center and enabling inmates the ability to obtain a high school equivalency certificates or high school diplomas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$96,450.30**

Other basis for payment: Upon monthly submission of invoices and proof of services

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Department houses over 2,400 inmates from the ages 16-26. The vast majority of these inmates have not obtained a High School Equivalency or High School Diploma. This contract will provide the necessary education and tools for employment upon release from incarceration.

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

The Department is contracting with Pershing County School District to obtain the teachers required to provide educational services to the youthful offenders. No other state agency offers 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: **Not Applicable**

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

The Nevada Department of Education awarded the Department with the Title I-Part D Grant program funds to be used for the purpose of this contract.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	09/25/2019 08:02:57 AM
Division Approval	amonro1	09/25/2019 14:10:57 PM
Department Approval	sewart	09/25/2019 16:31:07 PM
Contract Manager Approval	aroma2	10/07/2019 09:19:21 AM
Budget Analyst Approval	hfield	10/14/2019 08:12:23 AM
BOE Agenda Approval	jrodrig9	10/17/2019 19:26:52 PM
BOE Final Approval	Pending	

Northern Administration  
5500 Snyder Ave.  
Carson City, NV 89701  
(775) 887-3285

Southern Administration  
3955 W. Russell Rd.  
Las Vegas, NV 89118  
(702) 486-9906




Steve Sisolak  
Governor

Harold Wickham  
Acting Director

**State of Nevada  
Department of Corrections**

Date: September 23, 2019

To: Kristina Shea, Governor's Finance Office

Through: Scott Ewart, Chief of Fiscal Services 

From: Kim T. Thomas, J.D., Deputy Director of Programs

**SUBJECT: Retroactive Interlocal Agreements—Title I Part D Youthful Offender Program  
Pershing County School District**

The Nevada Department of Corrections (NDOC), functioning as a pass-through agency for the Nevada Department of Education's (NDE's) federal Title I Part D, Youth Offender Program grant (YOP), seeks approval for inter-local agreements with Clark County School District and Pershing County School District with a retro-active effective date of July 1, 2019.

The partnership between NDE and NDOC developed as a result of a 2017 United States Department of Education (USDOE) audit of NDE. The audit finding concluded that grant payment activities required corrective action in order to comply with federal and state statutes, regulations, program plans and the administration of the program. NDE sought partnership with NDOC for administration of its federal Title I Part D YOP program through the creation of interlocal agreement(s) between NDOC, serving as the pass-through agency for NDE, and the respective Local Education Associations (LEAs).

As a continuation of the current program, NDOC applies annually to NDE to receive the pass-through funding for the program. The application is submitted to NDE in collaboration with LEA sub-recipient(s). On September 16, 2019, NDOC received approval from NDE for the YOP program's SFY20 budget. NDOC is providing this information as justification for the processing of the retro-active inter-local agreements to reimburse the school districts for providing educational services to our students.

Thank you for your consideration.

**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: **18018** Amendment Number: **2**

Legal Entity Name: **LAND O LAKES, INC.**

Agency Name: **DEPARTMENT OF AGRICULTURE** Contractor Name: **LAND O LAKES, INC.**

Agency Code: **550** Address: **1200 COUNTY ROAD F WEST**

Appropriation Unit: **1362-21** City/State/Zip: **ARDEN HILLS, MN 55112**

Is budget authority available?: **Yes** Contact/Phone: **ALETHIA SCHEET, K-12 SPECIALIST 651/375-2364**

If "No" please explain: Not Applicable Vendor No.: **T81101128**

NV Business ID: **NV19811013447**

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

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

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

Agency Reference #: **RFP # 3237**

## 2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**

Anticipated BOE meeting date **11/2019**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **09/30/2020**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

## 5. Purpose of contract:

**This is the second amendment to the original contract which allows school districts to purchase food for the National School Lunch and Breakfast programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$444,000 to \$512,971 due to the continued need for these services.**

## 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$324,000.00	\$324,000.00	\$324,000.00	Yes - Action
a. Amendment 1:	\$120,000.00	\$120,000.00	\$120,000.00	Yes - Action
2. Amount of current amendment (#2):	\$68,971.00	\$68,971.00	\$68,971.00	Yes - Action
3. New maximum contract amount:	\$512,971.00			

**II. JUSTIFICATION**

## 7. What conditions require that this work be done?

**The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.**

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3237, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/25/2016 Anticipated re-bid date: 03/25/2018

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Processor has been under contract since 2016 with NDA and services have been satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bbel1	10/03/2019 15:47:27 PM
Division Approval	bbel1	10/03/2019 15:47:31 PM
Department Approval	bbel1	10/03/2019 15:47:34 PM
Contract Manager Approval	melli2	10/03/2019 15:48:52 PM
Budget Analyst Approval	mtum1	10/14/2019 14:27:41 PM
BOE Agenda Approval	tgreenam	10/15/2019 12:40:25 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18019**Amendment Number: **2**Agency Name: **DEPARTMENT OF AGRICULTURE**Legal Entity Name: **LET'S DO LUNCH, INC. DBA INTEGRATED FOOD SERVICE**Agency Code: **550**Contractor Name: **LET'S DO LUNCH, INC. DBA INTEGRATED FOOD SERVICE**Appropriation Unit: **1362-21**Address: **INTEGRATED FOOD SERVICE**Is budget authority available?: **Yes**City/State/Zip: **GARDENA, CA 90248**

If "No" please explain: Not Applicable

Contact/Phone: **Jon R. Sugimoto, Vice President  
310/523-3664**Vendor No.: **T81091571**NV Business ID: **NV20111272488**To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

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

Agency Reference #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **09/30/2020**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

5. Purpose of contract:

**This is the second amendment to the original contract which allows school districts to purchase food for the National School Lunch and Breakfast programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$2,754,100 to \$3,511,773 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,984,100.00	\$1,984,100.00	\$1,984,100.00	Yes - Action
a. Amendment 1:	\$770,000.00	\$770,000.00	\$770,000.00	Yes - Action
2. Amount of current amendment (#2):	\$757,673.00	\$757,673.00	\$757,673.00	Yes - Action
3. New maximum contract amount:	\$3,511,773.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.**



8. Explain why State employees in your agency or other State agencies are not able to do this work:  
 State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.
9. Were quotes or proposals solicited? Yes  
 Was the solicitation (RFP) done by the Purchasing Division? Yes
- a. List the names of vendors that were solicited to submit proposals (include at least three):
- b. Solicitation Waiver: **Not Applicable**
- c. Why was this contractor chosen in preference to other?  
 Pursuant to RFP #3237, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.
- d. Last bid date: 03/25/2016 Anticipated re-bid date: 07/31/2020
10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?  
**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor  
 Not Applicable
12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?  
**No**
- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?  
**No**
- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?  
**No** If "Yes", please explain  
 Not Applicable
13. Has the contractor ever been engaged under contract by any State agency?  
 Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:  
 Processor has been under contract with NDA since 2016 and services have been satisfactory.
14. Is the contractor currently involved in litigation with the State of Nevada?  
**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:  
 Not Applicable
15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Foreign Corporation
16. a. Is the Contractor Name the same as the legal Entity Name?  
 Yes
17. a. Does the contractor have a current Nevada State Business License (SBL)?  
 Yes
18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
 Yes
19. Agency Field Contract Monitor:
20. Contract Status:  
 Contract Approvals:
- | Approval Level            | User     | Signature Date         |
|---------------------------|----------|------------------------|
| Budget Account Approval   | bbe1     | 10/04/2019 15:02:05 PM |
| Division Approval         | bbe1     | 10/04/2019 15:02:08 PM |
| Department Approval       | bbe1     | 10/04/2019 15:02:11 PM |
| Contract Manager Approval | melli2   | 10/15/2019 07:31:07 AM |
| Budget Analyst Approval   | mtum1    | 10/15/2019 10:43:16 AM |
| BOE Agenda Approval       | tgreenam | 10/15/2019 12:47:09 PM |

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **18764**Amendment Number: **2**Agency Name: **DEPARTMENT OF AGRICULTURE**Legal Entity Name: **MICHAEL FOODS, INC.**Agency Code: **550**Contractor Name: **MICHAEL FOODS, INC.**Appropriation Unit: **2691-13**Address: **301 Carlson Pkwy Suite 400**Is budget authority available?: **Yes**City/State/Zip: **Minnetonka, MN 55309**

If "No" please explain: Not Applicable

Contact/Phone: **412-874-8158**Vendor No.: **T27041472**NV Business ID: **nv20121357002**To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds 0.00 % Fees 0.00 %

**X** Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **RFP #3410**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **06/30/2020**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **USDA Food Processing**

5. Purpose of contract:

**This is the second amendment to the original contract which allows school districts to purchase food for the National School Lunch and Breakfast programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$500,000 to \$948,862 due to the continued need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$448,862.00	\$448,862.00	\$448,862.00	Yes - Action
3. New maximum contract amount:	\$948,862.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.**

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3410, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/08/2017 Anticipated re-bid date: 03/08/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Processor has been under contract with NDA since 2012 and provides satisfactory services.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bbel1	10/03/2019 15:30:31 PM
Division Approval	bbel1	10/03/2019 15:30:35 PM
Department Approval	bbel1	10/03/2019 15:30:39 PM
Contract Manager Approval	melli2	10/03/2019 15:34:43 PM
Budget Analyst Approval	mtum1	10/14/2019 17:40:49 PM
BOE Agenda Approval	tgreenam	10/15/2019 12:44:15 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: **22035**Agency Name: **GCB - GAMING CONTROL BOARD**Agency Code: **611**Appropriation Unit: **4066-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MOTOROLA, INC.**Contractor Name: **MOTOROLA, INC.**Address: **13116 COLLECTIONS CENTER DR**City/State/Zip: **CHICAGO, IL 60693**Contact/Phone: **435-757-9494**Vendor No.: **PUR0000209G**NV Business ID: **NV19731001987**To what State Fiscal Year(s) will the contract be charged? **2020-2025**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **11/11/2024**Contract term: **5 years and 12 days**4. Type of contract: **Contract**Contract description: **Law Enf IT System**

5. Purpose of contract:

**This is a new contract to provide a software system to manage information for the Enforcement Division's law enforcement functions.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$764,995.00**

Other basis for payment: Within 30 days upon receipt of state approved invoice

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Enforcement Division of the Nevada Gaming Control Board requires a new software system to manage information.**

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

**Our current employees do not possess the expertise needed to fulfill this project.**

9. Were quotes or proposals solicited?

**Yes**

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

**Yes**

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

**Cyrun  
Motorola Solutions**b. Solicitation Waiver: **Not Applicable**

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

This vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/10/2019 Anticipated re-bid date: 04/10/2023

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	klay0	06/10/2019 15:27:33 PM
Division Approval	klay0	06/10/2019 15:27:36 PM
Department Approval	klay0	06/10/2019 15:27:39 PM
Contract Manager Approval	klay0	10/07/2019 10:47:32 AM
EITS Approval	tgalluzi	10/07/2019 12:27:42 PM
Budget Analyst Approval	lfree1	10/10/2019 14:05:00 PM
BOE Agenda Approval	lfree1	10/10/2019 14:05:09 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22459**Agency Name: **DPS-DIRECTOR'S OFFICE**Agency Code: **650**Appropriation Unit: **4701-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SPACESAVER INTERMOUNTAIN, LLC**Contractor Name: **SPACESAVER INTERMOUNTAIN, LLC**Address: **249 S 400 E.**City/State/Zip: **SALT LAKE CITY, UT 84111-2631**Contact/Phone: **Scott Srodes 702-951-8127**Vendor No.: **T29038470**NV Business ID: **NV20151233515**To what State Fiscal Year(s) will the contract be charged? **2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2020**Contract term: **242 days**4. Type of contract: **Contract**Contract description: **Evid. Locker Update**

5. Purpose of contract:

**This is a new contract to provide for the removal and replacement of the existing outdated and unsupported evidence locker control cabinets, locks, wiring and associated systems management software for nine evidence locations throughout the state.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$93,694.00**

Payment for services will be made at the rate of \$93,694.00 per Complete Conversion

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The current software and lock systems are out of date. The current software will not support adding additional officer access to the evidence lockers. Therefore, when evidence is collected by an officer without evidence locker access, an existing officer with access, must deposit the evidence on behalf of the submitting officer. This process is time consuming for the officers and can cause substantial delays in the depositing of important evidence and could result in the evidence not being sufficiently preserved for legal matters.**

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

**State employees are unable to install the Spacesaver Intermountain proprietary software and hardware.**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 #: 190903**

**Approval Date: 09/10/2019**

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

Spacesaver Intermountain is the only vendor that can replace the proprietary software and hardware.

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Spacesaver Intermountain installed the original evidence lockers.  
Their service has been satisfactory.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jdibasil	10/04/2019 11:22:09 AM
Division Approval	jdibasil	10/04/2019 11:22:15 AM
Department Approval	cboegle	10/07/2019 11:28:35 AM
Contract Manager Approval	cboegle	10/07/2019 11:28:40 AM
EITS Approval	tgalluzi	10/07/2019 12:30:28 PM
Budget Analyst Approval	jrodrig9	10/10/2019 23:04:49 PM
BOE Agenda Approval	jrodrig9	10/10/2019 23:04:54 PM
BOE Final Approval	Pending	

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Steve Sisolak  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

**Purchasing Use Only:**

Approval#: **190903**

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Sylvia Terrazas, PO II</i>	<i>775-684-4554</i>	<i>sterrazas@dps.state.nv.us</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	<i>Spacesaver Intermountain</i>
	Contact Name:	<i>Scott Srodes</i>
	Address:	<i>630 South 11 Street Las Vegas, NV 89101</i>
	Telephone Number:	<i>702-951-8127</i>
	Email Address:	<i>ssrodes@spaceverIM.com</i>

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

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

<b>1e</b>	<b>Term:</b>			
		<i>6 Month</i>		
	Contract:	Start Date:	<i>Nov 12, 2019</i>	End Date: <i>May 30, 2020</i>

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<input checked="" type="checkbox"/>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	<b>\$92,400</b>



2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>This contract would replace the existing outdated and unsupported evidence locker control cabinets (hardware), locks, wiring and the outdated and unsupported existing management software. The hardware will be replaced in fifty-four (54) evidence lockers, in nine (9) evidence locations throughout the State. Nine upgraded fans will be replaced in nine refrigerated lockers.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>Upgraded Spacesaver audit control systems, software and locks are the only product compatible with existing evidence locker audit control system. Spacesaver Inter Mountain components are trademarked and the only product that will fit into existing locker brackets and pre-drilled openings. Certified Spacesaver technicians are required to provide service in order to maintain warranties on the evidence lockers.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>No other products are compatible with Spacesaver Intermountain. Upgraded components have been engineered by Spacesaver to fit existing openings and brackets. Control cabinets are designed to fit existing evidence locker configurations. Audit control electronics are engineered to integrate only with Spacesaver locks.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <u><b>If yes</b></u> , what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.					
	<i>The hardware and software for these lockers are trademarked and no other components are compatible. The only other option would be to replace all lockers, parts and software at of cost of more than \$300,000.00</i>					
	b. <u><b>If not</b></u> , why were alternatives not evaluated?					
	<i>The existing locker/cabinets were purchased by this vendor and the requested replacement of lockers, parts and software would have to be replaced in their entirety at a cost of more than \$300,000.</i>					

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</b>				Yes:	<input 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>							
	Term Start and End Dates		Value	Short Description		Type of Procurement (RFP#, RFQ#, Waiver #)		
			\$	Please see the attached quotation and Invoice from previous purchase.				
			\$					
			\$					

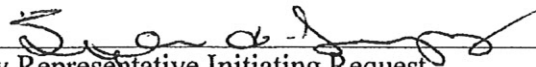
			\$		
			\$		

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>If the waiver is denied, State of Nevada law enforcement evidence collection will be substantially delayed.</i>
7	<i>The current software will not support adding additional officer access to evidence lockers. Therefore, when evidence is collected by an officer without evidence locker access, an existing officer with access, must deposit the evidence on behalf of the submitting officer. This process is time consuming for the officers and can cause substantial delays in the depositing of important evidence and could result in the evidence not being sufficiently preserved for legal matters.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>Research was conducted on evidence lockers of the following companies:</i> 1. Granger 2. School Lockers 3. Southwest Solutions <i>The initial cost of the evidence lockers is similar to that of Spacesaver Intermountain (\$300,000.00+). The above evidence locker hardware and software are not compatible with Spacesaver Intermountain Evidence Lockers.</i>

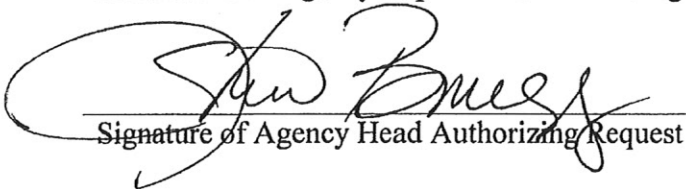
9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>Future upgraded versions to the software and/or hardware</i>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

  
Agency Representative Initiating Request

Sylvia Terrazas  
Print Name of Agency Representative Initiating Request

9/3/2019  
Date

  
Signature of Agency Head Authorizing Request

9-3-2019

Sheri Brueggeman  
Print Name of Agency Head Authorizing Request

9-4-2019  
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:

Ken D. Doty  
Administrator, Purchasing Division or Designee

9/10/19  
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: **19449**Amendment  
Number: **1**Agency Name: **DPS-DIRECTOR'S OFFICE**Legal Entity  
Name: **Kirvin Doak Communications, Inc.**Agency Code: **650**Contractor Name: **Kirvin Doak Communications, Inc.**Appropriation Unit: **4706 - All Categories**Address: **5230 West Patrick Lane**Is budget authority  
available?: **Yes**City/State/Zip **Las Vegas, NV 89118**

If "No" please explain: Not Applicable

Contact/Phone: **Lynn Wetzel 702-737-3100**

Vendor No.:

NV Business ID: **NV19991143853**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>22.00 %</b>	Bonds	0.00 %
<b>X</b> Highway Funds	<b>70.00 %</b>	<b>X</b> Other funding	<b>8.00 % Agency Funding</b>

2. Contract start date:

a. Effective upon Board of  
Examiner's approval? **No** or b. other effective date **12/12/2017**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved  
Termination Date: **12/11/2019**Contract term: **3 years and 354 days**4. Type of contract: **Contract**Contract description: **Media/Marketing**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing media and marketing services with a focus on the Zero Fatalities Campaign and recruiting activities. This amendment extends the termination date from December 12, 2019 to November 30, 2021 and increases the maximum amount from \$2,500,000 to 4,500,000 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,500,000.00	\$2,500,000.00	\$2,500,000.00	Yes - Action
2. Amount of current amendment (#1):	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Yes - Action
3. New maximum contract amount:	\$4,500,000.00			
and/or the termination date of the original contract has changed to:	11/30/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

This contract is needed to provide media and marketing services for the Department. Primarily, this vendor will focus on the Office of Traffic Safety and the Motor Carrier section of Highway Patrol to continue campaigns toward Zero Fatalities on Nevada's roads. Other Divisions may use the contract for recruiting activities.

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

There are no State employees with the expertise to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor had the highest overall score for technical, cost and demonstration.

d. Last bid date: 10/25/2017 Anticipated re-bid date: 07/01/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jdibasil	10/07/2019 13:29:59 PM
Division Approval	jdibasil	10/07/2019 13:30:03 PM
Department Approval	cboegle	10/07/2019 13:56:55 PM
Contract Manager Approval	cboegle	10/07/2019 13:57:04 PM

Budget Analyst Approval  
BOE Agenda Approval

jrodrig9  
jrodrig9

10/10/2019 23:06:05 PM  
10/10/2019 23:06:10 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22436**Agency Name: **DCNR - DIVISION OF WATER RESOURCES**Agency Code: **705**Appropriation Unit: **4157 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **U.S. Department of the Interior, U.S. Geological Survey**Contractor Name: **U.S. Department of the Interior, U.S. Geological Survey**Address: **2730 Deer Run Road**City/State/Zip: **Carson City, NV 89701**Contact/Phone: **Steven N. Berris 775-887-7600**Vendor No.: **T80838030**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? 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>37.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>63.00 % Reimbursement</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**

Anticipated BOE meeting date 11/2020

Retroactive? **Yes**

If "Yes", please explain

**Documents necessary for the processing of this joint funding agreement were received after the September BOE deadline submission. Receipt of the documents prior to processing the joint funding agreement was necessary as they are the authorization instruments approved by the contributing parties. In addition, for continuity of the streamflow records, the USGS cannot turn on and off gages during a period of agreement overlap, as the records would be severely devalued.**

3. Termination Date: **09/30/2021**Contract term: **2 years**4. Type of contract: **Other (include description): Joint Funding Agreement**Contract description: **Hydrological Study**

5. Purpose of contract:

**This is a new joint funding agreement to provide continued hydrologic monitoring along the Carlin Trend within the Humboldt River Region.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$358,300.00**

Payment for services will be made at the rate of \$56,425.00 per Quarter

Other basis for payment:

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The data collection and monitoring are necessary to document hydrologic conditions and the effects of activities of the major water users in the study area.

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

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and services.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

The U.S. Geological Survey has the necessary equipment in place and experience in delivering the desired product. The Acting State Engineer is authorized to enter into agreements with the U.S. Geological Survey under NRS 532.170.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

The Division has executed many agreements with the U.S. Geological Survey that have resulted in products widely used by governmental agencies and the public. The results have been satisfactory.

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

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Levi Kryder, Hydrology Section Chief Ph: 775-684-2866

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	10/17/2019 11:20:34 AM
Division Approval	bre00	10/17/2019 11:20:37 AM
Department Approval	pmisch	10/17/2019 11:27:08 AM
Contract Manager Approval	bre00	10/17/2019 11:28:07 AM
Budget Analyst Approval	mtum1	10/17/2019 15:06:34 PM
BOE Agenda Approval	tgreenam	10/17/2019 15:36:04 PM
BOE Final Approval	Pending	





**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF WATER RESOURCES**

**901 South Stewart Street, Suite 2002**

**Carson City, Nevada 89701-5250**

**(775) 684-2800 • Fax (775) 684-2811**

**<http://water.nv.gov>**

**MEMORANDUM**

October 16, 2019

To: Matt Tuma, Budget Analyst, Governor's Finance Office

From: Brandi Re, Management Analyst III, Division of Water Resources

Through: Tim Wilson, P.E., Acting State Engineer

Re: Retroactive Request - Joint Funding Agreement with the U.S. Geological Survey for the ongoing cooperative data-monitoring program in the Carlin Trend area – Contract# 22436

Accompanying this memorandum is the proposed Joint Funding Agreement (JFA) for the Carlin Trend Area Monitoring Program and associated documents. The contract start date is October 1, 2019 with expiration on September 30, 2021. Documents necessary for the processing of the JFA were received well after the September BOE submission deadline from the third-party included in the JFA; Nevada Gold Mines, LLC. Receipt of these documents prior to processing the JFA was necessary as they are the authorizing instruments approved by the third-party entity. Funding for this program comes from B/A 4157 along with pass through money from Nevada Gold Mines, LLC.

The agency did reach out to the U.S. Geological Survey to inquire about the possibility of modifying the start date of the JFA to correspond with BOE approval. USGS was not able to modify the agreement, as it ensures continuity of the streamflow records. USGS cannot turn on and off gages causing gaps in streamflow records, so this retroactive request will ensure continuous streamflow data that both the NDWR and the USGS depend on.

**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: **18413**Amendment Number: **3**Agency Name: **DCNR - DIVISION OF WATER RESOURCES**Legal Entity Name: **U.S. Department of the Interior, U.S. Geological Survey**Agency Code: **705**Contractor Name: **U.S. Department of the Interior, U.S. Geological Survey**Appropriation Unit: **4503 - All Categories**Address: **GEOLOGICAL SURVEY**Is budget authority available?: **Yes****2730 N. Deer Run Road**City/State/Zip: **Carson City , NV 89701**

If "No" please explain: Not Applicable

Contact/Phone: **Kip Allander 775-887-7600**Vendor No.: **PUR0000332C**NV Business ID: **Government Entity**To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>46.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>54.00 % Water Basin</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2017**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **02/28/2021**

Termination Date:

Contract term: **3 years and 334 days**4. Type of contract: **Other (include description): Joint Funding Agreement**Contract description: **Lower Humboldt Basin**

5. Purpose of contract:

**This is the third amendment to the original joint funding agreement which funds modeling studies in the Lower Humboldt River Basin to determine surface water and ground water interaction. This amendment increases the maximum amount from \$255,741 to \$284,941 due to an increase in the federal portion of the agreement with no change to the Division's portion.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$218,500.00	\$218,500.00	\$218,500.00	Yes - Action
a. Amendment 1:	\$37,241.00	\$37,241.00	\$37,241.00	Yes - Info
b. Amendment 2:	\$0.00	\$0.00	\$37,241.00	No
2. Amount of current amendment (#3):	\$29,200.00	\$29,200.00	\$66,441.00	Yes - Action
3. New maximum contract amount:	\$284,941.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Groundwater pumping by junior water right holders may be conflicting with the rights of senior surface water right holders. This model will determine the extent of any conflict that may exist and is needed for future water management in the Humboldt River Basin.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These studies require a very high level of expertise and resources that the State does not have.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

- d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 Division has executed many agreements with the U.S. Geological Survey that have resulted in many products widely used by governmental agencies to the public. The results have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	09/26/2019 11:22:47 AM
Division Approval	bre00	09/26/2019 11:22:50 AM
Department Approval	kwilliam	09/26/2019 11:52:15 AM
Contract Manager Approval	bre00	09/26/2019 12:11:41 PM
Budget Analyst Approval	mtum1	10/13/2019 10:59:27 AM
BOE Agenda Approval	tgreenam	10/17/2019 08:43:43 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: **22312**

Agency Name:	<b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNR</b>
Agency Code:	<b>709</b>	Contractor Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNR</b>
Appropriation Unit:	<b>3185-04</b>	Address:	<b>CONTROLLERS MAIL STOP 124</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>RENO, NV 89557</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Christopher Lynch 775/682-6052
		Vendor No.:	D35000849
		NV Business ID:	NV20161295653

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Air quality permit</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP20-021**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **1 year and 242 days**4. Type of contract: **Interlocal Agreement**Contract description: **Wood Stove Exchange**

5. Purpose of contract:

**This is a new interlocal agreement to provide the management, operation, and reporting of the Wood Stove Change-Out program to replace old woodburning stoves with federally compliant and certified biofuel stoves.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The US Environmental Protection Agency (EPA) has proposed stricter National Ambient Air Quality Standards (NAAQS) for PM2.5, prompting the need for reduced emissions from woodstoves in the Carson City Area.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Our agency does not have the manpower required to handle the additional workload. The UNR BEP has already established the framework for this project, as they managed the Washoe County woodstove changeout program and previous NDEP woodstove changeout programs. They will simply transfer the program structure, materials and website to the BAPC/BAQP program**

9. Were quotes or proposals solicited?

**No**

Was the solicitation (RFP) done by the Purchasing Division?

**No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

N/A

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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 University of Nevada, Reno provides services to multiple State agencies and provides satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbusto	09/27/2019 12:57:23 PM
Division Approval	ddragon1	10/02/2019 16:04:36 PM
Department Approval	ddragon1	10/02/2019 16:04:40 PM
Contract Manager Approval	mgowe1	10/02/2019 16:17:42 PM
Budget Analyst Approval	mtum1	10/13/2019 11:39:49 AM
BOE Agenda Approval	tgreenam	10/14/2019 15:49:05 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18042** Amendment Number: **2**

Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **Windsor Solutions in Nevada, Inc.**

Agency Code: **709** Contractor Name: **Windsor Solutions in Nevada, Inc.**

Appropriation Unit: **3187-60** Address: **4386 SW Macadam Ave, Suite 101**

Is budget authority available?: **Yes** City/State/Zip: **Portland, OR 97239**

If "No" please explain: Not Applicable Contact/Phone: **Craig Austin 503-675-7833**

Vendor No.: **T27010424**

NV Business ID: **NV20111356993**

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

## 2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **09/30/2020**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Network Exchange**

## 5. Purpose of contract:

**This is the second amendment to the original contract which provides information technology system services to participate in the Federal Environmental Exchange Network. This amendment increases the maximum amount from \$1,100,000 to \$1,402,500 due to the need to include additional data flows.**

## 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$800,000.00	\$800,000.00	\$800,000.00	Yes - Action
a. Amendment 1:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#2):	\$302,500.00	\$302,500.00	\$302,500.00	Yes - Action
3. New maximum contract amount:	\$1,402,500.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Annually, since FY 2002 the Federal Government (Environmental Protection Agency) provides States with the opportunity to participate in the Exchange Network Grant Solicitation program. The Grant Program provides funding for States to establish IT systems to allow the required regulatory data to be submitted electronically to the Federal Government. The Federal EPA has been steadily moving away from paper submission of regulatory data, and is increasingly requiring States to submit data electronically. The Federal EPA is regularly changing business rules, the amount of data required, the submission elements required and other aspects of regulatory data for the States. The new contract will to be used to keep up with changing IT technologies, modernize old systems as necessary, and adapt to regulatory changes by the Federal Government.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work is highly specialized, in most cases new IT systems are required to be built using Federal Grant money by a team of contract developers. Current IT staffing levels do not allow for the size, complexity and specialized work required to submit regulatory data in a timely manner.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

RFP # 3251

- d. Last bid date: 10/01/2016 Anticipated re-bid date: 09/30/2020

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor provided services to NDEP since 2002, and the quality of service was greater than satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	ssimpso2	10/07/2019 09:47:39 AM
Division Approval	vking	10/07/2019 09:51:09 AM
Department Approval	vking	10/07/2019 09:51:15 AM
Contract Manager Approval	ssimpso2	10/07/2019 10:16:43 AM
EITS Approval	tgalluzi	10/08/2019 14:21:26 PM
Budget Analyst Approval	mtum1	10/13/2019 11:59:00 AM
BOE Agenda Approval	tgreenam	10/14/2019 15:25:17 PM



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22333**

Agency Name:	<b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name:	<b>RHITHRON ASSOCIATES, INC.</b>
Agency Code:	<b>709</b>	Contractor Name:	<b>RHITHRON ASSOCIATES, INC.</b>
Appropriation Unit:	<b>3193-20</b>	Address:	<b>33 FORT MISSOULA ROAD</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>MISSOULA, MT 59804-7203</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>406/721-1977</b>
		Vendor No.:	<b>T29016979</b>
		NV Business ID:	<b>NV20101274370</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP 20-023**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2022**Contract term: **2 years and 334 days**4. Type of contract: **Contract**Contract description: **Periphyton Samples**

5. Purpose of contract:

**This is a new contract to provide ongoing services for the identification and enumeration of small river bottom animals and algae samples to assess the ecological integrity of rivers and streams.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,600.00**

Other basis for payment: Billing will be submitted quarterly based on work completed

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The federal Clean Water Act (section 106) and State regulations require Nevada Division of Environmental Protection to periodically evaluate the health of Nevada's waters, and review associated water quality standards. This contract is needed in our near future efforts to evaluate physical and biological health the States waters and the review of the State surface water quality.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Analytical work requires a laboratory, taxonomy expertise and turnaround time that is not available within the state.**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):

EcoAnalyst  
Rhithron Associates  
Great Lakes Environmental

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Contract is <\$25,000.00 per year. Rhithron Associates, Great Lakes Environmental Center and EcoAnalysts were the only entities to respond to the request for quote. Rhithron Associates, Inc. submitted the lowest price and has a history with NDEP, BWQP.

d. Last bid date: 07/08/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2002 to present, Nevada Division of Environmental Protection, Bureau of Water Quality Planning, service has been satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Marianne Denton, Env Scientist Ph: 775-687-9457

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	08/30/2019 10:44:05 AM
Division Approval	pcomba	09/19/2019 10:32:26 AM
Department Approval	pcomba	09/19/2019 10:32:30 AM
Contract Manager Approval	mhilk1	09/19/2019 10:36:22 AM
Budget Analyst Approval	cpalme2	09/20/2019 08:57:44 AM
BOE Agenda Approval	cmurph3	09/25/2019 12:49:24 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **21689**

Agency Name:	<b>B&amp;I - INDUSTRIAL RELATIONS DIV</b>	Legal Entity Name:	The Law Offices of Charles R. Zeh, Esq., LLC
Agency Code:	<b>742</b>	Contractor Name:	<b>The Law Offices of Charles R. Zeh, Esq., LLC</b>
Appropriation Unit:	<b>4682-04</b>	Address:	<b>CHARLES R ZEH ESQ 50 W Liberty St., Suite 950</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>Reno, NV 89501-1979</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Karen Kennedy, Legal Assistant to Charles R Zeh, Esq. 775-323-5700
		Vendor No.:	T29021118
		NV Business ID:	NV19951011050

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? 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>16.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>84.00 % Workers' Compensation &amp; Safety Fund</b>

Agency Reference #: 4682-04

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2021**Contract term: **1 year and 334 days**4. Type of contract: **Contract**Contract description: **Legal Services**

5. Purpose of contract:

**This is a new contract to provide ongoing legal services to the Occupational Safety and Health Review Board.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$450,000.00**

Payment for services will be made at the rate of \$0.00 per Attachment CC - Vendor Rate Schedule

Other basis for payment: Payment per Attachment CC - Vendor Rate Schedule; \$230/hr. No reimbursements for travel time or expenses.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 618.585(2) "The Occupational Safety and Health (OSH) Review Board may employ legal counsel to advise it concerning matters which come before it."

Independent counsel is required in order to avoid potential conflict of interest.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The OSH Review Board is required to hold hearings on written appeals or notices of contest under NRS 618.585 and NRS 618.605. There is a conflict of interest since Division Counsel represents Occupational Safety and Health Administration (OSHA) in each contested matter. Therefore, outside counsel must be used.

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?

Superior qualification and experience in these areas

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ljon13	10/08/2019 11:55:09 AM
Division Approval	ljon13	10/08/2019 11:55:32 AM
Department Approval	jhanse4	10/09/2019 15:47:57 PM
Contract Manager Approval	jhanse4	10/14/2019 11:13:29 AM
Budget Analyst Approval	stilley	10/15/2019 16:53:56 PM
BOE Agenda Approval	lfree1	10/21/2019 13:35:32 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22400**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Agency Code: **810**Appropriation Unit: **4712-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: UPS Mail Innovation Services

Contractor Name: **UPS Mail Innovation Services**Address: **12055 Sage Point Court No. 104**City/State/Zip: **Reno, NV 89506**

Contact/Phone: Dan Vigna 602-692-4134

Vendor No.: T27043137

NV Business ID: NV20021245756

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to 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 % 85% License Plate; 15% Special Plate</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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2023**Contract term: **3 years and 334 days**4. Type of contract: **Contract**Contract description: **Plate Shipping**

5. Purpose of contract:

**This is a new contract to provide shipping services for license plates.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,500,000.00**

Other basis for payment: As indicated by the contract

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Department of Motor Vehicles requires the assistance in delivering completed license plates within five days of shipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No state employees are employed due to the logistical purposes of shipping

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Triple L Trucking  
UPS Mail Innovationsb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #81DMV-S744, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Marty Elzy, Management Analyst III Ph: 775-684-4661

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmusselm	09/23/2019 08:55:47 AM
Division Approval	bmusselm	09/23/2019 08:55:51 AM
Department Approval	asmit3	09/23/2019 12:41:30 PM
Contract Manager Approval	nlope4	09/23/2019 14:06:38 PM
Budget Analyst Approval	bmacke1	10/17/2019 11:13:12 AM
BOE Agenda Approval	jrodrig9	10/18/2019 17:55:11 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22471**

Agency Name:	<b>DEPARTMENT OF MOTOR VEHICLES</b>	Legal Entity Name:	<b>MANAGEMENT TECHNOLOGY GROUP, LLC DBA MTG MANAGEMENT CONSULTANTS</b>
Agency Code:	<b>810</b>	Contractor Name:	<b>MANAGEMENT TECHNOLOGY GROUP, LLC DBA MTG MANAGEMENT CONSULTANTS</b>
Appropriation Unit:	<b>4716-10</b>	Address:	<b>810 3RD AVE. SUITE 600</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>SEATTLE, WA 98104-1645</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Terry Gough 206-442-5010
		Vendor No.:	T29025149
		NV Business ID:	NV20041240020

To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Technology</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP #81DMV-S720**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2020**Contract term: **229 days**4. Type of contract: **Contract**Contract description: **Baseline Assessment**

5. Purpose of contract:

**This is a new contract to provide a study of the current business functionality and capabilities of the business processes and legacy application. The vendor will identify potential costs, business process improvement opportunities and alternative replacement recommendations of various applications to support operational performance.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$294,945.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The current DMV Application, known as the Combined Automotive Revenue and Registration System (CARRS), is a custom built application which is 20 years old. With the number of projects from the Federal and State governments it's been difficult to keep the DMV application infrastructures updated. DMV will use this baseline assessment to modify or replace the components identified, manage the efforts, procurement of technology or platform-specific contracts to modify current application, and/or procure a commercial off-the-shelf component.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the staffing capability, technical expertise or resources to fulfill this work.

9. Were quotes or proposals solicited?

**Yes**

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Grant Thornton  
Apprise Incorporated  
Mathtech

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #81DMV-S720, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee

d. Last bid date: 07/01/2019 Anticipated re-bid date: 07/01/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Terri Albertson, Administrator, Office of Project Management Ph: 775 687-7200

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	asmit3	10/09/2019 14:45:11 PM
Division Approval	asmit3	10/09/2019 14:45:15 PM
Department Approval	asmit3	10/09/2019 14:45:19 PM
Contract Manager Approval	nlope4	10/09/2019 14:56:30 PM
Budget Analyst Approval	bmacke1	10/17/2019 13:56:40 PM
BOE Agenda Approval	jrodrig9	10/18/2019 18:02:09 PM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **19630**Amendment Number: **2**Agency Name: **DETR - REHABILITATION DIVISION**Legal Entity Name: **RALPH JONES, INC. DBA RALPH JONES DISPLAY**Agency Code: **901**Contractor Name: **RALPH JONES, INC. DBA RALPH JONES DISPLAY**Appropriation Unit: **3253-10**Address: **RALPH JONES DISPLAY  
2576 E CHARLESTON BLVD**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89104-2323**

If "No" please explain: Not Applicable

Contact/Phone: **JODY JONES 702/382-4398**Vendor No.: **PUR0001134**NV Business ID: **NV19651000851**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3201-20-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/28/2018**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **01/31/2020**Contract term: **4 years and 31 days**4. Type of contract: **Contract**Contract description: **2018 Ralph Jones**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing design, build and installation services for cabinetry, counter tops, display cases, shelving and fixtures at all Business Enterprises of Nevada locations. This amendment extends the termination date from January 31, 2020 to March 31, 2022 and increases the maximum amount from \$45,000 to \$60,000 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$45,000.00	No
2. Amount of current amendment (#2):	\$15,000.00	\$15,000.00	\$60,000.00	Yes - Action
3. New maximum contract amount:	\$60,000.00			
and/or the termination date of the original contract has changed to:	03/31/2022			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

This contract is needed to aid BEN program employees in the planning, designing and building of cabinets, countertops, fixtures and displays for new BEN sites and renovations/repairs of existing sites.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the necessary skill sets to design, build and repair custom cabinets, countertops, displays or fixtures.

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):

Master's Touch LV  
LS Service Solutions  
Gen X Carpentry  
Ralph Jones Display

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

No vendor responded to 2 solicitations. Direct contract w/ vendor procured due to solid history of service for the BEN program.

d. Last bid date: 11/16/2017 Anticipated re-bid date: 09/01/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided service to DETR-REHAB since 2004 and has been providing satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

Budget Account Approval

User

bmartin7

Signature Date

08/30/2019 11:39:46 AM

Division Approval	kdesoci1	09/24/2019 17:16:09 PM
Department Approval	kdesoci1	09/24/2019 17:16:13 PM
Contract Manager Approval	kdesoci1	09/24/2019 17:16:30 PM
Budget Analyst Approval	dbaughn	09/30/2019 10:48:54 AM
BOE Agenda Approval	tgreenam	09/30/2019 15:15:12 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22321**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Washoe County School District  
Contractor Name: **Washoe County School District**  
Address: **425 E. 9th Street**City/State/Zip: **Reno, NV 89512-2800**

Contact/Phone: Susan Williams 775-250-6906

Vendor No.: T40234300B

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

**X** General Funds **21.30 %** Fees 0.00 %**X** Federal Funds **78.70 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 3341-20-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **07/31/2020**Contract term: **273 days**4. Type of contract: **Interlocal Agreement**Contract description: **WCSD Transition**

5. Purpose of contract:

**This is a new interlocal agreement to provide pre-employment transitional services for students with disabilities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,000.00**

Other basis for payment: Total salary/fringe for 1 FTE is projected to be no more than \$112,500 (80% is \$90,000). Total Contract not to exceed \$90,000.00.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

School districts need a transition coordinator who can support transition efforts across all schools in the district to ensure that students and young adults with disabilities progress in school and graduate with the knowledge, skills, and tools to succeed in post-secondary education or employment.

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 time or the ability to provide the services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided satisfactory services to various state agencies since 1999.

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	08/28/2019 11:23:49 AM
Division Approval	kdesoci1	09/24/2019 17:18:51 PM
Department Approval	kdesoci1	09/24/2019 17:18:54 PM
Contract Manager Approval	mjohns43	09/25/2019 13:10:21 PM
Budget Analyst Approval	dbaughn	09/30/2019 15:34:56 PM
BOE Agenda Approval	tgreenam	09/30/2019 15:52:02 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **19775**Amendment Number: **1**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Legal Entity Name: **McDonald Carano, LLP**Agency Code: **BDC**Contractor Name: **McDonald Carano, LLP**Appropriation Unit: **B026 - All Categories**Address: **100 W Liberty St. 12th Floor**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89501**

If "No" please explain: Not Applicable

Contact/Phone: **Susan Fisher 775-788-2000**

Vendor No.:

NV Business ID: **NV19961000027**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2018**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **12/31/2019**

Termination Date:

Contract term: **3 years and 266 days**4. Type of contract: **Contract**Contract description: **Lobbyist Services**

5. Purpose of contract:

**This is the first amendment to the original contract which provides government affairs and regulation development assistance to the Board. This amendment extends the termination date from December 31, 2019 to December 31, 2021 and increases the maximum amount from \$53,000 to \$116,000 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$53,000.00	\$53,000.00	\$53,000.00	Yes - Action
2. Amount of current amendment (#1):	\$63,000.00	\$63,000.00	\$63,000.00	Yes - Action
3. New maximum contract amount:	\$116,000.00			
and/or the termination date of the original contract has changed to:	12/31/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS requires the Board of Osteopathic Medicine to recommend the creation and/or amendment of laws regarding the practice of Osteopathic Medicine in the State of Nevada. To complete this legislative requirement, it is a necessity for the Board to receive expert advice on government affairs. In addition, the issues require special skills, expertise and knowledge of an experienced legislative liaison to assure optimal results for the Board the citizens serves.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Assistance is needed in the planning and dissemination of information to legislative members with the expertise and required knowledge of the Nevada Legislature. The Board operates with a small staff and does not have the availability, expertise or knowledge that can be uniquely performed by the Contractor.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

The Contractor has unique knowledge, experience and a history representing the Osteopathic Board. The Board has utilized services from Contractor previously approved and expired 12/31/17. Based on the previous use of the Contractor there is continuity of the services provided.

- d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Contractor was previously under Contract with the Board of Osteopathic Medicine which expired 12/31/17

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

jstrand1

10/03/2019 08:08:35 AM

Division Approval	jstrand1	10/03/2019 08:08:38 AM
Department Approval	jstrand1	10/03/2019 08:08:41 AM
Contract Manager Approval	jstrand1	10/03/2019 08:08:44 AM
Budget Analyst Approval	lfree1	10/07/2019 11:29:28 AM
BOE Agenda Approval	lfree1	10/07/2019 11:29:32 AM



# WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	130	DEPARTMENT OF TAXATION	GARTNER, INC.	GENERAL	\$898,400	
	Contract Description:	This is a new Work Plan under Master Service Agreement contract #18964 which provides research and advisory services related to the Unified Tax System (UTS) Modernization Program, including: Current State Assessment, Business Benefit Analysis, Future-State Processes & Requirements, Solution Strategy, Modernization Roadmap, Business Case, and select Procurement, Evaluation, and Negotiation support activities.				
	Term of Contract:	11/13/2019 - 06/30/2021	Contract # 22441			

**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: **22441**Agency Name: **DEPARTMENT OF TAXATION**Agency Code: **130**Appropriation Unit: **2361-13**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**Contractor Name: **GARTNER, INC.**Address: **56 TOP GALLANT RD**City/State/Zip: **STAMFORD, CT 06902-7747**Contact/Phone: **480/283/8933**Vendor No.: **PUR0005339**NV Business ID: **NV19941112701**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

**X** General Funds **100.00 %** Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **130**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **1 year and 229 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **Work Plan**

5. Purpose of contract:

**This is a new Work Plan under Master Service Agreement contract #18964 which provides research and advisory services related to the Unified Tax System (UTS) Modernization Program, including: Current State Assessment, Business Benefit Analysis, Future-State Processes & Requirements, Solution Strategy, Modernization Roadmap, Business Case, and select Procurement, Evaluation, and Negotiation support activities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$898,400.00**

Payment for services will be made at the rate of \$0.00 per n/a

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**SB518 approved during the 2019 Legislative Session funds a needs assessment for the modernization of the Unified Tax System.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State Master Service Agreement**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jgiesle2	10/02/2019 08:16:14 AM
Division Approval	jgiesle2	10/02/2019 08:16:17 AM
Department Approval	jgiesle2	10/02/2019 08:16:21 AM
Contract Manager Approval	jgiesle2	10/02/2019 08:16:23 AM
Budget Analyst Approval	dlenzner	10/04/2019 14:32:28 PM
BOE Agenda Approval	lfree1	10/10/2019 13:53:30 PM
BOE Final Approval	Pending	

## STATE OF NEVADA WORK PLAN

### Gartner, Inc. Service Agreement for State of Nevada Department of Administration, State Purchasing Division ("Client")

This Service Agreement ("SA") and Consulting Order ("CO") is between Gartner, Inc. of 56 Top Gallant Road, Stamford, CT 06904 ("Gartner") and Client of 515 E. Musser St., Suite 300, Carson City, NV 89701 ("Client"), and includes the Master Client Agreement #18964 between Gartner and Client or Client's parent or affiliate dated September 12, 2017, the terms of which are incorporated by reference, and all applicable Service Descriptions. It is also issued subject to the terms and conditions addressing Consulting contained in Master Client Agreement No. CETS 18964 between Gartner and the State of Nevada Department of Administration dated 12 September 2017 the terms of which are incorporated herein by reference.

#### 1. DEFINITION of CONSULTING SERVICES:

**Consulting Services** Gartner agrees to provide Client with Tax Modernization Support services in accordance with the price, deliverables and schedule contained in the attached Exhibit A – Statement of Work (SOW).

Professional Services Provided	Description
Eighteen (18) months of fixed-price, deliverables-based Consulting Services in support of the Nevada Department of Taxation Unified Tax System (UTS) Modernization Program. Detailed activities and deliverables are included in Exhibit A – Statement of Work	<i>Independent and objective Consulting Services for the Nevada Department of Taxation Unified Tax System (UTS) Modernization Program, including: Current State Assessment, Business Benefit Analysis, Future-State Processes &amp; Requirements, Solution Strategy, Modernization Roadmap, Business Case, and select Procurement, Evaluation, and Negotiation support activities.</i>  <i>Effective 11/13/2019 to 6/30/2021.</i>
	<b>TOTAL: 898,400.00</b>

#### 2. DEFINITION AND ORDER SCHEDULE:

**Services** are the subscription-based research and related services purchased by Client in the Order Schedule below and described in the Service Descriptions. Service Names and Levels of Access are defined in the Service Descriptions. Gartner may periodically update the names and the deliverables for each Service. If Client adds Services or upgrades the level of service or access, an additional Service Agreement will be required.

**Service Descriptions** describe each Service purchased, specify the deliverables for each Service, and set forth any additional terms unique to a specific Service. Service Descriptions for the Services purchased in this SA may be viewed and downloaded through the hyperlinks listed in Section 2 below or may be attached to this SA in hard copy and are incorporated by reference into this SA.

<u>Service Name/ Level of Access</u>	<u>Service Description URL</u>
Not Applicable (N/A)	

#### 3. PAYMENT TERMS

##### FOR CONSULTING SERVICES:

Gartner will invoice Client in accordance with the billing schedule contained in the SOW attached hereto as Exhibit A for all Services. Payment is due 30 days from the invoice date. Client shall pay any sales, use, value-added, or other tax or charge imposed or assessed by any governmental entity upon the sale, use or receipt of Services, with the exception of any taxes imposed on the net income of Gartner.

##### FOR RESEARCH AND ADVISORY:

Gartner will invoice Client annually in advance for all Services. Payment is due 30 days from the invoice date. Client shall pay any sales, use, value-added, or other tax or charge imposed or assessed by any governmental entity upon the sale, use or receipt of Services, with the exception of any taxes imposed on the net income of Gartner.

Please attach any required Purchase Order ("PO") to this Work Order and enter the PO number below. Any pre-printed or additional contract terms included on the PO shall be inapplicable and of no force or effect. All PO's are to be sent to [purchaseorders@gartner.com](mailto:purchaseorders@gartner.com). This Work Order may be signed in counterparts.

#### 4. CLIENT BILLING INFORMATION

22441  
CETS Number

515 E. Musser Street, Suite 300  
Billing Address

Carson City, NV 89701  
City, State, Zip

State of Nevada Purchasing Division  
Invoice Recipient Name

rvradenburg@admin.nv.gov  
Invoice Recipient Email

(775) 684-0197  
Invoice Recipient Tel. No.

#### 5. AUTHORIZATION

Client  
Pennington 9/30/19  
Signature/Date

Teri Dapton, Deputy  
Print Name and Title

Director  
Administration

Gartner, Inc.  
Chris A. Ragan 9/30/2019  
Signature/Date

Christopher A. Ragan, Managing Partner  
Print Name and Title

\_\_\_\_\_  
Signature – Board of Examiners

APPROVED BY BOARD OF EXAMINERS

On: \_\_\_\_\_

Date

#### IF USING A DIGITAL SIGNATURE, PLEASE CONFIRM THE FOLLOWING AS A CONDITION OF CONTRACT EXECUTION:

[ ] By ticking this box, I agree that by affixing my digital signature hereunder I am attesting that: (i) this is my own personal legal signature, and (ii) I am a duly authorized signatory for my company. My signature verifies that the information provided to Gartner hereunder is subscribed by me, under penalty of false statement and material breach of contract.

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	COLLABORATIVE TECHNOLOGY SOLUTIONS, LLC.	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide technology-based job development and training services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22476		
2.		VARIOUS STATE AGENCIES	DIANA KEEFE ADAMS DBA MY RENO COMPUTER TUTOR	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide job development services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22357		
3.		VARIOUS STATE AGENCIES	HANGER PROSTHETICS AND ORTHOTICS WEST, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide durable medical equipment, prosthetics and orthotics services Statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22484		
4.		VARIOUS STATE AGENCIES	JENNASEN NARCISO, DBA NIRVANA HEALTH	OTHER: VARIOUS AGENCIES	\$350,000	
	Contract Description:	This is a new contract to provide community-based living arrangement services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22425		
5.		VARIOUS STATE AGENCIES	PRIDE INDUSTRIES	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is a new contract to provide job development services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22404		
6.		VARIOUS STATE AGENCIES	PROJECT REDIRECT, INC. OF THE DISTRICT OF COLUMBIA	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is a new contract to provide behavioral health and community-based care services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22410		
7.		VARIOUS STATE AGENCIES	QUEST DIAGNOSTICS INCORPORATED	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing clinical laboratory testing services at agency sites statewide.				
	Term of Contract:		01/01/2020 - 12/31/2023	Contract # 22382		

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.		VARIOUS STATE AGENCIES	SHAMEKA BOLTON DBA HANDS OF HOPE	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide psychiatry-nurse practitioner services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22486		
9.		VARIOUS STATE AGENCIES	SORENSEN COMMUNICATIONS, LLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide on-site and remote sign language translation and interpretation services statewide.				
		Term of Contract:	12/10/2019 - 01/15/2022	Contract # 22453		

**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: **22476**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Collaborative Technology Solutions, LLC.

Contractor Name: **Collaborative Technology Solutions, LLC.**Address: **1489 West Warm Springs Rd. Ste. 110**City/State/Zip: **Henderson , NV 89014**

Contact/Phone: Genise Burnett 978-560-3551

Vendor No.: T27042975

NV Business ID: NV20191218999

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Various Agencies**

Agency Reference #: S165-TB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **2 years and 242 days**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

**This is a new contract to provide technology based job development and training services statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This is a specialized service that requires specially trained individuals to provide these services.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**This vendor was chosen as part of a multi award RFQ for job development and training services. RFQ# 99SWC-S165.**



10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	10/08/2019 13:47:37 PM
Division Approval	jthom17	10/08/2019 13:47:41 PM
Department Approval	ldeloach	10/08/2019 14:19:00 PM
Contract Manager Approval	rvradenb	10/08/2019 14:34:40 PM
Budget Analyst Approval	stilley	10/10/2019 16:34:50 PM
BOE Agenda Approval	lfree1	10/11/2019 14:13:09 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22357**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Diana Keefe Adams dba My Reno Computer Tutor

Contractor Name: **Diana Keefe Adams dba My Reno Computer Tutor**Address: **8670 Beechcraft Dr**City/State/Zip: **Reno, NV 89506**

Contact/Phone: Diana Keefe Adams 775-762-2697

Vendor No.: T27043091

NV Business ID: NV20131145902

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Various Agencies</b>

Agency Reference #: TB165

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **2 years and 242 days**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

**This is a new contract to provide job development services statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This is a specialized service that requires specially trained individuals to provide these services.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**This vendor was selected as part of a multi award solicitation 99SWC-S165 for job development related services.**

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	09/10/2019 14:45:50 PM
Division Approval	jthom17	09/10/2019 14:45:53 PM
Department Approval	ldeloach	09/11/2019 09:10:01 AM
Contract Manager Approval	cphipp1	09/11/2019 09:12:08 AM
Budget Analyst Approval	stilley	10/10/2019 14:06:55 PM
BOE Agenda Approval	lfree1	10/11/2019 14:19:00 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22484**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Hanger Prosthetics and Orthotics West, Inc

Contractor Name: **Hanger Prosthetics and Orthotics West, Inc**Address: **961 Matley Lane, Ste 100**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Shanie Scott 775-323-8118

Vendor No.: T81070855

NV Business ID: NV19931023962

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Various Agencies**

Agency Reference #: S107-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **2 years and 242 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

**This is a new contract to provide durable medical equipment, prosthetics, and orthotics services Statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S107 for Medical & Related based services to provide DME, Prosthetics and Orthotics.

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DETR agency is satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	10/08/2019 15:03:25 PM
Division Approval	jthom17	10/08/2019 15:03:29 PM
Department Approval	ldeloach	10/08/2019 15:16:54 PM
Contract Manager Approval	cphipp1	10/08/2019 15:25:10 PM
Budget Analyst Approval	stilley	10/14/2019 16:56:53 PM
BOE Agenda Approval	lfree1	10/15/2019 15:16:03 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22425**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NARCISO, JENNASSEN DBA NIRVANA HEALTH**Contractor Name: **NARCISO, JENNASSEN DBA NIRVANA HEALTH**Address: **6732 DIVERS LOONS ST.**City/State/Zip: **NORTH LAS VEGAS, NV 89084**Contact/Phone: **JENNASSEN NARCISO 702-370-7571**Vendor No.: **T27043152**NV Business ID: **NV20191442398**To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % VARIOUS AGENCIES**Agency Reference #: **S167-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **2 years and 242 days**4. Type of contract: **MSA**Contract description: **NonMedical Services**

5. Purpose of contract:

**This is a new contract to provide community based living arrangement services statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$350,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This is a specialized service that requires specially trained individuals to provide these services.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S167 for Behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	10/03/2019 14:10:37 PM
Division Approval	jthom17	10/03/2019 14:10:40 PM
Department Approval	ldeloach	10/03/2019 15:04:57 PM
Contract Manager Approval	rvradenb	10/03/2019 15:06:42 PM
Budget Analyst Approval	stilley	10/10/2019 14:27:09 PM
BOE Agenda Approval	lfree1	10/11/2019 14:14:58 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22404**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PRIDE INDUSTRIES**Contractor Name: **PRIDE INDUSTRIES**Address: **10030 FOOTHILLS BLVD**City/State/Zip: **ROSEVILLE , CA 95747-7102**Contact/Phone: **VIC WURSTEN 916-788-2113**Vendor No.: **T32008636**NV Business ID: **NV20181689842**To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **TB165**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **2 years and 242 days**4. Type of contract: **MSA**Contract description: **Job Development**

5. Purpose of contract:

**This is a new contract to provide job development services statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This is a specialized service that requires specially trained individuals to provide these services.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**This vendor was selected as part of a multi award solicitation 99SWC-S165 for Job Development services.**



10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	09/17/2019 12:08:18 PM
Division Approval	jthom17	09/17/2019 12:08:23 PM
Department Approval	ldeloach	09/17/2019 14:45:45 PM
Contract Manager Approval	rvradenb	10/08/2019 13:29:47 PM
Budget Analyst Approval	stilley	10/15/2019 13:18:34 PM
BOE Agenda Approval	lfree1	10/15/2019 14:56:29 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22410**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Project ReDirect Inc. of the District of Columbia

Contractor Name: **Project ReDirect Inc. of the District of Columbia**Address: **3150 W. Sahara Ave. B-21**City/State/Zip: **Las Vegas, NV 89102**

Contact/Phone: Harold King 631-484-5648

Vendor No.: T27043022

NV Business ID: NV20191529374

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: RM167

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **2 years and 242 days**4. Type of contract: **MSA**Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide behavioral health and community based care services statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This is a specialized service that requires specially trained individuals to provide these services.**

9. Were quotes or proposals solicited?

**Yes**

Was the solicitation (RFP) done by the Purchasing Division?

**Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S167 for Behavioral and community based related services to provide behavioral and community based care.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	09/18/2019 15:44:14 PM
Division Approval	jthom17	09/18/2019 15:44:17 PM
Department Approval	ldeloach	09/18/2019 16:03:32 PM
Contract Manager Approval	cphipp1	09/18/2019 16:08:51 PM
Budget Analyst Approval	stilley	10/10/2019 13:29:41 PM
BOE Agenda Approval	lfree1	10/11/2019 14:20:15 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22382**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Quest Diagnostics Incorporated

Contractor Name: **Quest Diagnostics Incorporated**Address: **4230 Burnham Avenue**City/State/Zip: **Las Vegas, NV 89119**

Contact/Phone: Michele Kenny 818-737-8348

Vendor No.: PUR0000688

NV Business ID: NV19661001279

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Various Agencies**

Agency Reference #: 99SWC-S488 tb

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2023**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Clinical Lab Testing**

5. Purpose of contract:

**This is a new contract to provide ongoing clinical laboratory testing services at agency sites statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Laboratory testing for client stays at several agency facilities is required.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the facility, medical staff or the expertise to conduct these tests.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Quest Diagnostics Incorporated  
Redwood Toxicology  
Laboratory Corporation of Americab. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #99SWC-S488, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/23/2019 Anticipated re-bid date: 05/23/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2010 through present - Statewide - Service satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?  
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	10/08/2019 14:37:48 PM
Division Approval	jthom17	10/08/2019 14:37:51 PM
Department Approval	ldeloach	10/08/2019 15:03:58 PM
Contract Manager Approval	tbeck1	10/08/2019 15:14:15 PM
Budget Analyst Approval	stilley	10/10/2019 17:04:51 PM
BOE Agenda Approval	lfree1	10/11/2019 14:11:49 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22486**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Shameka Bolton dba Hands of Hope

Contractor Name: **Shameka Bolton dba Hands of Hope**Address: **4066 Weeping Willow Court**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Shameka Bolton 520-965-5784

Vendor No.: T27043160

NV Business ID: NV20191573686

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S107-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **2 years and 242 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

**This is a new contract to provide psychiatry-nurse practitioner services statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This is a specialized service that requires specially trained individuals to provide these services.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S107 for Medical & Related based services to provide Psychiatry-Nurse Practitioner services.

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	10/08/2019 15:19:05 PM
Division Approval	jthom17	10/08/2019 15:19:08 PM
Department Approval	ldeloach	10/08/2019 15:21:48 PM
Contract Manager Approval	cphipp1	10/08/2019 15:26:25 PM
Budget Analyst Approval	stilley	10/14/2019 16:59:56 PM
BOE Agenda Approval	lfree1	10/15/2019 15:09:05 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22453**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Sorenson Communications, LLC

Contractor Name: **Sorenson Communications, LLC**Address: **4192 South Riverboat Rd**City/State/Zip: **Salt Lake City, UT 84123**

Contact/Phone: Joshua Pennise 866-787-1359

Vendor No.: T27043202

NV Business ID: NV20071046310

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Various Agencies**

Agency Reference #: S359-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/10/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **01/15/2022**Contract term: **2 years and 37 days**4. Type of contract: **MSA**Contract description: **Translation Services**

5. Purpose of contract:

**This is a new contract to provide on-site and remote sign language translation and interpretation services statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to support these required services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The required services require certifications to facilitate translation and interpretation services in specialized situations.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen as part of a multi-award RFQ to provide sign language interpretations and translation.



10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	10/07/2019 14:54:21 PM
Division Approval	jthom17	10/07/2019 14:54:24 PM
Department Approval	ldeloach	10/07/2019 16:32:07 PM
Contract Manager Approval	rvradenb	10/08/2019 08:24:48 AM
Budget Analyst Approval	stilley	10/15/2019 11:10:09 AM
BOE Agenda Approval	lfree1	10/15/2019 15:14:05 PM
BOE Final Approval	Pending	

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	BRENT R. BAKER DBA BRBC, LLC	GENERAL	\$10,000	Professional Service
	Contract Description:	This is a new contract to provide expert witness services.				
2.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	LEWIS BRISBOIS BISGAARD AND SMITH, LLP	OTHER: TORT CLAIM FUNDS	\$25,000	Professional Service
	Contract Description:	This is a new contract to provide outside counsel for the defense of legal proceedings filed against the Department of Corrections.				
3.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	MARQUIS AURBACH COFFING, PC	OTHER: TORT CLAIM FUNDS	\$45,000	
	Contract Description:	This is a new contract to provide outside counsel for the defense of legal proceedings filed against the Department of Corrections.				
4.	070	DEPARTMENT OF ADMINISTRATION - HUMAN RESOURCE MANAGEMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, LAS VEGAS	OTHER: PERSONNEL ASSESSMENT	\$35,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing training for the Nevada Certified Public Managers Program.				
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	DESERT BOILERS & CONTROLS, INC.	OTHER: BUILDING RENT INCOME REVENUE	\$46,753	
	Contract Description:	This is a new contract to provide ongoing and emergency heating, ventilation and air conditioning maintenance and repair services for state-owned buildings.				
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	MCKEON DOOR OF NEVADA, INC.	OTHER: BUILDING RENT INCOME REVENUE	\$31,722	
	Contract Description:	This is a new contract to provide ongoing door and window installation services for state-owned buildings in southern Nevada.				
		Term of Contract:	10/11/2019 - 09/15/2023	Contract # 22405		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	TECH PLUMBING AND HEATING, INC.	OTHER: BUILDING RENT INCOME REVENUE	\$43,548	
	Contract Description:	This is a new contract to provide plumbing services including mainline snake, jetting and camera services for state-owned buildings in northern Nevada.				
		Term of Contract:	10/11/2019 - 09/15/2023	Contract # 22372		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	VORTEX INDUSTRIES, INC.	OTHER: BUILDING RENT INCOME REVENUE	\$33,837	
	Contract Description:	This is a new contract to provide ongoing door and window installation services for state-owned buildings in southern Nevada.				
		Term of Contract:	10/01/2019 - 09/15/2023	Contract # 22407		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	WESTERN DOOR AND GATE, LLC	OTHER: BUILDING RENT INCOME REVENUE	\$47,385	
	Contract Description:	This is a new contract to provide ongoing door and window installation services for state-owned buildings in southern Nevada.				
		Term of Contract:	10/11/2019 - 09/15/2023	Contract # 22408		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MARLETTE LAKE	FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING	OTHER: WATER REVENUE FEES	\$14,265	Professional Service
	Contract Description:	This is a new contract to provide a water system rate analysis for the Marlette Lake Water system.				
		Term of Contract:	10/17/2019 - 06/30/2020	Contract # 22509		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MARLETTE LAKE	LUMOS & ASSOCIATES	OTHER: WATER REVENUE FEES	\$49,400	Professional Service
	Contract Description:	This is a new contract to provide professional engineering and construction services for the Marlette Lake East Slope Water System improvements.				
		Term of Contract:	10/17/2019 - 06/30/2020	Contract # 22510		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	CURTAINWALL DESIGN AND CONSULTING, INC.	BONDS	\$27,000	
	Contract Description:	This is a new contract to provide professional commissioning, surveying, and miscellaneous services for the College of Southern Nevada - Health and Sciences Building CIP project to certify that the functionality of the included building systems meet designed performance standards/benchmarks: SPWD Project No. 17-P07; Contract No. 112819				
		Term of Contract:	10/12/2019 - 06/30/2021	Contract # 22447		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	TMCX SOLUTIONS, LLC	BONDS	\$48,000	Professional Service
	Contract Description:	This is a new contract to provide professional commissioning, surveying and miscellaneous services for the Nevada State College - Education Academic Building CIP to certify that the functionality of the included building systems meets designed performance standards/benchmarks: SPWD Project No.19-C19(A); Contract No. 112968.				
		Term of Contract:	10/14/2019 - 06/30/2023	Contract # 22473		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	GENERAL	\$15,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Nevada Adult Mental Health – Building #3 Main Electrical Switchgear Replacement CIP project: SPWD Project No. 19-M52; Contract No. 112916				
		Term of Contract:	10/15/2019 - 06/30/2023	Contract # 22492		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ENGINEERING AND PLANNING	CHARLES ABBOTT ASSOCIATES, INC.	BONDS	\$45,750	Professional Service
	Contract Description:	This is a new contract to provide building construction inspection services, as required, to ensure state CIP projects comply with all adopted building codes, regulations and ordinances: SPWD Contract No.22415.				
	Term of Contract:	10/01/2019 - 06/30/2024	Contract # 22415			
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ENGINEERING AND PLANNING	IWORQ SYSTEMS	FEE: INSPECTIONS	\$10,000	Professional Service
	Contract Description:	This is a new contract to provide professional setup, training, data conversion and system configuration for inspection and code enforcement software: Contract No. 268550.				
	Term of Contract:	10/15/2019 - 06/30/2023	Contract # 22511			
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	TJ KROB CONSULTING ENGINEERS	BONDS	\$11,840	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Nevada Veteran's Home - Replace Magnetic Door Controls CIP project providing design and bid documents to replace up to twenty-four magnetic door locks and associated equipment: SPWD Project No. 19-M19; Contract No. 112934.				
	Term of Contract:	10/17/2019 - 06/30/2023	Contract # 22491			
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	RESOURCE CONCEPTS, INC.	GENERAL	\$21,450	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Veterans Memorial Cemetery - Pavement Preservation CIP to include project design and construction administration services for minor patching of AC pavement, crack sealing, slurry seal and re-striping of parking areas: SPWD Project No. 19-S05(9); Contract No. 112963.				
	Term of Contract:	10/14/2019 - 06/30/2023	Contract # 22507			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	082	ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PUNCH, LLC	OTHER: AGENCY FUNDS	\$10,250	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada State Capitol – Battle Born Memorial Vandalism Protection Design CIP project. The contract includes programmatic narrative, graphic analysis, and implementation schedule: SPWD Project No. 18-A026; Contract No. 112969.				
	Term of Contract:	10/21/2019 - 06/30/2022	Contract # 22490			
20.	084	DEPARTMENT OF ADMINISTRATION - FLEET SERVICES	PETRO WEST, INC.	OTHER: INTERNAL SERVICE	\$24,000	
	Contract Description:	This is a new contract to provide ongoing repair, maintenance and inspections of fuel systems.				
	Term of Contract:	10/16/2019 - 06/30/2023	Contract # 22234			
21.	130	DEPARTMENT OF TAXATION	RS CONSULTING SERVICES, LLC	GENERAL	\$14,950	
	Contract Description:	This is the first amendment to the original contract which provides the development of the Nevada State Census website. This amendment increases the maximum amount from \$29,250 to \$44,200 and extends the termination date from September 30, 2019 to June 30, 2020 due to the continued need for these services.				
	Term of Contract:	06/13/2019 - 06/30/2020	Contract # 22034			
22.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - OFFICE OF THE CHIEF INFORMATION OFFICER	GARTNER, INC.	OTHER: CIO COST ALLOCATION	\$19,546	
	Contract Description:	This is a new work plan under master services agreement # 18964 which provides ongoing research and advisory services related to information technology. This work plan covers the Gartner for IT Executive Programs Leadership Team Plus which provides various deliverables to advise and assist the State Chief Enterprise Architect.				
	Term of Contract:	10/01/2019 - 06/30/2020	Contract # 22393			
23.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	CLARK COUNTY INFORMATION TECHNOLOGY	OTHER: REVENUE	\$15,068	
	Contract Description:	This is a new revenue contract to provide ongoing rack space at Apex Peak in Clark County.				
	Term of Contract:	07/01/2019 - 06/30/2023	Contract # 22413			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS HOME ACCOUNT	GARRATT CALLAHAN COMPANY	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$33,667	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides ongoing water system maintenance and testing services. This amendment increases the maximum amount from \$75,502 to \$109,168.70 due to the continued need for these services.				
		Term of Contract:	06/17/2016 - 06/20/2020	Contract # 17860		
25.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	WEST EDNA ASSOCIATES, LTD DBA MOJAVE ELECTRIC	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$13,467	
	Contract Description:	This is a new contract to install wiring and receptacles for multiple flagpoles.				
		Term of Contract:	09/29/2019 - 12/31/2020	Contract # 22381		
26.	240	DEPARTMENT OF VETERANS SERVICES - GIFT ACCOUNT FOR VETERANS HOME-N NV-NON-EXEC	SCHUHMACHER & SCHUHMACHER	OTHER: DONATIONS	\$22,235	
	Contract Description:	This is a new contract to provide landscaping services.				
		Term of Contract:	09/19/2019 - 06/30/2020	Contract # 22342		
27.	300	DEPARTMENT OF EDUCATION - CAREER AND TECHNICAL EDUCATION	KB CONSULTING GROUP, LLC	OTHER: NEW SKILL FOR YOUTH - PRIVATE GRANT	\$20,000	
	Contract Description:	This is a new contract to provide the Facilitating Career Development Training Program to school counselors to prepare for certification as Certified Career Service Providers or Global Career Development Facilitators.				
		Term of Contract:	09/24/2019 - 03/31/2020	Contract # 22384		
28.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	BEATTY LIBRARY DISTRICT	OTHER: REVENUE	\$14,600	
	Contract Description:	This is a new revenue cooperative agreement that continues to provide a regional network of libraries known as the Nevada Library Cooperative for the improvement of library services and the sharing of resources.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21703		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	NEVADA HISTORICAL SOCIETY - RENO, DIVISION OF MUSEUMS AND HISTORY	OTHER: REVENUE	\$10,800	
	Contract Description:	This is a new revenue cooperative agreement that continues to provide a regional network of libraries known as the Nevada Library Cooperative for the improvement of library services and the sharing of resources.				
	Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21738			
30.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - HOME AND COMMUNITY-BASED SERVICES	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO - MEDICAL SANFORD CENTER FOR AGING	OTHER: REVENUE	\$34,000	
	Contract Description:	This is a new interlocal revenue contract to provide community program resources to patients referred from University of Nevada, Reno School of Medicine Sanford Center for Aging through Nevada Care Connection.				
	Term of Contract:	10/07/2019 - 06/30/2020	Contract # 22389			
31.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	ALARMCO, INC.	GENERAL 54% FEDERAL 46%	\$18,152	
	Contract Description:	This is the second amendment to the original contract which provides ongoing burglary and fire alarm monitoring services. This amendment extends the termination date from December 31, 2019 to December 31, 2023 and increases the maximum amount from \$20,540 to \$38,692 due continued need for these services.				
	Term of Contract:	01/01/2016 - 12/31/2023	Contract # 17093			
32.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA	GENERAL 36% FEDERAL 64%	\$40,000	
	Contract Description:	This is a new interlocal contract to provide public transportation services for intermediate care facility individuals and community-based individuals with disabilities to jobs and day programs.				
	Term of Contract:	10/08/2019 - 06/30/2023	Contract # 22439			



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	NEVADA COALITION TO END DOMESTIC AND SEXUAL VIOLENCE	FEDERAL	\$10,000	
	Contract Description:	This is a new contract to provide management of the grievance process for the division's Grants Management Unit.				
	Term of Contract:	09/18/2019 - 06/30/2021	Contract # 22315			
34.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	NEVADA PEP, INC.	FEDERAL	\$46,211	
	Contract Description:	This is a new contract to provide ongoing supportive services for the Washoe County and Rural Regional Children's Mental Health Consortia.				
	Term of Contract:	07/01/2019 - 06/30/2021	Contract # 22338			
35.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	UNIVERSITY OF SOUTH FLORIDA	FEDERAL	\$20,000	Exempt
	Contract Description:	This is the first amendment to the original contract which provides ongoing website maintenance for the Quality Parenting Initiative Nevada/Just in Time Training website. This amendment increases the maximum amount from \$20,000 to \$40,000 and extends the termination date from September 30, 2019 to September 30, 2020 due to the continued need for these services.				
	Term of Contract:	10/01/2018 - 09/30/2020	Contract # 21246			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	ANYTIME PLUMBING, INC. DBA ABES PLUMBING AIR REPAIR FAST WATER	GENERAL	\$17,336	
	Contract Description:	This is a new contract to replace and install several water line isolation valves on the West Charleston campus.				
		Term of Contract:	09/27/2019 - 12/31/2019	Contract # 22386		
37.	431	OFFICE OF THE MILITARY	ARIZONA PNEUMATIC SYSTEMS, INC. DBA NEVADA PNEUMATIC	FEDERAL	\$48,000	
	Contract Description:	This is a new contract to provide ongoing installation, repair and maintenance services for air compressors in southern Nevada.				
		Term of Contract:	10/17/2019 - 05/01/2021	Contract # 22465		
38.	431	OFFICE OF THE MILITARY	FORCE INDUSTRIAL MECHANICAL	GENERAL 50% FEDERAL 50%	\$48,000	
	Contract Description:	This is a new contract to provide ongoing installation, repair and maintenance services for heating, ventilation and air conditioning systems in southern Nevada.				
		Term of Contract:	10/17/2019 - 11/30/2021	Contract # 22466		
39.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	BUILDING CONTROL SERVICES, INC.	GENERAL	\$23,234	
	Contract Description:	This is a new contract to provide emergency removal and disposal, installation and temporary equipment rental services associated with the repair and maintenance of a chiller at Warm Springs Correctional Center.				
		Term of Contract:	08/23/2019 - 10/31/2019	Contract # 22358		
40.	440	DEPARTMENT OF CORRECTIONS - NORTHERN NEVADA CORRECTIONAL CENTER	KAIGAN CORPORATION, DBA PESTMASTER SERVICES	GENERAL	\$22,980	
	Contract Description:	This is a new contract to provide pest control services for the Northern Nevada Correctional Center, Stewart Conservation Center, Warm Springs Correctional Center and the Northern Nevada Transitional Housing facility.				
		Term of Contract:	10/14/2019 - 09/30/2021	Contract # 22418		
41.	440	DEPARTMENT OF CORRECTIONS - HIGH DESERT STATE PRISON	ENVISE	GENERAL	\$48,960	
	Contract Description:	This is a new contract to provide preventative maintenance, repairs and updates for the Yamas/Schnieder Controls Building Automation System at High Desert State Prison.				
		Term of Contract:	10/18/2019 - 10/31/2023	Contract # 22475		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	550	DEPARTMENT OF AGRICULTURE - NUTRITION EDUCATION PROGRAMS	CREATING EFFECTIVE ORGANIZATIONS, INC.	FEDERAL	\$27,500	Sole Source
	Contract Description:	This is a new contract to provide staff training and improve work processes for the Food and Nutrition Division.				
		Term of Contract:	09/30/2019 - 12/25/2019	Contract # 22432		
43.	550	DEPARTMENT OF AGRICULTURE - NUTRITION EDUCATION PROGRAMS	MH MILES COMPANY	FEDERAL	\$40,250	Sole Source
	Contract Description:	This is a new contract to provide staff audit training for the federal Child and Adult Care Food Program.				
		Term of Contract:	09/19/2019 - 09/15/2020	Contract # 22367		
44.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	ALARMCO, INC.	FEE: SPORTSMEN	\$10,000	
	Contract Description:	This is the second amendment to the original contract which provides burglar and fire alarm maintenance at the Las Vegas and Laughlin offices. This amendment increases the maximum amount from \$12,760 to \$22,760 due to the addition, installation, and maintenance of burglar and fire alarms at the recently purchased Las Vegas office.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17604		
45.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	BASIN ENGINEERING CORPORATION	FEE: SPORTSMEN 20% BONDS 60% FEDERAL 20%	\$45,000	Professional Service
	Contract Description:	This is a new contract to provide as-needed civil engineering and surveying services.				
		Term of Contract:	10/01/2019 - 09/30/2023	Contract # 22371		
46.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - USGS CO-OP - NON - EXEC	U.S. DEPARTMENT OF THE INTERIOR, U.S. GEOLOGICAL SURVEY	OTHER: REIMBURSEMENT 65% FEDERAL 35%	\$40,000	
	Contract Description:	This is the third amendment to the original joint funding agreement which funds the characterization of hydraulic connectivity and bulk hydraulic properties of carbonate-rock and basin-fill aquifers in the vicinity of and down gradient from the Long Canyon Mine Project in Goshute Valley. This amendment extends the termination date from September 30, 2019 to March 31, 2020 and increases the maximum amount from \$450,000 to 490,000 due to an increase in the federal portion of the agreement with no change to the Division's portion.				
		Term of Contract:	05/10/2016 - 03/31/2020	Contract # 17614		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - TAHOE BOND SALE - NON - EXEC	BASILE MANAGEMENT PRACTICE, LLC	OTHER: TAHOE REGIONAL PLANNING AGENCY SETTLEMENT	\$12,501	
	Contract Description:	This is a new contract to provide grading and restoration services to environmentally sensitive state lands located in Incline Village.				
	Term of Contract:	10/09/2019 - 09/30/2020	Contract # 22394			
48.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	WATERSHED ASSESSMENT ASSOCIATES, LLC	FEDERAL	\$43,500	
	Contract Description:	This is a new contract to provide ongoing identification and characterization of benthic macroinvertebrate and periphyton samples to assess the ecological health of rivers and streams.				
	Term of Contract:	09/20/2019 - 09/30/2022	Contract # 22330			
49.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS	THE LAW OFFICES OF CHARLES R. ZEH, ESQ., LLC	OTHER: WORKERS' COMPENSATION AND SAFETY FUND	\$49,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides legal services and representation during all meetings, hearings and trials. This amendment increases the maximum amount from \$700,000 to \$749,000 due to the continued need for these required services while new arrangements are made.				
	Term of Contract:	07/01/2014 - 12/31/2019	Contract # 15915			
50.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	MILLENNIUM SYSTEMS PRODUCTS, INC. DBA LAW OFFICES OF IRA DAVID	FEE: LICENSING AND ADMINISTRATIVE	(\$10,000)	
	Contract Description:	This is the first amendment to the original contract which provides referee/arbitrator services for the Alternative Dispute Resolution Program. This amendment extends the termination date from September 30, 2019 to September 30, 2021 due to the continued need for these services and decreases the maximum amount from \$25,000 to \$15,000 due to reduced demand for these services.				
	Term of Contract:	10/01/2017 - 09/30/2021	Contract # 19196			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
51.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	LAW OFFICES OF DONALD E. LOWREY	FEE: LICENSING AND ADMINISTRATIVE	(\$10,000)	
	Contract Description:	This is the first amendment to the original contract which provides referee/arbitrator services for the Alternative Dispute Resolution Program. This amendment extends the termination date from September 30, 2019 to September 30, 2021 due to the continued need for these services and decreases the maximum amount from \$25,000 to \$15,000 due to reduced demand for these services.				
	Term of Contract:	10/01/2017 - 09/30/2021	Contract # 19175			
52.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	PAUL H. LAMBOLEY DBA LAW OFFICES OF PAUL H. LAMBOLEY	FEE: LICENSING AND ADMINISTRATIVE	(\$10,000)	
	Contract Description:	This is the first amendment to the original contract which provides referee/arbitrator services for the Alternative Dispute Resolution Program. This amendment extends the termination date from September 30, 2019 to September 30, 2021 due to the continued need for these services and decreases the maximum amount from \$25,000 to \$15,000 due to reduced demand for these services.				
	Term of Contract:	10/01/2017 - 09/30/2021	Contract # 19197			
53.	810	DEPARTMENT OF MOTOR VEHICLES - AUTOMATION	ADVANCED POWER PROTECTION	HIGHWAY	\$11,492	
	Contract Description:	This is the fourth amendment to the original contract which provides maintenance and emergency services to back-up power for IT Systems. This amendment extends the termination date from September 30, 2019 to March 31, 2020 and increases the maximum amount from \$180,190.00 to \$191,682.50 due to the continued need for these services, to remove the requirement of an Uninterruptible Power Supply (UPS) system from the scope of work and to update UPS maintenance service costs.				
	Term of Contract:	09/21/2015 - 03/31/2020	Contract # 17066			
54.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ANYTIME PLUMBING, INC. DBA ABES PLUMBING AIR REPAIR FAST WATER	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$30,000	
	Contract Description:	This is a new contract to provide ongoing plumbing services at all Business Enterprise of Nevada locations in southern Nevada.				
	Term of Contract:	12/01/2019 - 11/30/2021	Contract # 22259			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
55.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	KD ELECTRIC	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$15,000	
	Contract Description:	This is a new contract to provide ongoing regular and emergency electrical services for the various Business Enterprise of Nevada food service locations in northern Nevada.				
		Term of Contract:	10/01/2019 - 09/30/2021	Contract # 22302		
56.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	RAKEMAN PLUMBING, INC.	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$20,000	
	Contract Description:	This is a new contract to provide ongoing plumbing services at all Business Enterprise of Nevada locations in southern Nevada.				
		Term of Contract:	11/01/2019 - 10/31/2021	Contract # 22254		
57.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ST. MARYS OUTPATIENT SURGERY CENTER AT GALENA	GENERAL 21.3% FEDERAL 78.7%	\$24,000	
	Contract Description:	This is the first amendment to the original contract which provides cataract services to northern Nevada clients. This amendment extends the termination date from August 31, 2020 to August 31, 2022, increases the maximum amount from \$8,000 to \$32,000 and inserts the attachment "Provision for Contracts under Federal Award" into Incorporated Documents due to the continued need for these services and new federal contract requirements.				
		Term of Contract:	08/06/2018 - 08/31/2020	Contract # 20646		
58.	B008	LICENSING BOARDS AND COMMISSIONS - PROFESSIONAL ENGINEERS AND LAND SURVEYORS	EDULOKA LIMITED DBA INLUMON	FEE: LICENSURE	\$23,800	
	Contract Description:	This is a new contract to provide a new licensing and enforcement system.				
		Term of Contract:	10/07/2019 - 01/17/2020	Contract # 22417		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
59.	B008	LICENSING BOARDS AND COMMISSIONS - PROFESSIONAL ENGINEERS AND LAND SURVEYORS	VOGEL DESIGNS	FEE: LICENSURE	\$49,125	
	Contract Description:	This is a new contract to provide communications, public outreach and social media planning services.				
		Term of Contract:	10/08/2019 - 08/30/2020	Contract # 22451		
60.	B024	LICENSING BOARDS AND COMMISSIONS - PODIATRY	CARRARA GROUP, LLC	FEE: LICENSURE	\$40,000	
	Contract Description:	This is a new contract to provide government affairs assistance, including assistance in responding to legislative issues and assistance with statute and regulation adoption processes.				
		Term of Contract:	10/08/2019 - 12/31/2021	Contract # 22336		
61.	B026	LICENSING BOARDS AND COMMISSIONS - OSTEOPATHIC MEDICINE	WATKINS JACKSON, CPAS	FEE: LICENSURE	\$19,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides audit services. This amendment extends the termination date from December 31, 2019 to December 31, 2021 and increases the maximum amount from \$28,500 to \$47,500 due to the continued need for these services.				
		Term of Contract:	08/12/2017 - 12/31/2021	Contract # 18972		

**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: **22402**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1030-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BAKER, BRENT, R DBA BRBC LLC**Contractor Name: **BAKER, BRENT, R DBA BRBC LLC**Address: **6871 EASTERN AVE STE 101**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **801-521-6820**Vendor No.: **T32008380**NV Business ID: **NV20191317482**To what State Fiscal Year(s) will the contract be charged? **2019-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2019**Anticipated BOE meeting date **11/2019**Retroactive? **Yes**

If "Yes", please explain

We request that this contract be retroactive to May 1, 2019 due to the extended time it has taken to finalize this contract with the contractor and have it returned.

3. Termination Date: **04/30/2021**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide expert witness testimony for case #18CR013841C.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Retention of expert witness for securities fraud case for review of records and appearance and testimony at preliminary hearing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have this type of expertise.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?



d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Michael Kovac, DAG Ph: 702-486-5706

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	09/17/2019 09:20:32 AM
Division Approval	cschonl1	09/17/2019 09:20:34 AM
Department Approval	cschonl1	09/17/2019 09:20:36 AM
Contract Manager Approval	cschonl1	09/17/2019 09:20:39 AM
Budget Analyst Approval	hfield	10/07/2019 14:56:51 PM

AARON D. FORD  
*Attorney General*

CAROLINE BATEMAN  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



JESSICA L. ADAIR  
*Chief of Staff*

RACHEL J. ANDERSON  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701

## MEMORANDUM

**Date:** September 16, 2019

**To:** Jim Rodriguez, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Lesley Volkov, Management Analyst II

**Subject:** Retroactive Approval for contract #22402 for Brent Baker DBA  
BRBC, LLC

---

We request that this contract be retroactive to May 1, 2018 due to the extended time it has taken to finalize this contract with the contractor and have it returned.

**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: **22498**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **LEWIS BRISBOIS BISGAARD**Contractor Name: **LEWIS BRISBOIS BISGAARD**Address: **& SMITH LLP****6385 S. Rainbow Blvd Ste. 600**City/State/Zip: **LAS VEGAS, NV 89118**Contact/Phone: **702-693-1712**Vendor No.: **T29037220**NV Business ID: **NV20041000755**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 % TORT CLAIM FUNDS</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

**This is a new contract to provide outside special counsel for the defense of legal proceedings filed against the Department of Corrections where a conflict of interest has arisen in the representation of the defendants.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Attorney General has decided that it would be impracticable and uneconomical for attorneys in the office of the Attorney General litigating these cases alone to fully protect the State's interests. Therefore outside counsel is needed in this litigation.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Because of heavy workload on other important matters and specialized subject matter expertise 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: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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 OAG is currently using this vendor and their performance has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLP

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

NANCY KATAFIAS, TORT CLAIMS MANAGER Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	10/15/2019 10:25:46 AM
Division Approval	cschonl1	10/15/2019 10:25:48 AM
Department Approval	cschonl1	10/15/2019 10:25:50 AM
Contract Manager Approval	cschonl1	10/15/2019 10:25:52 AM
Budget Analyst Approval	hfield	10/17/2019 15:11:59 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: **22499**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MARQUIS AURBACH COFFING PC**Contractor Name: **MARQUIS AURBACH COFFING PC**Address: **10001 PARK RUN DR**City/State/Zip: **LAS VEGAS, NV 89145-8857**Contact/Phone: **702/942-2126**Vendor No.: **T81035998**NV Business ID: **NV19721001853**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % TORT CLAIM FUNDS</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

**This is a new contract to provide outside special counsel for the defense of legal proceedings filed against the Department of Corrections where a conflict of interest has risen in the representation of the defendants.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Attorney General has decided that it would be impracticable and uneconomical for attorneys in the office of the Attorney General litigating these cases alone to fully protect the State's interests. Therefore outside counsel is needed in this litigation.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Because of heavy workload on other important matters and specialized subject matter expertise 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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The OAG is currently using Marquis Aurbach Coffing and their services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Nancy Katafias, Tort Claims Manager Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschonl1	10/15/2019 10:28:49 AM
Division Approval	cschonl1	10/15/2019 10:28:51 AM
Department Approval	cschonl1	10/15/2019 10:28:53 AM
Contract Manager Approval	cschonl1	10/15/2019 10:28:55 AM
Budget Analyst Approval	hfield	10/17/2019 15:37:38 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22437**Agency Name: **ADMIN - DIVISION OF HUMAN  
RESOURCE MANAGEMENT**Agency Code: **070**Appropriation Unit: **1363-09**Is budget authority  
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-UNLV NSHE**Contractor Name: **BOARD OF REGENTS-UNLV NSHE**Address: **4505 MARYLAND PKWY BOX 451005**City/State/Zip: **LAS VEGAS, NV 89154-1006**Contact/Phone: **702-895-1357**Vendor No.: **D35000813**NV Business ID: **GOVERNMENTAL ENTITY**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % CPM Assessment</b>

Agency Reference #: **ASD 2832255**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **07/01/2019**  
Examiner's approval?Anticipated BOE meeting date **11/2019**Retroactive? **Yes**

If "Yes", please explain

**UNLV had a leadership change over the summer and in interim Provost was appointed. This caused some delay in getting the contract completed sooner. We request that the scope of the agreement be from July 1, 2019.**3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **CPM Training**

5. Purpose of contract:

**This is a new Interlocal contract to provide ongoing training for the Nevada Certified Public Managers (NVCPM) Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Other basis for payment: FY20: \$16,700; FY21 \$18,300

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Providing additional training and education for managers to better perform their duties.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

UNLV's expertise in public policy and administration is needed to provide curriculum design and instructional delivery where the topics covered are outside the State employees areas of expertise.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing  
Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per statute NRS 277.080 and S.A.M. 300, this is an interlocal contract, solicitations not required. A very limited number of vendors have the expertise to teach this Nevada specific module of the Certified Public Managers Program.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Robert Horgan, Employee Dev Manager Ph: 702-486-2913

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/27/2019 11:19:34 AM
Division Approval	ssands	09/27/2019 11:19:36 AM
Department Approval	ssands	09/27/2019 11:19:39 AM
Contract Manager Approval	ssands	09/27/2019 11:21:42 AM
Budget Analyst Approval	dlenzner	09/30/2019 14:36:01 PM





**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***Division of Human Resource Management***  
209 E. Musser Street, Suite 101 | Carson City, Nevada 89701  
Phone: (775) 684-0150 | <http://hr.nv.gov> | Fax: (775) 684-0122

**MEMORANDUM**

DATE

**TO:** Sue Sands, Program Officer, Administrative Services Division

**FROM:** Robert Horgan, Employee Development Manager, Office of Employee Development

**SUBJECT:** Certified Public Manager Contract with UNLV

---

The Office of Employee Development has received an updated Intrastate Interlocal Contract from the University of Nevada, Las Vegas (UNLV) for service delivery of classes for the Certified Public Manager (CPM) program. We regret the ongoing delay in getting the necessary signatures.

UNLV had a leadership change over the summer and an interim Provost was appointed. This caused some delay in getting the contract completed sooner.

We request that the scope of the agreement be from July 1<sup>st</sup>, 2019.

If you have any questions or difficulties, please feel free to contact me at [robhorgan@admin.nv.gov](mailto:robhorgan@admin.nv.gov) or at (702) 486-2913. Thank you for your patience. We appreciate your kind assistance in this matter.

**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: **22331**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DESERT BOILERS & CONTROLS INC**Contractor Name: **DESERT BOILERS & CONTROLS INC**Address: **305 W SAINT LOUIS AVE**City/State/Zip: **LAS VEGAS, NV 89102**Contact/Phone: **702/631-7780**Vendor No.: **T81025013**NV Business ID: **NV19971189711**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % B&amp;G Building Rent Income Revenue</b>

Agency Reference #: **ASD 2832881**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**Anticipated BOE meeting date **10/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **08/31/2023**Contract term: **3 years and 335 days**4. Type of contract: **Contract**Contract description: **HVAC Service**

5. Purpose of contract:

**This is a new contract to provide ongoing and emergency maintenance and repairs of HVAC and controls equipment statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,753.47**

Other basis for payment: Boilermaker/Mechanic \$135/per straight time; Foreman \$140/per straight time; Control Technician \$135/per straight time Please see Attachment CC for complete list of rates.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Buildings and Grounds Section is concerned with the safety, health and working conditions of all State employees. Its maintenance duties include carpentry, plumbing, electrical work, heating, ventilating and air conditioning.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Lack of manpower.**

9. Were quotes or proposals solicited?

**Yes**

Was the solicitation (RFP) done by the Purchasing Division?

**No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per SAM0338.0 each contractor will be contacted to submit bids on projects. This is one of several HVAC repair service companies.

d. Last bid date: 07/01/2019 Anticipated re-bid date: 07/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/20/2019 16:04:45 PM
Division Approval	ssands	09/20/2019 16:04:48 PM
Department Approval	ssands	09/20/2019 16:04:51 PM
Contract Manager Approval	ssands	09/20/2019 16:06:08 PM
Budget Analyst Approval	kshe1	10/01/2019 10:49:48 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22405**Agency Name: **ADMIN - STATE PUBLIC WORKS  
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MCKEON DOOR OF NEVADA INC.**Contractor Name: **MCKEON DOOR OF NEVADA INC.**Address: **6671 SCHUSTER ST**City/State/Zip **LAS VEGAS, NV 89118-4434**Contact/Phone: **702-636-9338**Vendor No.: **T27024374**NV Business ID: **NV20051496054**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % Building Rent Income Revenue</b>

Agency Reference #: **ASD 2833031**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/11/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/15/2023**Contract term: **3 years and 340 days**4. Type of contract: **Contract**Contract description: **Door Maintenance**

5. Purpose of contract:

**This is a new contract to provide ongoing installation services for doors such as overhead roll-up doors, hollow metal and wood doors, overhead doors, and windows for buildings in the Las Vegas area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,722.28****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly and presentable as befitting public property.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Lack of manpower**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Vortex Doors  
Nevada Overhead Door  
McKeon Door**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several vendors in same field and per Per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 08/01/2019 Anticipated re-bid date: 08/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702-486-4300

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/03/2019 14:35:23 PM
Division Approval	ssands	10/03/2019 14:35:26 PM
Department Approval	ssands	10/03/2019 14:35:29 PM
Contract Manager Approval	ssands	10/11/2019 15:24:26 PM
Budget Analyst Approval	hfield	10/11/2019 15:26:24 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22372**Agency Name: **ADMIN - STATE PUBLIC WORKS  
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TECH PLUMBING AND HEATING, INC.**Contractor Name: **TECH PLUMBING AND HEATING, INC.**Address: **2601 WARM SPRINGS COURT #2**City/State/Zip **CARSON CITY, NV 89701**Contact/Phone: **775-885-0867**Vendor No.: **T32008715**NV Business ID: **NV20051702457**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % Building Rent Income Revenue</b>

Agency Reference #: **ASD # 2832960**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/11/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/15/2023**Contract term: **3 years and 340 days**4. Type of contract: **Contract**Contract description: **Plumbing Services**

5. Purpose of contract:

**This is a new contract to provide plumbing services including mainline snake, jetting, camera services, and line location.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,548.22**

Other basis for payment: Misc. Plumbing, Heating and A/C services calls 8 am to 5 pm \$110/hour Apprentice/Laborer \$75/hour; Please see attachment CC for pricing for various services.nt

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Buildings and Grounds Section is concerned with the safety, health and working conditions of all State employees. It&#65533;s maintenance duties include carpentry, plumbing, electrical work, heating, ventilating and air conditioning.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Lack of equipment in the B&G Section for commercial grade issues.**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):

Bruno's Plumbing  
Tech Plumbing  
Summit Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several of the same kind of services and per SAM0338.0 each contractor will be contacted to submit bids on projects.

d. Last bid date: 08/01/2019 Anticipated re-bid date: 07/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Donnie Milner, Facility Manager Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/07/2019 16:16:35 PM
Division Approval	ssands	10/07/2019 16:16:38 PM
Department Approval	ssands	10/07/2019 16:16:41 PM
Contract Manager Approval	ssands	10/07/2019 16:22:05 PM
Budget Analyst Approval	hfield	10/11/2019 16:51:57 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22407**Agency Name: **ADMIN - STATE PUBLIC WORKS  
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **VORTEX INDUSTRIES, INC.**Contractor Name: **VORTEX INDUSTRIES, INC.**Address: **3955 W. Mesa Vista Avenue, A-1**City/State/Zip **Las Vegas, NV 89118**Contact/Phone: **702-222-9185**

Vendor No.:

NV Business ID: **NV19941094581**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % Building Rent Income Revenue</b>

Agency Reference #: **ASD 2833031**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**Anticipated BOE meeting date **10/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/15/2023**Contract term: **3 years and 350 days**4. Type of contract: **Contract**Contract description: **Door Maintenance**

5. Purpose of contract:

**This is a new contract to provide ongoing door installation services such as overhead roll-up doors, hollow metal and wood doors, and windows for various state buildings in the Las Vegas area. Services will be on an as-needed base and at the request of a Buildings and Grounds.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,837.10****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly and presentable as befitting public property.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Lack of manpower.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**b. Solicitation Waiver: **Not Applicable**



c. Why was this contractor chosen in preference to other?

This is one of several of same type vendor and per SAM0338.0 each contractor will be contacted to submit bids on projects.

d. Last bid date: 08/01/2019 Anticipated re-bid date: 08/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facilities Manager Ph: 702-486-4300

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/27/2019 09:02:43 AM
Division Approval	ssands	09/27/2019 09:02:46 AM
Department Approval	ssands	09/27/2019 09:02:50 AM
Contract Manager Approval	ssands	09/27/2019 09:02:54 AM
Budget Analyst Approval	kshe1	10/01/2019 10:27:14 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: **22408**Agency Name: **ADMIN - STATE PUBLIC WORKS  
DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WESTERN DOOR AND GATE LLC**Contractor Name: **WESTERN DOOR AND GATE LLC**Address: **675 GRIER DRIVE**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **702-839-3600**Vendor No.: **T32005857**NV Business ID: **NV20071385088**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % Building Rent Income Revenue</b>

Agency Reference #: **ASD 2833031**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/11/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/15/2023**Contract term: **3 years and 340 days**4. Type of contract: **Contract**Contract description: **Door maintenance**

5. Purpose of contract:

**This is a new contract to provide ongoing installation services for doors such as overhead roll-up doors, hollow metal and wood doors, overhead doors, and windows for buildings in the Las Vegas area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,385.15****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly and presentable as befitting public property.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Lack of manpower**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

McKeon Door and Window  
Vortex Doors  
Western Door and Gate

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several like vendors and per SAM0338.0 each contractor will be contacted to submit bids on projects

d. Last bid date: 08/01/2019 Anticipated re-bid date: 08/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702-486-4300

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/03/2019 14:29:04 PM
Division Approval	ssands	10/03/2019 14:29:06 PM
Department Approval	ssands	10/03/2019 14:29:10 PM
Contract Manager Approval	ssands	10/03/2019 14:29:13 PM
Budget Analyst Approval	hfield	10/11/2019 15:43:14 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22509**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1366-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **FARR WEST**Contractor Name: **FARR WEST**Address: **5510 LONGLEY LN**City/State/Zip: **RENO, NV 89511-1825**Contact/Phone: **775-851-4788**Vendor No.: **T81102795**NV Business ID: **NV20011242988**To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 % Water revenue fees</b>

Agency Reference #: **ASD 2832348**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/17/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2020**Contract term: **257 days**4. Type of contract: **Contract**Contract description: **contract**

5. Purpose of contract:

**The purpose of the Water System Rate Analysis is to review financial data and develop a user rate which generates sufficient revenues to operate the Marlette Lake Water system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,265.00**

Other basis for payment: Proj. Mgmt \$1,520; Data Collection &amp; review \$3,000 and Rate Analysis \$9,745.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**this is a crucial piece to ensure that we fulfill our statutory duty to provide water to Virginia City and businesses who rely on Marlette Lake water.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**lack of manpower**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/14/2019 08:43:41 AM
Division Approval	ssands	10/14/2019 08:43:44 AM
Department Approval	ssands	10/14/2019 08:43:47 AM
Contract Manager Approval	ssands	10/14/2019 08:43:49 AM
Budget Analyst Approval	kshe1	10/17/2019 14:25:41 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22510**Agency Name: **ADMIN - STATE PUBLIC WORKS  
DIVISION**Agency Code: **082**Appropriation Unit: **1366-04**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **LUMOS & ASSOC**Contractor Name: **LUMOS & ASSOC**Address: **9222 PROTOTYPE DRIVE**City/State/Zip **RENO, NV 89521-8987**Contact/Phone: **775-827-6111**Vendor No.: **T80912843**NV Business ID: **NV19791006982**To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 %

Fees 0.00 %

Federal Funds 0.00 %

Bonds 0.00 %

Highway Funds 0.00 %

**X Other funding 100.00 % WATER REVENUE FEES**Agency Reference #: **ASD 2832349**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/17/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2020**Contract term: **257 days**4. Type of contract: **Contract**Contract description: **Engineering Svcs.**

5. Purpose of contract:

**This is a new contract to provide professional engineering and construction services for the East Slope Water Systems Improvements.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,400.00**

Other basis for payment: Topographic Survey \$9,500; Geotechnical Investigation \$12,000; Improvement plans and construction docs. \$19,700 and Project Coordination, bidding &amp; meeting attendance \$8,200.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Modifications by the State and substantial winter weather require topographic mapping in the catchment areas in order to submit 100% improvement plans for catchments #1,2 and the tunnel, with added culers and access road widening.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**lack of manpower and expertise**

9. Were quotes or proposals solicited?

**No**

Was the solicitation (RFP) done by the Purchasing Division?

**No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the requires expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jerry Walker, Water System Manager Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/14/2019 09:12:55 AM
Division Approval	ssands	10/14/2019 09:12:58 AM
Department Approval	ssands	10/14/2019 09:13:02 AM
Contract Manager Approval	ssands	10/14/2019 09:13:05 AM
Budget Analyst Approval	kshe1	10/17/2019 14:10:42 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: **22447**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CURTAINWALL DESIGN &amp; CONTRACTOR Name: CURTAINWALL DESIGN &amp; CONSULTING INC</b>
Agency Code: <b>082</b>	Address: <b>2400 SOUTH CIMARRON, SUITE 125 LAS VEGAS, NV 89117</b>
Appropriation Unit: <b>1510-70</b>	City/State/Zip: <b>LAS VEGAS, NV 89117</b>
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>702-222-9349</b>
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T29032419</b>
	NV Business ID: <b>NV20051436120</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 112819

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2019**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **1 year and 262 days**4. Type of contract: **Contract**Contract description: **Miscellaneous**

5. Purpose of contract:

**This is a new contract to provide professional commissioning, surveying, and miscellaneous services for the Health and Sciences Building (College of Southern Nevada) project and will include a written review of the 100% Construction Documents (drawings & specifications) and to attend a coordination meeting to discuss the comments with the project team. SPWD Project No. 17-P07; Contract No. 112819**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,000.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2017 CIP**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Commissioning, Surveying, and Miscellaneous Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**



a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Labaj, Mark, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/01/2019 12:28:44 PM
Division Approval	lwildes	10/01/2019 12:28:47 PM
Department Approval	lwildes	10/01/2019 12:28:50 PM
Contract Manager Approval	lwildes	10/01/2019 12:28:54 PM
Budget Analyst Approval	bmacke1	10/12/2019 16:43:01 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22473**Agency Name: **ADMIN - STATE PUBLIC WORKS  
DIVISION**Agency Code: **082**Appropriation Unit: **1510-73**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TMCX SOLUTIONS LLC**Contractor Name: **TMCX SOLUTIONS LLC**Address: **8205 W. WARM SPRINGS ROAD  
SUITE 110**City/State/Zip: **LAS VEGAS, NV 89113**Contact/Phone: **702-252-7234**Vendor No.: **T27024620**NV Business ID: **NV20091633795**To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **112968**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/14/2019**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **3 years and 260 days**4. Type of contract: **Contract**Contract description: **MISCELLANEOUS**

5. Purpose of contract:

**This is a new contract to provide professional Commissioning, Surveying and Miscellaneous Services for Education Academic Building at the Nevada State College in Henderson project will include verifying and documenting the functionality of the included systems to confirm that the performance meets the documented design intent and owner's operational needs: SPWD Project No.19-C19(A); Contract No. 112968.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 Leg. approved CIP**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Commissioning, Surveying, and Miscellaneous Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/07/2019 12:17:52 PM
Division Approval	lwildes	10/07/2019 12:17:55 PM
Department Approval	lwildes	10/07/2019 12:17:58 PM
Contract Manager Approval	lwildes	10/07/2019 12:18:01 PM
Budget Analyst Approval	kshe1	10/14/2019 11:31:54 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22492**Agency Name: **ADMIN - STATE PUBLIC WORKS  
DIVISION**Agency Code: **082**Appropriation Unit: **1535-52**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HARRIS CONSULTING ENGINEERS**Contractor Name: **HARRIS CONSULTING ENGINEERS**Address: **LLC  
680 PILOT RD., STE. A**City/State/Zip: **LAS VEGAS, NV 89119-9015**Contact/Phone: **702-269-1575**Vendor No.: **T27003439**NV Business ID: **NV20011085889**To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **112916**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/15/2019**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **3 years and 259 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Main Electrical Switchgear Replacement SNAMHS - Building3, in Las Vegas. The contract will include design & construction administration services and engineering documents. SPWD Project No. 19-M52; Contract No. 112916**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 Leg. Approved CIP**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/09/2019 09:13:28 AM
Division Approval	lwildes	10/09/2019 09:13:31 AM
Department Approval	lwildes	10/09/2019 09:13:34 AM
Contract Manager Approval	lwildes	10/09/2019 09:13:38 AM
Budget Analyst Approval	kshe1	10/15/2019 10:07:20 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: **22415**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1562 - All Categories**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **CHARLES ABBOTT ASSOCIATES INC**Contractor Name: **CHARLES ABBOTT ASSOCIATES INC**Address: **27401 LOS ALTOS, STE. 220**City/State/Zip: **MISSION VIEJO, CA 92691-6316**Contact/Phone: **949-367-2850**Vendor No.: **T29031774**NV Business ID: **NV20071306494**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **266007**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2024**Contract term: **4 years and 274 days**4. Type of contract: **Contract**Contract description: **Open End Agree**

5. Purpose of contract:

**This is a new contract to provide intermittent/on-call building construction inspection services, all disciplines; ICC Certified Commercial Combination Inspector required. SPWD Contract No.22415.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,750.00**Other basis for payment: **Monthly progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 leg approved CIP's**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Professional Code Plan Checking Services are provided by SPWD to support the State Capital Improvement Program and State Public Works Inspectors. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kabele, Rick, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	09/20/2019 09:07:05 AM
Division Approval	Imars1	09/20/2019 09:07:08 AM
Department Approval	Imars1	09/20/2019 09:07:11 AM
Contract Manager Approval	Imars1	09/20/2019 09:10:53 AM
Budget Analyst Approval	kshe1	10/01/2019 10:52:20 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: **22511**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>IWORQ Systems</b>
Agency Code: <b>082</b>	Contractor Name: <b>IWORQ Systems</b>
Appropriation Unit: <b>1562-04</b>	Address: <b>PO Box 3784</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Logan, UT 84323</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>866-379-3243</b>
	Vendor No.: <b>T32008878</b>
	NV Business ID: <b>n/a</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Inspection Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **268550**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/15/2019**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **3 years and 259 days**4. Type of contract: **Contract**Contract description: **Miscellaneous**

5. Purpose of contract:

**This is a new contract to provide professional setup, training, data conversion and system configuration for the IWORQ software needed for inspection and code enforcement: Contract No. 268550.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**setup, training, data conversion and system configuration to replace current out dated software**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Commissioning, Surveying and Miscellaneous Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**



b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

Consultant is located out of state and will be training via skype or online - Consultant will not be coming onto state property. Per SOS consultant does not need to file.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Consultant is located out of state and will be training via skype or online - Consultant will not be coming onto state property.

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Smith, Jamesom, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/14/2019 12:18:47 PM
Division Approval	lwildes	10/14/2019 12:18:50 PM
Department Approval	lwildes	10/14/2019 12:18:53 PM
Contract Manager Approval	lwildes	10/14/2019 12:18:56 PM
Budget Analyst Approval	kshe1	10/15/2019 11:06:43 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: **22491**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1567-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TJ KROB CONSULTING ENGINEERS**Contractor Name: **TJ KROB CONSULTING ENGINEERS**Address: **INC DBA TJK CONSULTING ENGNRS  
8728 SPANISH RIDGE AVE, STE100  
LAS VEGAS, NV 89148**City/State/Zip: **LAS VEGAS, NV 89148**Contact/Phone: **702-871-3621**Vendor No.: **T80972581**NV Business ID: **NV19861003493**To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **112934**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/17/2019**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **3 years and 257 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Replace Magnetic Door Controls (SNSVH) at the Veterans Home in Boulder City, project will include Design and Construction Administration Services along with engineering documents for the replacement of the electrical and cable outlets: SPWD Project No. 19-M19; Contract No. 112934.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,840.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 Leg. Approved CIP**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/09/2019 08:40:39 AM
Division Approval	lwildes	10/09/2019 08:40:42 AM
Department Approval	lwildes	10/09/2019 08:40:46 AM
Contract Manager Approval	lwildes	10/09/2019 08:40:48 AM
Budget Analyst Approval	kshe1	10/17/2019 14:21:46 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22507**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>RESOURCE CONCEPTS INC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>RESOURCE CONCEPTS INC</b>
Appropriation Unit:	<b>1585-64</b>	Address:	<b>340 N MINNESOTA ST.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>CARSON CITY, NV 89703-4152</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>775-883-1600</b>
		Vendor No.:	<b>T12785100</b>
		NV Business ID:	<b>NV19781005208</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 112963

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/14/2019**

Anticipated BOE meeting date 11/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **3 years and 260 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the pavement preservation at the Northern Nevada Veterans Memorial Cemetery in Fernley and will include project design and construction administration for minor patching of AC pavement, crack sealing, slurry seal & re-striping of parking areas: SPWD Project No. 19-S05(9); Contract No. 112963.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,450.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2019 Leg. Approved CIP**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

MEntee, Markus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/14/2019 08:06:31 AM
Division Approval	lwildes	10/14/2019 08:06:38 AM
Department Approval	lwildes	10/14/2019 08:06:42 AM
Contract Manager Approval	lwildes	10/14/2019 08:06:49 AM
Budget Analyst Approval	kshe1	10/14/2019 15:14:38 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: **22490**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PUNCH LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>PUNCH LLC</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>4425 WAGON TRAIL AVE.</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-4430</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 2566, expenditure category 11, Fallen Soldier Memorial Program.	Contact/Phone: <b>702-510-7343</b>
	Vendor No.: <b>T29040030</b>
	NV Business ID: <b>NV20151710570</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 % Agency Funds</b>

Agency Reference #: **112969**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/21/2019**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **2 years and 253 days**4. Type of contract: **Contract**Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada State Capitol BATTLE BORN: Memorial - Vandalism Protection Design CIP project. The contract includes programmatic narrative, graphic analysis, and implementation schedule: SPWD Project No. 18-A026; Contract No. 112969.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,250.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2018 Leg. Approved CIP**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/09/2019 08:05:33 AM
Division Approval	lwildes	10/09/2019 08:05:36 AM
Department Approval	lwildes	10/09/2019 08:05:39 AM
Contract Manager Approval	lwildes	10/16/2019 10:41:43 AM
Budget Analyst Approval	jrodrig9	10/21/2019 09:36:34 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22234**Agency Name: **ADMIN - FLEET SERVICES  
DIVISION**Agency Code: **084**Appropriation Unit: **1354-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PETRO WEST, INC.**Contractor Name: **PETRO WEST, INC.**Address: **BEST PETROLEUM SERVICES  
67 SPECTRUM BLVD.**City/State/Zip: **LAS VEGAS, NV 89101**Contact/Phone: **Tony Capurro 702-641-3127**

Vendor No.:

NV Business ID: **NV20031234383**To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Internal Service</b>

Agency Reference #: **ASD 2832439**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/16/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **3 years and 258 days**4. Type of contract: **Contract**Contract description: **Fuel systems repair**

5. Purpose of contract:

**This is a new contract to provide ongoing repair, maintenance and inspections of fuel systems in Reno, Las Vegas, and Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: Monthly inspection fee of \$95.00; trip fee is \$85.00; liquid &amp; solid waste removal is \$6.00 per gallon, see Attachment CC for complete price list.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Fleet Services fueling facilities provide fuel for stat, county and city vehicles and are a critical piece of infrastructure for these entities. To ensure the fueling systems are operational at all times, Fleet Services must have a contracted vendor available to perform emergency and non-emergency repairs. Additionally, city, county and state regulations require a certified contractor to perform annual testing of all fuel dispensing equipment.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Work has to be performed by a contractor licensed and certified in fuel systems repairs.**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):

Petro West Inc  
B&T Sales and Service  
LA Perks

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provides the best proposal.

d. Last bid date: 06/01/2019 Anticipated re-bid date: 05/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Lyn Letarti, Fleet Specialists II Ph: 684-1881

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/23/2019 08:49:09 AM
Division Approval	ssands	09/23/2019 08:49:13 AM
Department Approval	ssands	09/23/2019 08:49:17 AM
Contract Manager Approval	ssands	09/23/2019 08:49:21 AM
Budget Analyst Approval	hfield	10/15/2019 08:10:08 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: **22034**Amendment Number: **1**Agency Name: **DEPARTMENT OF TAXATION**Legal Entity Name: **RS CONSULTING SERVICES LLC**Agency Code: **130**Contractor Name: **RS CONSULTING SERVICES LLC**Appropriation Unit: **2361-26**Address: **2318 COPPER SPRINGS DRIVE**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: **RAMESH SEGU 775/230-9871**Vendor No.: **T29042266**NV Business ID: **NV20061047362**To what State Fiscal Year(s) will the contract be charged? **2019-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/13/2019**

Anticipated BOE meeting date 10/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **09/30/2019**Contract term: **1 year and 18 days**4. Type of contract: **Contract**Contract description: **Census website**

5. Purpose of contract:

**This is the first amendment to the original contract which provides the development of the Nevada State Census website. This amendment increases the maximum amount from \$29,250 to \$44,200 and extends the termination date from September 30, 2019 to June 30, 2020 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$29,250.00	\$29,250.00	\$29,250.00	Yes - Info
2. Amount of current amendment (#1):	\$14,950.00	\$14,950.00	\$44,200.00	Yes - Info
3. New maximum contract amount:	\$44,200.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**This website accommodates the 2020 census survey and is scheduled to go live by July 2019.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The contractor has the expertise to build the website scheduled to go live by July 2019.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was more experienced with census websites.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lhunnewe	09/25/2019 09:34:28 AM
Division Approval	lhunnewe	09/25/2019 09:34:34 AM
Department Approval	lhunnewe	09/25/2019 09:34:49 AM
Contract Manager Approval	lhunnewe	09/25/2019 09:58:23 AM
EITS Approval	tgalluzi	09/25/2019 11:18:02 AM
Budget Analyst Approval	cbrekken	09/26/2019 08:59:57 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: **22393**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>GARTNER INC</b>
Agency Code: <b>180</b>	Contractor Name: <b>GARTNER INC</b>
Appropriation Unit: <b>1373-26</b>	Address: <b>PO BOX 911319</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DALLAS, TX 75391-1319</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Jay Friedman 408-283-8933</b>
	Vendor No.: <b>PUR0005339A</b>
	NV Business ID: <b>NV19941112701</b>

To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % CIO Cost Allocation</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**Anticipated BOE meeting date **11/2019**Retroactive? **Yes**

If "Yes", please explain

**Due to staffing changes.**3. Termination Date: **06/30/2020**Contract term: **273 days**4. Type of contract: **Other (include description): MSA Workplan**Contract description: **IT Advisor Services**

5. Purpose of contract:

**This is a new work plan under master services agreement # 18964 which provides ongoing research and advisory services related to information technology. This work plan covers the Gartner for IT Executive Programs Leadership Team Plus which provides various deliverables to advise and assist the State Chief Enterprise Architect.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,545.75****II. JUSTIFICATION**

7. What conditions require that this work be done?

**This will be the addition of the Chief Enterprise Architect to the CIO Team License Subscription. This will allow for the continuity of the team as a whole and allow access to the CIO level research. This provides the Leader with content to pass onto Team members to support specific messaging and ensure uniformity. This is not the case in a standalone environment. Team programs also allow for scaled down licensing options, as those do not exist in the standalone environment.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Enterprise It Services (EITS) continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure EITS stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Gartner's breadth of expertise will continue to avoid false starts as the State implements cloud based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.**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?

Work Plan to existing no cost MSA # 18964.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DOA, Enterprise IT Services, 2015 to current, satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Michele Lynn, MAIII Ph: 775-684-4707

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/02/2019 13:54:39 PM
Division Approval	ddav12	10/02/2019 13:54:42 PM
Department Approval	ddav12	10/02/2019 13:54:47 PM
Contract Manager Approval	ddav12	10/02/2019 14:12:47 PM
Budget Analyst Approval	dbaughn	10/02/2019 15:56:40 PM

Steve Sisolak  
Governor



Deonne E Contine  
Director

Robin Hager  
Deputy Director

Jenni Cartwright  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise I.T. Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800

**MEMORANDUM**

**TO:** Tiffany Greenameyer & Darlene Baughn,  
Executive Branch Budget Officers

**FROM:** Michele Lynn, *ML*  
Management Analyst III

**SUBJECT:** Gartner Team License Subscription Services

**DATE:** October 2, 2019

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This is a request for a retroactive start date of **October 1, 2019** due to staffing changes, for the Gartner, Inc. (CETS 22393) Service Agreement (SA) which will provide ongoing expert information-technology advisory services and assistance to the key leadership position of the Chief Enterprise Architect at EITS.

This request is to add a third leadership position to the Team License membership subscription for the Chief Enterprise Architect.

Thank you for your consideration in this matter.

**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: **22413**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>CLARK COUNTY INFORMATION TECHNOLOGY</b>
Agency Code: <b>180</b>	Contractor Name: <b>CLARK COUNTY INFORMATION TECHNOLOGY</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>DEPARTMENT</b>
Is budget authority available? <b>Yes</b>	<b>500 S GRAND CENTRAL PKWY</b>
If "No" please explain: Not Applicable	<b>LAS VEGAS, NV 89106</b>
	City/State/Zip: <b>LAS VEGAS, NV 89106</b>
	Contact/Phone: <b>SUSAN TIGHI 702 455 2724</b>
	Vendor No.: <b>T40087800</b>
	NV Business ID: <b>Not Applicable</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**Anticipated BOE meeting date **11/2019**Retroactive? **Yes**

If "Yes", please explain

**The attached Revenue Contract with Clark County Information Technology Department has been submitted for approval. Due to the necessity of continued public communications coverage, we are asking to retroactively approve this contract back to July 1, 2019.**

3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new revenue contract to provide ongoing rack space at Apex Peak in Clark County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,067.52**

Other basis for payment: Rack Rent FY20 \$3,766.88, FY21 \$3,766.88, FY22 \$3,766.88, FY23 \$3,766.88.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue Contract

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Not Applicable

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

We have had ongoing revenue contracts with Clark County Information Technology Department for many years and other mountain top sites, all satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	09/20/2019 06:53:31 AM
Division Approval	ddav12	09/20/2019 06:53:33 AM
Department Approval	ddav12	09/20/2019 06:53:38 AM
Contract Manager Approval	ascott	09/26/2019 14:12:39 PM
Budget Analyst Approval	dbaughn	09/30/2019 13:24:16 PM



Steve Sisolak  
Governor



Deonne E. Contine  
Director

Michael Dietrich  
State Chief Information Officer  
Deputy Director

David Haws  
Administrator

**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Enterprise I.T. Services Division***

100 N. Stewart Street, Suite 100 | Carson City, NV 89701  
Phone: (775) 684-5800

August 15, 2019

**MEMORANDUM**

**To:** Colleen Murphy, Budget Analyst

**From:** Ann Scott, Management Analyst  
Enterprise Information Technology Services

**Purpose:** Request BOE retroactively approve for attached Revenue Contract

The attached Revenue Contract with Clark County Information Technology Department has been submitted for the BOE's approval. Due to the necessity of continued public communications coverage, we are asking the Board of Examiners to retroactively approve this contract to July 1, 2019.

The agency takes its contract process serious and with the recent closing of the budget and delay of rates being published, we had a delay in processing revenue contracts and anticipate being timelier in the future.

I appreciate your time and assistance. Should you have questions please call me at (775) 684-5859 or email to [annmscott@admin.nv.gov](mailto:annmscott@admin.nv.gov).

Sincerely, Ann Scott

**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: **17860**Amendment Number: **3**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Legal Entity Name: **GARRATT CALLAHAN COMPANY**Agency Code: **240**Contractor Name: **GARRATT CALLAHAN COMPANY**Appropriation Unit: **2561-04**Address: **50 INGOLD RD**Is budget authority available?: **Yes**City/State/Zip: **BURLINGAME, CA 94010**

If "No" please explain: Not Applicable

Contact/Phone: **Jay Nordling, District Manager 650/697-5811**Vendor No.: **T81091351**NV Business ID: **NV20121688270**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<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>

Agency Reference #: **240**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/17/2016**Anticipated BOE meeting date **10/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **06/20/2020**Contract term: **4 years and 4 days**4. Type of contract: **Contract**Contract description: **Water System**

5. Purpose of contract:

**This is the third amendment to the original contract which provides ongoing water system maintenance and testing. This amendment increases the contract authority from \$75,502 to \$109,168.70 to cover needed testing services through the contract termination date.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,400.00	\$30,400.00	\$30,400.00	Yes - Info
a. Amendment 1:	\$30,402.00	\$30,402.00	\$60,802.00	Yes - Action
b. Amendment 2:	\$14,700.00	\$14,700.00	\$14,700.00	Yes - Info
2. Amount of current amendment (#3):	\$33,666.70	\$33,666.70	\$48,366.70	Yes - Info
3. New maximum contract amount:	\$109,168.70			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Upon the discovery of Legionella in the NSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off specialized system for the NSVH. Vendor has been performing this function under State Public Works and now NDVS is taking over the payment for these services. There is no other vendor who understands and can maintain this system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees that have the knowledge and expertise to perform these operations

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 #: 160507**

**Approval Date: 05/09/2016**

- c. Why was this contractor chosen in preference to other?

Upon the discovery of Legionella in the NSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off, specialized, system for the NSVH. The process being performed is considered the acceptable practice in response to a positive Legionella test. NSVH continues to work in conjunction with the SPWB toward the installation of a system to provide a permanent solution and rectify the water situation at the NSVH.

- d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Vendor was under contract with SPWB and NDVS took over the payment of this service.

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with SPWB and NDVS is taking over the payment of this service. Service provided to SPWB has been verified as satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	09/10/2019 15:17:13 PM
Division Approval	agarland	09/10/2019 15:17:18 PM
Department Approval	agarland	09/10/2019 15:17:22 PM
Contract Manager Approval	agarland	09/10/2019 15:17:28 PM
Budget Analyst Approval	bmacke1	09/27/2019 13:28:07 PM

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

**Purchasing Use Only:**

Approval#: 190807

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency: <i>Nevada Department of Veterans Services</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Joseph Theile</i>	<i>775-825-9752</i>	<i>theilej@veterans.nv.gov</i>

1b	<b>Vendor Information:</b>	
	Identify Vendor:	<i>Garratt Callahan</i>
	Contact Name:	<i>Jay Nordling, District Manager</i>
	Address:	<i>50 Ingold Road, Burlingame, CA 94010</i>
	Telephone Number:	<i>702-759-3240</i>
	Email Address:	<i>jnordling@g-c.com</i>

1c	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	<i>X</i>

1d	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	No	<i>X</i>
	Amendment:	<i>#3</i>		
	CETS:	<i>#17860</i>		

1e	<b>Term: 2 Years</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>06/20/2018</i>	End Date:

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	<i>65%</i>
	Grant Funds:	
	Other (Explain):	<i>35% Private/County</i>

1g	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>	
	<i>\$109,168.70 overall contract; Amendment 3: \$33,666.70; Monthly testing \$3,366.67.</i>	

24

2	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased:</b></p> <p><i>Monthly maintenance of chlorine injection systems includes: chemicals, parts, service visits, testing supplies and reagents and written reports; Quarterly Legionella Sampling, 10 samples per quarter, CDC Elite local Las Vegas lab Effex will be utilized; pricing locked for two years. Provide the services of a certified drinking water operator as required by the NDEP. Additional testing is being required from the BSDW.</i></p>																									
3	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b></p> <p><i>Upon the discovery of Legionella in the SNSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off specialized system for the SNSVH. Vendor has been performing this function under State Public Works and now NDVS is taking over the payment for these services. There is no other vendor who understands and can maintain this system. NDEP requires specific testing that can only be performed by a certified drinking water operator. Since the time the first waiver was requested NDEP has required the current system be permitted and the BSDW is requiring additional testing on the system. SPWD has requested this additional testing be paid for by the Agency.</i></p>																									
4	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b></p> <p><i>This is an emergency situation and the SNSVH cannot go without this service as Legionella is a life-threatening bacterium especially to many of the residents of the SNSVH who have compromised health. In response to an emergency situation SPWB, contracted with Garratt Callahan to design, install, and maintain this one-off, specialized, system for the SNSVH. There is no other vendor qualified to maintain this one-off specialized system. NDEP is requiring specific testing be performed by a certified drinking water operator. Although this is a temporary solution to the problem and NDVS and SPWB continue to partner together toward the installation of a permanent remedy, NDEP had since required the temporary system be permitted and BSDW is requiring additional testing be performed on the now permitted temporary system. SPWD has requested the Agency pay for the additional water testing. A longer than anticipated permitting process make it necessary to extend testing through the full length of the contract.</i></p>																									
5	<table border="1"> <tr> <td data-bbox="228 1339 1133 1381">Were alternative services or commodities evaluated? Check One.</td> <td data-bbox="1133 1339 1235 1381">Yes:</td> <td data-bbox="1235 1339 1321 1381"><input checked="" type="checkbox"/></td> <td data-bbox="1321 1339 1414 1381">No:</td> <td data-bbox="1414 1339 1516 1381"><input type="checkbox"/></td> </tr> <tr> <td colspan="5" data-bbox="228 1381 1516 1451">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></td> </tr> <tr> <td colspan="5" data-bbox="228 1451 1516 1766"> <p><i>Upon the discovery of Legionella in the NSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off, specialized, system for the NSVH. The process being performed is considered the acceptable practice in response to a positive Legionella test. NSVH continues to work in conjunction with the SPWB toward the installation of a system to provide a permanent solution and rectify the water situation at the SNSVH. SPWD initially anticipated this additional testing would be required for approximately seven months; however, delays in the permitting process make it necessary to extend testing through the full length of the contract.</i></p> </td> </tr> <tr> <td colspan="5" data-bbox="228 1766 1516 1808">b. <i>If not, why were alternatives not evaluated?</i></td> </tr> <tr> <td colspan="5" data-bbox="228 1808 1516 1919"></td> </tr> </table>	Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>					<p><i>Upon the discovery of Legionella in the NSVH water system, SPWB was directed by the Risk Management Office to address the situation as an emergency. SPWB contracted with Garratt Callahan to design, install, and maintain this one-off, specialized, system for the NSVH. The process being performed is considered the acceptable practice in response to a positive Legionella test. NSVH continues to work in conjunction with the SPWB toward the installation of a system to provide a permanent solution and rectify the water situation at the SNSVH. SPWD initially anticipated this additional testing would be required for approximately seven months; however, delays in the permitting process make it necessary to extend testing through the full length of the contract.</i></p>					b. <i>If not, why were alternatives not evaluated?</i>									
Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>																						
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b. <i>If not, why were alternatives not evaluated?</i>																										

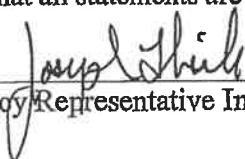
6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.				Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:							
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP, RFQ, Waiver #)			
	06/20/18	06/20/20	\$75,502	Water Maintenance and Testing	Waiver #180302B			
	06/20/18	06/20/20	\$60,802	Water Maintenance and Testing	Waiver #180302			
	06/17/16	06/20/18	\$30,400	Water Maintenance and Testing	Waiver #160507			
			\$					
		\$						

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	Death of residents; lawsuits from family and friends of residents; compromised health; closing of NSVH; displacement of residents; non-compliance with federal and state requirements, loss of funding; potential impact on the opening of the Northern Nevada Veterans Home (currently pending federal funding). Fines from State NDEP and BSDW.

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	This vendor was selected by SPWB to address an emergency situation. This is the same vendor that was used under State Public Works and the prices are consistent with the prices paid by State Public Works who currently run the process. There is no other vendor qualified to maintain this one-off, specialized, system as it was designed, installed, and has been maintained by Garratt Callahan.

9	Will this purchase obligate the State to this vendor for future purchases? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. If yes, please provide details regarding future obligations or needs.				
	SPWD continues to work through the approval of a permanent water system and has overcome several hurdles. However, the process has taken longer than initially anticipated and NDVS is requesting an Amendment to the Contract to increase the overall authority to cover the remaining 12 months of the contract. NDVS continues to work with SPWD and NDEP toward final resolution of this project and greatly appreciates the continued cooperation of the Nevada State Purchasing Division in reaching this goal.				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

  
 \_\_\_\_\_  
 Agency Representative Initiating Request

Joseph Theile, MAII  
 \_\_\_\_\_  
 Print Name of Agency Representative Initiating Request

08/15/2019  
 \_\_\_\_\_  
 Date



Signature of Agency Head Authorizing Request

Amy Garland, Executive Officer

Print Name of Agency Head Authorizing Request

08/15/2019

Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

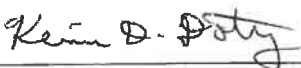
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:



Administrator, Purchasing Division or Designee

8/29/19

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: **22381**

Agency Name:	<b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name:	<b>WEST EDNA ASSOCIATES LTD DBA</b>
Agency Code:	<b>240</b>	Contractor Name:	<b>WEST EDNA ASSOCIATES LTD DBA</b>
Appropriation Unit:	<b>2561-07</b>	Address:	<b>MOJAVE ELECTRIC 3755 W HACIENDA AVE</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>LAS VEGAS, NV 89118-1755</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	Jason Loux 702-798-2970
		Vendor No.:	T80975069
		NV Business ID:	NV20081583981

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>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 **09/29/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2020**Contract term: **1 year and 94 days**4. Type of contract: **Contract**Contract description: **Flagpole Lighting**

5. Purpose of contract:

**This is a new contract to install wiring and receptacles for multiple flagpoles at the Southern Nevada State Veterans Home.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,467.00**

Other basis for payment: Time and materials. Payable upon submission of an approved invoice.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**This work is to provide for the proper illumination of the flagpoles at the Southern Nevada State Veterans Home.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This work requires a licensed electrician and NDVS does not have a licensed electrician on staff.**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):

**Bombard  
Mojave Electric  
Solid State**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best proposal at a fair price.

d. Last bid date: 06/24/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDVS -Conduit Wiring for Wander Guard System - work has not yet started

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	09/10/2019 15:20:15 PM
Division Approval	agarland	09/10/2019 15:20:18 PM
Department Approval	agarland	09/10/2019 15:20:23 PM
Contract Manager Approval	agarland	09/10/2019 15:20:57 PM
Budget Analyst Approval	bmacke1	09/29/2019 13:47:39 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22342**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Agency Code: **240**Appropriation Unit: **2565 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Shuhmacher & Schuhmacher**Contractor Name: **Shuhmacher & Schuhmacher**Address: **dba Legends Landscaping  
324 S. 18th Street**City/State/Zip: **Sparks, NV 89431-5559**Contact/Phone: **Carrie Cowan 775-829-2468**Vendor No.: **T32008656**NV Business ID: **NV19921019792**To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Donations to NNSVH Gift Account</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/19/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2020**Contract term: **285 days**4. Type of contract: **Contract**Contract description: **Landscaping**

5. Purpose of contract:

**This is a new contract to provide landscaping services at the Northern Nevada State Veterans Home.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,235.00**

Other basis for payment: Payable upon satisfactory completion of work and submission of approved invoice.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Donations were made specifically for a rose garden and water feature at the NNSVH**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Installation requires specific experience that our state employees do not have.**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):

**Legends Landscaping  
Rail City Garden Center  
Moana Nursery**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Local vendor with fair price and good proposal.

d. Last bid date: 06/29/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?  
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	08/30/2019 09:02:12 AM
Division Approval	agarland	08/30/2019 09:02:16 AM
Department Approval	agarland	08/30/2019 09:02:19 AM
Contract Manager Approval	agarland	08/30/2019 09:02:23 AM
Budget Analyst Approval	bmacke1	09/19/2019 15:16:09 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22384**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	<b>KB CONSULTING GROUP, LLC</b>
Agency Code:	<b>300</b>	Contractor Name:	<b>KB CONSULTING GROUP, LLC</b>
Appropriation Unit:	<b>2676-50</b>	Address:	<b>2308 LANTERN WALK LN</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>WAKE FOREST, NC 27587</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>SHANNON BAKER 909/373-8152</b>
		Vendor No.:	<b>T32008697</b>
		NV Business ID:	<b>NV20191563621</b>

To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % NSFY - PRIVATE GRANT</b>

Agency Reference #: 300

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/24/2019**

Anticipated BOE meeting date 09/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/31/2020**Contract term: **189 days**4. Type of contract: **Contract**Contract description: **Prof Dev Workshop**

5. Purpose of contract:

**This is a new contract to provide the Facilitating Career Development Training Program to school counselors to prepare for certification as Certified Career Service Providers or Global Career Development Facilitators.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Monthly upon invoicing, travel to not exceed GSA rates.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Counselors need training on regulations, instructional strategies, etc., because we are not retaining them or providing professional development. This also provides credit hours necessary to obtain a Certificate Career Services certification.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**NDE staff has capacity issues and the workload is too large. This vendor is experienced in this specialized 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):

NAPE  
NOCTI  
KB Consulting Group, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

KB Consulting was chosen as preference as both NOCTI and NAPE were unable to provide services within time period per requested scope of work and within budget.

d. Last bid date: 07/11/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	09/13/2019 11:34:09 AM
Division Approval	amccalla	09/13/2019 11:34:12 AM
Department Approval	amccalla	09/13/2019 11:34:14 AM
Contract Manager Approval	amccalla	09/13/2019 11:34:17 AM
Budget Analyst Approval	cbrekken	09/24/2019 10:21:17 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: **21703**

Agency Name:	<b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name:	<b>BEATTY LIBRARY DISTRICT</b>
Agency Code:	<b>332</b>	Contractor Name:	<b>BEATTY LIBRARY DISTRICT</b>
Appropriation Unit:	<b>2895-00</b>	Address:	<b>FOURTH &amp; WARD STREET PO BOX 129</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>BEATTY, NV 89003</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>702-553-2257</b>
		Vendor No.:	<b>T81027563</b>
		NV Business ID:	<b>N/A</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

Agency Reference #: **ASD 2831939**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**Anticipated BOE meeting date **11/2019**Retroactive? **Yes**

If "Yes", please explain

**Revenue contracts between the Nevada Library Cooperative and 17 libraries were created and sent to the participating libraries on April 18, 2019. Several of these contracts must pass through municipal contract approval processes, library boards of trustees, and boards of supervisors meetings for approval before returning to the agency for final approval. This has caused a delay in returning the contracts in order to meet the FY20 timeline for the continuation of these services.**

3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Network of Libraries**

5. Purpose of contract:

**This is a new revenue cooperative agreement that continues to provide a regional network of libraries known as the Nevada Library Cooperative for the improvement of library services and the sharing of resources.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,600.00**

Other basis for payment: FY20 \$3,500; FY21 \$3,600; FY22 \$3,700 and FY23 \$3,800.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**This is a revenue contract. NRS 379.147-379.150 permits the parties to maintain a regional network of libraries known as Nevada Library Cooperative through a joint agreement for the improvement of library services and sharing of resources.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The Nevada Library Cooperative, created by an agreement under NRS 277.080-279 and NRS 379.150, is a consortium of libraries and related agencies that share vital library and technological resources. In order to meet this goal, member libraries pool their resources and collectively leverage their economic strength to do more together than one member could ever accomplish on their own.**

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Library Cooperative (formerly CLAN-Cooperative Libraries Automated Network) has been doing contracts through Nevada State Library and Archives and Public Records since 1981.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Cynthia O, Director, Nevada Library Cooperative Ph: 775-431-0097

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/15/2019 09:44:32 AM
Division Approval	ssands	10/15/2019 09:44:34 AM
Department Approval	ssands	10/15/2019 09:44:38 AM
Contract Manager Approval	ssands	10/15/2019 09:44:41 AM
Budget Analyst Approval	mtum1	10/18/2019 15:59:57 PM



**Nevada**  
**LIBRARY**  
**Cooperative**  
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August 12, 2019

TO: Curtis Palmer, Executive Branch Budget Officer  
Susan Brown, Director Governor's Finance Office,  
Budget Division  
State of Nevada  
Carson City, Nevada 89701

From: Cyndi O – NV Library Cooperative Director  
Department of Administration  
NV State Library Archives and Public Records  
State of Nevada  
Carson City, Nevada 89701

SUBJECT: Retro Memo for Beatty Library District

Revenue contracts between Nevada Library Cooperative and 17 libraries have been created and sent to the various libraries on April 18, 2019. Several of these contracts must pass through their municipal contract process and their Library Board of Trustee and Board of Supervisors board meetings for approval before returning to us for final BOE approval.

This is causing a delay of returning the contracts in order to meet our timeline of the June 2019 BOE, therefore I am respectfully requesting a retro start date of July 1, 2019 at the BOE in November 2019.



CYNDI O  
NV LIBRARY COOP DIRECTOR

**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: **21738**Agency Name: **ADMIN - NV ST LIBRARY,  
ARCHIVES AND PUBLIC RECORDS**Agency Code: **332**Appropriation Unit: **2895-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Nevada Historical Society - Reno,  
Division of Museums and HistoryContractor Name: **Nevada Historical Society - Reno,  
Division of Museums and History**Address: **708 N Curry Street**City/State/Zip **Carson City, NV 89703**Contact/Phone: **775-687-4340**

Vendor No.:

NV Business ID: **N/A**To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **Yes**

If "Yes", please explain

**Revenue contracts between NV Library Cooperative and 17 libraries have been created and sent to the various libraries on April 18, 2019. Several of these contracts must pass through various processes for approval before returning to us for final BOE approval. This is causing a delay of returning the contracts in order to meet our timeline of June 2019 BOE, therefore I am respectfully requesting a start date of July 1, 2019, for the NV Historical Society-Reno contract.**

3. Termination Date: **06/30/2023**Contract term: **4 years**4. Type of contract: **Cooperative Agreement**Contract description: **Network of Libraries**

5. Purpose of contract:

**This is a new revenue cooperative agreement that continues to provide a regional network of libraries known as the Nevada Library Cooperative for the improvement of library services and the sharing of resources.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,800.00**

Other basis for payment: FY20 \$1,800; FY21 \$2,400; FY22 \$3,000; FY23 \$3,600

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Per NRS 379.147-379.150 permits the parties to maintain a regional network of libraries known as CLAN through a joint agreement for the improvement of library services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Nevada Library Cooperative, created by an agreement under NRS 277.080-279 and NRS 379.150, is a consortium of libraries and related agencies that share vital library and technological resources. In order to meet this goal, member libraries pool their resources and make it economically feasible to do more together than one member on their own.**

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Library Cooperative, (CoOp) (formerly know as CLAN) has been doing contracts through Nevada State Library and Archives using cooperative agreements since 1981.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Cynthia O., Director Nevada Library Cooperative Ph: 775-431-0097

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/19/2019 10:59:14 AM
Division Approval	ssands	09/19/2019 10:59:17 AM
Department Approval	ssands	09/19/2019 10:59:20 AM
Contract Manager Approval	ssands	09/26/2019 16:23:15 PM
Budget Analyst Approval	mtum1	10/18/2019 16:15:25 PM

**Nevada**  
**LIBRARY**  
**Cooperative**  
*Going the distance together*

September 24, 2019

**TO:** Curtis Palmer, Executive Branch Budget Officer  
Susan Brown, Director Governor's Finance Office,  
Budget Division  
State of Nevada  
Carson City, Nevada 89701

**From:** Cyndi O – NV Library Cooperative Director  
Department of Administration  
NV State Library Archives and Public Records  
State of Nevada  
Carson City, Nevada 89701

**SUBJECT:** Retro Memo for NV Historical Society - Reno

Revenue contracts between Nevada Library Cooperative and 17 libraries have been created and sent to the various libraries on April 18, 2019. Several of these contracts must pass through various processes for approval before returning to us for final BOE approval.

This is causing a delay of returning the contracts in order to meet our timeline of the June 2019 BOE, therefore I am respectfully requesting a retro start date of July 1, 2019 for the NV Historical Society -Reno contract.



DIRECTOR, NV LIBRARY COOP  
24 SEP 2019

**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: **22389**Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION**Agency Code: **402**Appropriation Unit: **3266-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOR, NSHE, UNR MED Sanford Center for Aging**Contractor Name: **BOR, NSHE, UNR MED Sanford Center for Aging**Address: **1644 N. Virginia St./0146**City/State/Zip: **Reno, NV 89557-1234**Contact/Phone: **Gail Smith 775-784-6003**Vendor No.: **D35000849**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/07/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2020**Contract term: **267 days**4. Type of contract: **Revenue Contract**Contract description: **GWEP/IPE Services**

5. Purpose of contract:

**This is a new interlocal revenue contract to provide community program resources to patients referred from UNR MED through Nevada Care Connection.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

ADSD is responsible for coordinating services that promote a higher quality of life for older adults. The Aging and Disability Resource Centers (ADRC) provide the formal point of entry into long term services and supports for older adults, caregivers, and people with disabilities. Coordinating training and outreach with UNR - Geriatric Workforce Enhancement Program (GWEP) to healthcare providers will increase awareness of the ADRC program and help older adults access social services sooner. Federal initiatives are focused on bridging the gap between social services and healthcare providers to improve health and quality of life outcomes for older adults.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees are providing the services for UNR MED Sanford Center.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

ADSD - UNR NSHE multiple interlocal contracts. Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	09/12/2019 09:48:43 AM
Division Approval	dbowma1	09/12/2019 09:48:46 AM
Department Approval	mwinebar	09/17/2019 09:32:39 AM
Contract Manager Approval	ltuttl1	09/17/2019 16:32:05 PM
Budget Analyst Approval	hfield	10/07/2019 08:58:35 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **17093** Amendment Number: **2**

Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **ALARMCO INC**

Agency Code: **402** Contractor Name: **ALARMCO INC**

Appropriation Unit: **3279-07** Address: **2007 LAS VEGAS BLVD S**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89104-2555**

If "No" please explain: **Not Applicable** Contact/Phone: **702/382-5000**

Vendor No.: **PUR0004868**

NV Business ID: **NV19641000258**

To what State Fiscal Year(s) will the contract be charged? **2016-2024**

What is the source of funds that 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>54.00 %</b>	Fees	0.00 %
<b>X</b>	Federal Funds	<b>46.00 %</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 **01/01/2016**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **12/31/2019**Contract term: **8 years and 1 day**4. Type of contract: **Contract**Contract description: **Alarm Monitoring**

## 5. Purpose of contract:

**This is the second amendment to the original contract that continues ongoing burglary and fire alarm monitoring services. This amendment extends the termination date from December 31, 2019 to December 31, 2023 and increases the maximum amount from \$20,540 to \$38,692 due to existing proprietary-owned installed equipment and continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$14,720.00	\$14,720.00	\$14,720.00	Yes - Info
a. Amendment 1:	\$5,820.00	\$5,820.00	\$20,540.00	No
2. Amount of current amendment (#2):	\$18,152.00	\$23,972.00	\$38,692.00	Yes - Info
3. New maximum contract amount:	\$38,692.00			
and/or the termination date of the original contract has changed to:	12/31/2023			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Per Title 42 Public Health, Chapter IV - Centers for Medicare and Medicaid Services, Department of Health and Human Services PART 483: Section 483.70 Physical Environment: The facility must be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (a) Life safety from fire. Except as provided in paragraph (a)(1) or (a)(3) of this section, the facility must meet the applicable provisions of the 1985 edition of the Life Safety Code of the National Fire Protection Association's Life Safety Code (published February 7, 1985; ANSI/NFPA) was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51 that govern the use of incorporations by reference.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees, within Desert Regional Center, are neither trained nor certified to perform these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Burgarello Alarm  
Alarmco, Inc.  
StateFire DC Specialties

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Alarmco, Inc. owns the equipment associated with four existing alarm locations within DRC. While both of the other vendors indicated they would be able to provide the necessary service, it would be necessary to inspect our locations for quotes on new equipment and installation charges. All maintenance and repair costs are included in Alarmco's monthly fee, while they are not included in the fee associated with the other two proposals. Alarmco, Inc. is locally dispatched utilizing proprietary communication lines.

- d. Last bid date: 07/30/2015 Anticipated re-bid date: 07/03/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

1977 - current. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:



20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	09/17/2019 14:19:30 PM
Division Approval	dbowma1	09/17/2019 14:19:38 PM
Department Approval	mwinebar	09/17/2019 15:02:23 PM
Contract Manager Approval	ltuttl1	09/17/2019 16:26:45 PM
Budget Analyst Approval	bwooldri	10/01/2019 07:48:55 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: **22439**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>REGIONAL TRANSPORTATION COMMISSION OF NEVADA</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>REGIONAL TRANSPORTATION COMMISSION OF NEVADA</b>
Appropriation Unit:	<b>3279-04</b>	Address:	<b>600 S. GRAND CENTRAL PKWY #350 SUITE 350</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>LAS VEGAS, NV 89106</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>Mark Hyfler 702/676-1670</b>
		Vendor No.:	<b>T29032694</b>
		NV Business ID:	<b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b>	General Funds	<b>36.00 %</b>	Fees	0.00 %
<b>X</b>	Federal Funds	<b>64.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **3 years and 266 days**4. Type of contract: **Interlocal Agreement**Contract description: **Transportation Svcs**

5. Purpose of contract:

**This is a new interlocal contract to provide public transportation services for Desert Regional Center - Intermediate Care Facility individuals and community-based individuals with disabilities to jobs and day programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: As invoiced per Attachment B

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Individuals living at the Intermediate Care Facility (ICF) require transportation to/from their jobs and Day Training (JDT) programs. Learning how to use RTC services for transportation is part of their ICF plan to help them prepare to move into a community-based setting.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do provide transportation services for RTC.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

RTC is a regional entity that oversees public transportation and enhances mobility by improving transportation choices and facilitating multi-modal connectivity. As the region's Metropolitan Planning Organization, the agency is responsible to state and federal governments for maintaining a continuing, cooperative and comprehensive (3-C) transportation planning process.

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Per DAWN, 14 agencies have used RTC services. Contracts unknown.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	09/30/2019 15:57:51 PM
Division Approval	dbowma1	09/30/2019 15:57:54 PM
Department Approval	mwinebar	10/03/2019 10:47:28 AM
Contract Manager Approval	ltuttl1	10/03/2019 14:38:47 PM
Budget Analyst Approval	hfield	10/08/2019 15:29:26 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22315**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3145-22**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NEVADA COALITION TO END DOMESTIC & SEXUAL VIOLENCE**Contractor Name: **NEVADA COALITION TO END DOMESTIC & SEXUAL VIOLENCE**Address: **250 S. ROCK BLVD STE 116**City/State/Zip: **RENO, NV 89502-2301**Contact/Phone: **Sue Meuschke 775-828-1151**Vendor No.: **T80788650**NV Business ID: **NV19811009693**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **1 year and 286 days**4. Type of contract: **Contract**Contract description: **Grievance Policy**

5. Purpose of contract:

**This is a new contract to provide management of the grievance process for the division's Grants Management Unit.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: \$5,000 one-time implementation; \$35 per call; \$53 per hour for TA; \$56 per hour for training; \$65 per hour for monitoring

**II. JUSTIFICATION**

7. What conditions require that this work be done?

It was a recommendation resulting from the Family Violence Preventions and Services Program (FVPSA) site visit that the Division should develop a plan and protocol (in conjunction with the Coalition) for the Coalition to be a part of the monitoring of FVPSA grants to the extent that it utilizes their expertise to ensure that services are comprehensive, trauma-informed and in line with FVPSA statutes and regulations and best practices.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It was suggested by the Federal Audit from the FVPSA conducted in March 2018 to collaborate with NCEDSV to create a grievance policy.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was suggested by the FVPSA audit as part of the Corrective Action Plan. They are the only coalition in the State.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kelsey McCann-Navarro, Social Services Chief 3 Ph: 775-684-4431

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	09/05/2019 17:56:00 PM
Division Approval	knielsen	09/05/2019 17:56:03 PM
Department Approval	mwinebar	09/10/2019 13:34:37 PM
Contract Manager Approval	sknigge	09/10/2019 14:48:31 PM
Budget Analyst Approval	laaron	09/18/2019 09:06:14 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: **22338**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3145-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Nevada PEP, Inc.

Contractor Name: **Nevada PEP, Inc.**Address: **7211 W. Charleston Blvd.**City/State/Zip **Las Vegas, NV 89117-1638**

Contact/Phone: Karen Taycher 702-388-8899

Vendor No.: T80975409

NV Business ID: NV19931063169

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **Yes**

If "Yes", please explain

**Services began before the contract was approved due to the immediate need for strategic planning, facilitation, and consultation to continue to meet active deadlines.**

3. Termination Date: **06/30/2021**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Consortia Support**

5. Purpose of contract:

**This is a new contract to provide ongoing supportive services for the Washoe County and Rural Regional Children's Mental Health Consortia.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,211.04**

Other basis for payment: \$65 per hour for Ph.D.; \$31.75 per hour for MSW; \$22.60 (Yr1) per hour for BSW; \$23.54 (Yr2) per hour for BSW; \$42,788 for total Direct Cost; and \$3,423.04 for Indirect cost

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The work to be conducted by the Regional Consortia is in NRS 433B.333. Each body needs administrative/professional assistance to aid in conducting business.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These bodies are not state run. They have specific needs and they have the power to determine if they need specialty work done.

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):

Marathon Staffing  
Nevada PEP  
ManPower

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the lowest responsible vendor to respond.

d. Last bid date: 08/12/2019 Anticipated re-bid date: 05/29/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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 Division of Child and Family Services has either been contracting or had sub awards with NV PEP since at least 1999. The services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Kristen Rivas, Clinical Program Planner 2 Ph: 775-688-3764

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	09/02/2019 18:10:04 PM
Division Approval	knielsen	09/25/2019 11:08:23 AM
Department Approval	mwinebar	10/02/2019 16:05:06 PM
Contract Manager Approval	sknigge	10/02/2019 16:24:06 PM
Budget Analyst Approval	laaron	10/04/2019 10:16:52 AM

STEVE SISOLAK  
Governor



RICHARD WHITLEY, MS  
Director

ROSS E. ARMSTRONG  
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD AND FAMILY SERVICES  
4126 TECHNOLOGY WAY, SUITE 300  
CARSON CITY, NV 89706  
Telephone (775) 684-4400 • Fax (775) 684-4455  
dcfs.nv.gov

MEMORANDUM

TO: Lynnette Aaron, Executive Branch Budget Officer  
Governor's Finance Office

THROUGH: Mark Winebarger, ASO IV  
Department of Health and Human Services

FROM: Katrina Nielsen, ASO IV  
Division of Child and Family Services

DATE: 10/1/2019

SUBJECT: Retroactive Contract Approval Request - CETS 22338 – Nevada PEP, Consortia Support

A retroactive effective date of July 1, 2019 is requested for the contract between the Division of Child and Family Services (DCFS) and Nevada PEP in order to provide facilitation, consultation and support services for the Regional Children's Mental Health Consortia. This includes coordination of all activities related to the 10-year strategic plan due on January 31, 2020 which is mandated by NRS 433B.333 for the Regional Children's Mental Health Consortium.

This body has significant expertise in the area of statewide Children's Mental Health. The services that the Consortium need are specialized. The work of collecting data, analyzing data, preparation of the 10-year strategic plan and administrative support needs to be completed by contracted professionals other than Consortium members. Contracting this work will produce the deliverables that will provide the outcomes intended.

Services began before a contract was approved due to the immediate need for strategic planning, facilitation, and consultation to continue to meet active deadlines. Contract negotiations could not begin until the Consortium budgets were finalized and approved by the consortium. There were resulting discussions as to whether a one (1) year or a two (2) year contract would best serve the consortia. This resulted in further delays. It was finally settled on a two-year contract that would not only meet the needs of the consortia, but allow DCFS time for a Request for Proposal to initiate a four (4) year contract that would include services for all three (3) of the consortium. DCFS has initiated internal contract training, as well as requesting that program staff involved in the contracting process to take the "Essentials of State Purchasing" class to better understand the process and related timelines.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact Kristen S. Rivas, DCFS, Planning and Evaluation Unit at 775-688-3764.



**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: **21246**Amendment Number: **1**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Legal Entity Name: **UNIVERSITY OF SOUTH FLORIDA**Agency Code: **409**Contractor Name: **UNIVERSITY OF SOUTH FLORIDA**Appropriation Unit: **3145-31**Address: **BOARD OF TRUSTEES  
4019 E. FOWLER AVE., STE 100**Is budget authority available?: **Yes**City/State/Zip: **TAMPA, FL 33617-2008**

If "No" please explain: Not Applicable

Contact/Phone: **Pamela Menendez 813-974-3256**Vendor No.: **T29023332A**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2019-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **09/30/2019**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Website Maintenance**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing website maintenance for the Quality Parenting Initiative Nevada/Just in Time Training website. This amendment increases the maximum amount from \$20,000 to \$40,000, extends the termination date from September 30, 2019 to September 30, 2020 due to the continued need for these services and updates Attachment A - Scope of Work to reflect the new termination date.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$20,000.00	\$20,000.00	\$40,000.00	Yes - Info
3. New maximum contract amount:	\$40,000.00			
and/or the termination date of the original contract has changed to:	09/30/2020			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

This service provides all Nevada foster caregivers advanced training through the use of the internet. This training can be accessed at any time, 24 hours a day. This service supports foster caregivers to receive needed training on the caregiver's time schedule or, more immediately, when an issue or situation arises.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This service provides training at all hours to caregivers from their home computers. It would be prohibitive to attempt to provide this level of training by Division employees based on geography and caregivers' time availability.

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

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor has been under contract with the Division for the past year. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	09/27/2019 14:56:15 PM
Division Approval	knielsen	09/27/2019 15:09:25 PM
Department Approval	mwinebar	09/27/2019 16:08:53 PM
Contract Manager Approval	sknigge	09/27/2019 16:11:30 PM
Budget Analyst Approval	laaron	09/30/2019 16:33:03 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: **22386**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3646-95**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ANYTIME PLUMBING, INC.**Contractor Name: **ABES PLUMBING AIR REPAIR FAST WATER**Address: **4690 W. POST RD., STE 130**City/State/Zip: **LAS VEGAS, NV 89118-4345**Contact/Phone: **Scott Jester 702-362-9300**Vendor No.: **PUR0005090**NV Business ID: **NV19991205584**To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/27/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2019**Contract term: **95 days**4. Type of contract: **Contract**Contract description: **Replace Water Valves**

5. Purpose of contract:

**This is a new contract to replace and install several water line isolation valves on the West Charleston campus.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,336.00**

Payment for services will be made at the rate of \$17,336.00 per complete project

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Whenever there is a water line issue, the entire campus has a water outage. By installing isolation valves, the agency will have the ability to limit a complete campus water outage.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**No State employees or State agencies with the expertise and equipment to perform this work.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

CGI Plumbing  
Yes Plumbing  
Larkin Plumbing  
X-Ram  
Anytime Plumbing  
PPS Plumbing  
O'Rourke Plumbing  
MC Plumbing  
Dinos Plumbing  
A & B Asbestos Abatement  
Boss Plumbing  
Spyder Plumbing  
Cosmo's Plumbing  
Orchard Plumbing  
DMS Plumbing  
Ideal Plumbing  
Precision Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The agency has experience working with Anytime Plumbing and their quote was competitive. This vendor was the only company willing to handle any possible asbestos issues.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Division of Child and Family Services, service satisfactory  
Aging & Disability-service satisfactory  
State Fire Marshall-service satisfactory  
DETR-Rehabilitation Division & Employment Securities Division-service satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**No** b. If "No", please explain:

DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Darryl Lambert, Facility Supervisor Ph: 702-249-2028

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	09/11/2019 13:09:22 PM
Division Approval	knielsen	09/25/2019 13:23:31 PM
Department Approval	mwinebar	09/26/2019 14:02:00 PM
Contract Manager Approval	sknigge	09/26/2019 14:40:45 PM
Budget Analyst Approval	laaron	09/27/2019 13:52:51 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22465**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ARIZONA PNEUMATIC SYSTEMS, INC.**Contractor Name: **ARIZONA PNEUMATIC SYSTEMS, INC.**Address: **DBA NEVADA PNEUMATIC  
4838 CECILE AVE.**City/State/Zip: **LAS VEGAS, NV 89115-4603**Contact/Phone: **Jason Welter 702-431-5808**Vendor No.: **T27036132A**NV Business ID: **NV19971125961**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/17/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **05/01/2021**Contract term: **1 year and 197 days**4. Type of contract: **Contract**Contract description: **Air compressor**

5. Purpose of contract:

**This is a new contract to provide installation, repair and maintenance services for air compressors located at Nevada National Guard location in Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$24,000.00 per year

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**This is a new contract to perform installation, repair or maintenance of air compressors at Nevada National Guard locations in Southern Nevada.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The agency does not have the equipment or the certifications to do 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):

**Commercial Equity  
Air Center Nevada  
Nevada Pneumatic**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has performed satisfactory service for the Office of the Military in the past and was the only vendor to provide a bid.

d. Last bid date: 04/21/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has performed satisfactory service for Corrections since 2014 and the Office of the Military in the past. In addition this was the only vendor to provide a bid.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	10/08/2019 14:03:46 PM
Division Approval	ctyle1	10/08/2019 14:03:49 PM
Department Approval	ctyle1	10/08/2019 14:03:52 PM
Contract Manager Approval	ctyle1	10/08/2019 14:14:03 PM
Budget Analyst Approval	jrodrig9	10/17/2019 18:34:44 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: **22466**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>Force Industrial Mechanical</b>
Agency Code: <b>431</b>	Contractor Name: <b>Force Industrial Mechanical</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>2055 Pabco Rd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89011</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Terry Harris III 702-321-6560</b>
	Vendor No.: <b>T32008023</b>
	NV Business ID: <b>NV20181027763</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that 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>50.00 %</b>	Fees	0.00 %
<b>X</b> 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 **10/17/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **11/30/2021**Contract term: **2 years and 45 days**4. Type of contract: **Contract**Contract description: **HVAC systems**

5. Purpose of contract:

**This is a new contract to provide ongoing installation, repair and maintenance services for heating, ventilation and air conditioning systems at Nevada National Guard facilities in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$24,000.00 per year

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**This is a new contract to provide installation, repair or maintenance needs on heating, ventilation and air service systems at Nevada National Guard facilities in Southern Nevada.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The agency does not have the equipment or the certifications to do 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):

**Force Industrial Mechanical**  
**RW Mechanical**  
**Anytime Plumbing**



b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has performed satisfactory service for the Office of the Military in the past and was the only vendor to provide a bid.

d. Last bid date: 02/06/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	10/15/2019 09:00:31 AM
Division Approval	ctyle1	10/15/2019 09:00:34 AM
Department Approval	ctyle1	10/15/2019 09:00:38 AM
Contract Manager Approval	ctyle1	10/15/2019 09:00:40 AM
Budget Analyst Approval	jrodrig9	10/17/2019 18:49:57 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22358**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>BUILDING CONTROL SERVICES INC</b>
Agency Code: <b>440</b>	Contractor Name: <b>BUILDING CONTROL SERVICES INC</b>
Appropriation Unit: <b>3710-09</b>	Address: <b>4750 LONGLEY LANE, SUITE 102</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-5981</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>TOM HULBERT 775/826-8998</b>
	Vendor No.: <b>PUR0005209</b>
	NV Business ID: <b>NV20161538859</b>

To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/23/2019**Anticipated BOE meeting date **09/2019**Retroactive? **Yes**

If "Yes", please explain

**The inoperable chiller at WSCC was causing potentially hazardous heat conditions with the 90+degree temperatures that were exceeding OSHA approved standards for inmates and employees.**

3. Termination Date: **10/31/2019**Contract term: **69 days**4. Type of contract: **Contract**Contract description: **Emerg. Chiller Rent**

5. Purpose of contract:

**This is a new contract to provide emergency installation, removal and rental chiller at Warm Springs Correctional Center while the inoperable activity building chiller is repaired or replaced.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,234.00**

Other basis for payment: 3710 CAT09 GL7962 for Installation/Removal: \$13,824.00 ~ 3710 CAT09 GL7962 for 1 month Rental \$4,705.00/Month and an additional month 3716 CAT 07 at \$4,705.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The chiller in the activity building at WSCC was no longer operable. After troubleshooting the existing chiller, it was determined that a significant repair or replacement was required. In the interim, temperatures were exceeding 90 degrees, creating heat conditions that were not safe for inmates and employees at the facility. After further investigation, a severe electrical failure may have caused the chiller failure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC does not have employees trained or licensed for this work. No other State agency provides this service.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Mt. Rose Heating and Air  
Sierra Air  
Building Control Service, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the lowest and most responsive bid.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDOC has been in contract with this vendor in June 2019/ CETS #22076 and per P.O. 2001815 to troubleshoot the chiller. Work has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	09/23/2019 14:01:48 PM
Division Approval	amonro1	09/23/2019 14:56:30 PM
Department Approval	sewart	09/23/2019 16:44:17 PM
Contract Manager Approval	aroma2	09/30/2019 09:33:14 AM
Budget Analyst Approval	kshe1	10/14/2019 10:03:08 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: **22418**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3717-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **KAIGAN CORPORATION, THE**Contractor Name: **KAIGAN CORPORATION, THE**  
Address: **DBA PESTMASTER SERVICES**  
**9716 S VIRGINIA ST STE E**City/State/Zip: **RENO, NV 89511-4817**Contact/Phone: **JASON S. VIRDEN 775/858-7378**Vendor No.: **T27029998**NV Business ID: **NV20101892240**To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/14/2019**Anticipated BOE meeting date **09/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2021**Contract term: **1 year and 352 days**4. Type of contract: **Contract**Contract description: **Pest Control Service**

5. Purpose of contract:

**This is a new contract to provide pest control services at Northern Nevada Correctional Center, Stewart Conservation Center, Warm Springs Correctional Center and Northern Nevada Transitional Housing.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,979.88**

Other basis for payment: FY20 Total: \$11,441.88 (NNCC: 3717 CAT09 G/L 7060 ~ \$4,579.90, SCC: 3722 CAT09 G/L7060 ~ \$1,601.98, NNTH: 3724 CAT09 ~ \$1,400.00, WSCC: 3716 CAT09 ~ \$3,860.00) FY21 Total: \$11,538.00 (NNCC: 3717 CAT09 G/L 7060 ~ \$4,643.98, SCC: 3722 CAT09 G/L7060 ~ \$1,634.02, NNTH: 3724 CAT09 ~ \$1,400.00, WSCC: 3716 CAT09 ~ \$3,860.00) This contract amount includes \$1,369.20 for additional services at NNCC for weed control and bed bug services in FY20 (\$684.60) and FY21 (\$684.60).

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**For the health and safety of staff and offenders in compliance with NRS 209.131, NRS 209.381 and NDOC Administrative Regulation 483.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The department does not have the required equipment and/or licensing as required by NRS 555.280. No other State agency provides this service.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Celtic Pest Control  
CAD Pest Control Service  
Advanced Integrated Pest Management  
  
Western Exterminator  
Terminix Commercial  
Pestmaster Services  
Ecolab, Inc. DBA Ecolab Pest Elimination  
Critic Control of Reno  
Clark Pest Control

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the lowest and most responsive bid.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contract/CETS#17626 for current pest control services throughout rural locations. Work has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjackson	10/03/2019 10:05:32 AM
Division Approval	amonro1	10/03/2019 15:17:00 PM
Department Approval	sewart	10/03/2019 16:17:35 PM
Contract Manager Approval	aroma2	10/08/2019 16:23:00 PM
Budget Analyst Approval	kshe1	10/14/2019 14:25:00 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22475**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3762-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ENVISE**Contractor Name: **ENVISE**Address: **680 PILOT RD STE C**City/State/Zip **LAS VEGAS, NV 89119-9015**Contact/Phone: **Shane Reed 702-595-9733**Vendor No.: **T27038306**NV Business ID: **NV19621000518**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **10/31/2023**Contract term: **4 years and 14 days**4. Type of contract: **Contract**Contract description: **Temp Control Maint.**

5. Purpose of contract:

**This is a new contract to provide preventative maintenance, minor repairs, updates and/or installation of sequence of operations changes into the existing program data base for Yamas/Schnieder Controls Building Automation System at High Desert State Prison for 4-years.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,960.00**

Other basis for payment: Price per month \$1,020.00; Price per year \$12,240

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Temperature control maintenance is required to preserve State property and for the health and safety of staff and inmates.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The Department of Corrections does not have the license and/or the equipment required to perform this service. No other State agency offers these services.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Sunbelt Controls  
Enviser  
Schneider Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the proposal with the highest technical support for the most reasonable cost provided.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDOC has been in contract with this provider since 2011 per RFP 201108 and RFP 201508. Service has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gbarsegi	10/08/2019 15:49:09 PM
Division Approval	amonro1	10/08/2019 15:50:25 PM
Department Approval	sewart	10/08/2019 16:06:37 PM
Contract Manager Approval	aroma2	10/14/2019 09:41:42 AM
Budget Analyst Approval	kshe1	10/18/2019 15:27:42 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: **22432**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **2691-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Creating Effective Organizations, Inc.**Contractor Name: **Creating Effective Organizations, Inc.**Address: **59 Damonte Ranch Pkwy  
Suite B127**City/State/Zip: **Reno, NV 89521**Contact/Phone: **Ileana Vassiliou 775-848-3329**

Vendor No.:

NV Business ID: **NV20051806861**To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/25/2019**Contract term: **86 days**4. Type of contract: **Contract**Contract description: **FND training**

5. Purpose of contract:

**This is a new contract to provide staff training and improve work processes for NDA's Food and Nutrition Division.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Food & Nutrition Division in alignment with their strategic goals, needs to become more customer-focused. This training will help improve work processes to effectively administer division programs.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the expertise to develop programs that will encourage a change in developing a new environment.**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 #: 190905****Approval Date: 09/26/2019**

c. Why was this contractor chosen in preference to other?



This company is an expert in their field.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	melli2	09/25/2019 15:07:06 PM
Division Approval	mtum1	09/30/2019 17:46:49 PM
Department Approval	mtum1	09/30/2019 17:46:52 PM
Contract Manager Approval	mtum1	09/30/2019 17:46:54 PM
Budget Analyst Approval	mtum1	09/30/2019 17:47:12 PM

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Steve Sisolak  
Governor

Deonne E. Contine  
Director

Kevin D. Doty  
Acting Administrator

**Purchasing Use Only:**

Approval#: 190905

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b> <i>Department of Agriculture</i>		
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	<i>Andre Urruty, NDA Fiscal Administrator</i>	<i>775-353-3602</i>	<i>a.urruty@agri.nv.gov</i>

1b	<b>Vendor Information:</b>	
	<b>Identify Vendor:</b>	<i>Creating Effective Organizations</i>
	<b>Contact Name:</b>	<i>Ileana Vassiliou</i>
	<b>Address:</b>	<i>59 Damonte Ranch Pkwy, Ste B127, Reno, NV 89521</i>
	<b>Telephone Number:</b>	<i>775-848-3329</i>
	<b>Email Address:</b>	<i>ileana@creatingeffectiveorganizations.com</i>

1c	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	<b>Sole or Single Source:</b>	<i>X</i>
	<b>Professional Service Exemption:</b>	

1d	<b>Contract Information:</b>			
	<b>Is this a new Contract?</b>	<b>Yes</b>	<i>X</i>	<b>No</b>
	<b>Amendment:</b>	#		
	<b>CETS:</b>	#		

1e	<b>Term:</b>				
	<b>One (1) Time Purchase:</b>	<i>X</i>			
	<b>Contract:</b>	<b>Start Date:</b>	<i>September 2019</i>	<b>End Date:</b>	<i>December 25, 2019</i>

1f	<b>Funding:</b>	
	<b>State Appropriated:</b>	
	<b>Federal Funds:</b>	<i>X</i>
	<b>Grant Funds:</b>	
	<b>Other (Explain):</b>	<i>State Administrative Expense (SAE) Grant</i>

1g	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>	
	<i>\$27,500</i>	

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>Utilize an experienced, local vendor to develop and deliver professional development training for the Food and Nutrition Division staff to build relationships, optimize productivity, foster collaborative relationships across the FND division, improve work processes, and implement a plan of action and work teams. FND has several new employees since becoming fully staffed and, in alignment with our strategic goals, needs to become more customer-focused and create a cohesive organization to effectively administer division programs. This request has been approved by USDA-Food and Nutrition Services, Western Region Office as part of our federal fiscal year SAE Grant spend-down plan.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>They are an expert in the field with impeccable qualifications and residents of Nevada. The vendor has previously contracted with the State to teach in the NV Certified Public Manager Program, a nationally-accredited leadership development program; has contracted with several other NV State Agencies including Nevada System of Higher Education, Desert Research Institute, Department of Personnel, Supreme Court, Department of Employment, Training and Rehabilitation, Legislative Counsel Bureau, etc. and also federal agencies such as the Internal Revenue Service. They have worked and consulted in public service, including at the state level, have decades of leadership and process improvement experience, in addition to consulting and training in these and many other areas.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>The SAE funds required a special request to carry them over past the end of federal fiscal year 2019 and must be encumbered by September 30, 2019. We were just awarded the approval from USDA-Western Region Office in September 2019 to obligate these funds for the FND staff training. While every effort was being made to facilitate a solicitation, in reality, there is simply not enough time to complete the process and prevent loss/return of the federal funding to USDA at this point.</i>  <i>Based on over a decade of experience working with this vendor and recent consultations, we are confident they have the experience to provide what is needed as they know the Nevada state system well. This vendor also has a proven track record of success as noted above with a number of customers.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	<b>Yes:</b>	<b>No:</b>	<b>X</b>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>			
	b. <i>If not, why were alternatives not evaluated?</i>			
	<i>We have specific needs that were addressed with this vendor a year ago, but we did not have the funding. When we realized very late this year that we may have extra funding it made sense to reach out to this vendor, as they were already familiar with our division challenges and goals, and our state system. Having a short time to act we simply didn't have time to research other training/organizational development companies and we are very confident in this vendor's ability to meet our needs.</i>			

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</b>			Yes:		No:	X
	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>						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, 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>
	<i>NDA will lose the additional SAE funds that USDA approved and awarded for this activity as they must be encumbered by September 30, 2019 or revert to USDA. It is to the benefit of the state to effectively use these funds because of the detrimental effect on the state returning the funds may have; returning funds may also place future funding from USDA at risk for the state. Additionally, because NDA is also scheduling with a vendor that provides training, we may not be able to complete training by the required date—before the end of December—because we must have a contract obligating funds by September 30th. We seldom have the opportunity and funding to provide critical staff development and we do not want to miss out on this opportunity. There is no guarantee we will have excess funds next year as we are now fully staffed.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>Having contracted with this vendor before for many years, the rate has not only been competitive, in most cases it was below the daily rate for other training organizations with less experience. We have specific needs that were addressed with this vendor a year ago, but we did not have the funding. When we realized very late this year that we may have extra funding it made sense to reach out to this vendor, as they were already familiar with our division challenges and goals, and our state system. Having a short time to act we simply didn't have time to research other training/organizational development companies and we are very confident in this vendor's ability to meet our needs.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

H. An 9/25/19  
Agency Representative Initiating Request

Homa Anoooshehpour 9/25/19  
Print Name of Agency Representative Initiating Request Date

[Signature] 9/25/19  
Signature of Agency Head Authorizing Request

Andre Urruty 9/25/19  
Print Name of Agency Head Authorizing Request Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

\_\_\_\_\_  
Name of agency or entity who provided information or review:

\_\_\_\_\_  
Representative Providing Review

\_\_\_\_\_  
Print Name of Representative Providing Review Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

Kevin D. Doty 9/25/19  
Administrator, Purchasing Division or Designee Date

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22367**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **2691-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MH Miles Company**Contractor Name: **MH Miles Company**Address: **1945 Mason Mill Road  
Suite 200**City/State/Zip: **Decatur, GA 30033**Contact/Phone: **Cherese Myree 678-488-2899**

Vendor No.:

NV Business ID: **NV20191561271**To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/19/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/15/2020**Contract term: **362 days**4. Type of contract: **Contract**Contract description: **CACFP Audit Training**

5. Purpose of contract:

**This is a new contract to provide staff audit training for the federal Child and Adult Care Food Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,250.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

NDA will benefit from utilizing this specialty vendor to develop and deliver CACFP staff training as outlined in the regulation below.

7 CFR Part 226-Child and Adult Care Food Program (CACFP)  
Subpart C- State Agency Provisions  
226.8-Audits

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The CACFP unit has all new staff which require professional training to complete the audit and administrative review responsibilities to stay in federal compliance.

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 #: 190902**

**Approval Date: 09/04/2019**

c. Why was this contractor chosen in preference to other?

This company has provided CACFP training workshops and professional development at industry conferences and on-site consulting.

d. Last bid date: 08/30/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

Pending

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Pending

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

Pending

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	melli2	09/05/2019 11:46:14 AM
Division Approval	bbel1	09/05/2019 13:27:30 PM
Department Approval	bbel1	09/05/2019 13:27:33 PM
Contract Manager Approval	melli2	09/10/2019 15:53:24 PM
Budget Analyst Approval	mtum1	09/19/2019 15:05:48 PM

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Steve Sisolak  
Governor

Deonne E. Conline  
Director

Kevin D. Doty  
Acting Administrator

**Purchasing Use Only:**

Approval#: **190902**

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b> <i>Department of Agriculture</i>		
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	<i>Andre Urruty, NDA Fiscal Administrator</i>	<i>775-353-3602</i>	<i>a.urruty@agri.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	<b>Identify Vendor:</b>	<i>MH Miles Company, CPA, PC</i>
	<b>Contact Name:</b>	<i>Cherese Myree, CFE</i>
	<b>Address:</b>	<i>1945 Mason Mill Rd, Suite 200, Decatur, GA 30033</i>
	<b>Telephone Number:</b>	<i>678-488-2899</i>
	<b>Email Address:</b>	<i>cmyree@nhm-cpa.com</i>

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	<b>Sole or Single Source:</b>	<input checked="" type="checkbox"/>
	<b>Professional Service Exemption:</b>	<input type="checkbox"/>

<b>1d</b>	<b>Contract Information:</b>			
	<b>Is this a new Contract?</b>	<b>Yes</b>	<input checked="" type="checkbox"/>	<b>No</b>
	<b>Amendment:</b>	<b>#</b>		
	<b>CETS:</b>	<b>#</b>		

<b>1e</b>	<b>Term:</b>			
	<b>One (1) Time Purchase:</b>	<input checked="" type="checkbox"/>		
	<b>Contract:</b>	<b>Start Date:</b>	<i>September 2019</i>	<b>End Date:</b> <i>October 31, 2019</i>

<b>1f</b>	<b>Funding:</b>	
	<b>State Appropriated:</b>	
	<b>Federal Funds:</b>	<input checked="" type="checkbox"/>
	<b>Grant Funds:</b>	
	<b>Other (Explain):</b>	<i>Child and Adult Care Food Program (CACFP) Audit Funds</i>

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<i>\$40,250</i>



2	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased:</b></p> <p><i>Utilize a specialized vendor to develop and deliver CACFP staff development training on program audits, administrative and financial reviews for program regulation compliance, and consult and revise audit tools. The CACFP unit has all new staff and requires professional training to complete audit and administrative review responsibilities as part of our federal compliance. Per the following regulation, CACFP Audit funds have rigid restrictions and limited and specific uses, one of which includes our request for audit training; this request has been approved by USDA-Food and Nutrition Services (FNS), Western Region Office (WRO).</i></p> <ul style="list-style-type: none"> <li>• 7 CFR Part 226 – Child and Adult Care Food Program (CACFP),             <ul style="list-style-type: none"> <li>○ Subpart C – State Agency Provisions                 <ul style="list-style-type: none"> <li>▪ § 226.8 – Audits.</li> </ul> </li> </ul> </li> </ul>
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3	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b></p> <p><i>MH Miles Company, CPA PC is a CPA/accounting firm that specializes in providing auditing, consulting, investigation, and training specifically for CACFP, including providing consulting and training services for government agencies administering CACFP. The vendor provides CACFP training workshops and professional development at industry conferences and on-site consulting with state agencies on topics related to programmatic and financial compliance. The vendor also recently contracted with USDA to deliver the first nationwide CACFP fundamentals training program sponsored by USDA for State Agencies. They are an expert in the field with impeccable qualifications.</i></p>
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4	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b></p> <p><i>As mentioned in #2, NDA has specific audit funds to be spent on this and there are limited activities the funds can be used for, including that they can only be used for the CACFP audit process—including staff training and consulting—travel to audits, and monitoring and compliance activities. The vendor specializes in this federal program, and audit activities, and is trusted and contracted by the federal government for program activities. Not only does vendor provide auditing and consulting services for CACFP program audits, they also provide training on this topic as well as assist with compliance. We are looking specifically for audit training and there is no other vendor that can provide the specific topics that we require, has training based on CACFP experience, and has a proven track record of success.</i></p> <p><i>Additionally, these funds required a special request and were awarded late in the year (end of June) with little time to spend; NDA also has multiple activities we applied for to complete as part of the spending plan. While every effort was being made to facilitate a solicitation, in reality, there is simply not enough time to complete the process and prevent loss/return of the federal funding to USDA at this point.</i></p>
---	---

5	<p><b>Were alternative services or commodities evaluated? Check One.</b>    Yes: <input type="checkbox"/>    No: <input checked="" type="checkbox"/></p>
	<p>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></p>
	<p>b. <i>If not, why were alternatives not evaluated?</i></p>

**NDA spoke with other state agencies that administer CACFP and could not find other vendors, nor does USDA use any other training and consulting vendor for CACFP. As we have specific federal program compliance requirements, we are confident this is the best decision to train and educate program staff on this critical responsibility and oversight.**

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</b>			Yes:		No:	X
	<b>a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</b>						
	<b>Term Start and End Dates</b>		<b>Value</b>	<b>Short Description</b>		<b>Type of Procurement (RFP#, RFQ#, Waiver #)</b>	
			\$				
			\$				
			\$				
			\$				

7 **What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**  
**NDA will lose the additional audit funds that USDA approved and awarded for this activity as they must be encumbered by September 30, 2019 or revert to USDA. It is to the benefit of the state to effectively use these funds because of the detrimental effect on the state returning the funds may have; returning funds may also place future funding from USDA at risk for the state. NDA does not want to see this, and therefore we are asking State Purchasing's assistance to prevent this from happening. Additionally, because NDA is also scheduling with a vendor that provides training, we may not be able to complete training by the required date—no later than October—if we lose the dates currently being held. Last, with all new CACFP staff, continuing to not have professional training will extend the learning curve and increase the length of time needed to complete sponsor audits and compliance reviews. NDA is required to complete a certain number of sponsor audits in a year and these must occur, for the most part, during the school year, so there is limited time available.**

8 **What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?**  
**NDA contacted other state agencies that administer CACFP and could not find other recommended vendors. Because USDA utilizes this vendor for their CACFP, and we have specific federal program compliance requirements that must be met, we are confident this is the best decision and the best use of our funds.**

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>			Yes:		No:	X
	<b>a. If yes, please provide details regarding future obligations or needs.</b>						

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.

Patricia Hoppe  
Agency Representative Initiating Request

Patricia Hoppe  
Print Name of Agency Representative Initiating Request

8-29-19

Date

[Signature]  
Signature of Agency Head Authorizing Request

9/3/19

ANDRE WRIGHT  
Print Name of Agency Head Authorizing Request

9/3/19  
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:

Kevin D. Doty  
Administrator, Purchasing Division or Designee

9/4/19  
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: **17604**Amendment Number: **2**Agency Name: **DEPARTMENT OF WILDLIFE**Legal Entity Name: **ALARMCO, INC.**Agency Code: **702**Contractor Name: **ALARMCO, INC.**  
Address: **2007 LAS VEGAS BOULEVARD SOUTH**Appropriation Unit: **4460-07**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89104-2555**

If "No" please explain: Not Applicable

Contact/Phone: **702/382-5000**Vendor No.: **PUR0004868**NV Business ID: **NV19641000258**To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Sportsmen</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **16-47**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **06/30/2020**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Vegas Alarm**

5. Purpose of contract:

**This is the second amendment to the original contract which provides burglar and fire alarm maintenance at the Las Vegas and Laughlin offices. The amendment increases the amount from \$12,760 to \$22,760 due to changes in the scope of work to include the installation and maintenance of burglar and fire alarms at the recently purchased Las Vegas office.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$11,760.00	\$11,760.00	\$11,760.00	Yes - Info
a. Amendment 1:	\$1,000.00	\$1,000.00	\$12,760.00	No
2. Amount of current amendment (#2):	\$10,000.00	\$11,000.00	\$22,760.00	Yes - Info
3. New maximum contract amount:	\$22,760.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The contract provides for security system monitoring for the Department's Las Vegas and Laughlin offices. The Laughlin office also requires fire alarm maintenance. This contract is in place to protect the security/safety of the State of Nevada, Department of Wildlife's fixed assets and property.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not have the expertise in the area of providing, installing, maintaining, and monitoring alarm/fire 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):

A-1 National Fire  
Amazon Electric and Fire  
Alarmco

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

No other vendor can maintain the current alarms installed by Alarmco.

- d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently, NDOW is using Alarmco, Inc. for these services and has provided satisfactory work.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	08/28/2019 14:33:55 PM
Division Approval	kdailey	09/10/2019 16:34:43 PM

Department Approval	eobrien	09/13/2019 12:21:44 PM
Contract Manager Approval	nroble1	09/16/2019 13:48:37 PM
Budget Analyst Approval	mtum1	09/19/2019 15:56:26 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22371**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4460-07**Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BASIN ENGINEERING CORPORATION**Contractor Name: **BASIN ENGINEERING CORPORATION**Address: **1070 E AULTMAN ST**City/State/Zip **ELY, NV 89301-2507**Contact/Phone: **775/289-9800**Vendor No.: **T29030781**NV Business ID: **NV20101133074**To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to 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>20.00 % Sportsmen</b>
<b>X</b> Federal Funds	<b>20.00 %</b>	<b>X</b>	Bonds	<b>60.00 %</b>
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **20-14**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2023**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Civil Eng./Surveying**

5. Purpose of contract:

**This is a new contract to provide as-needed civil engineering and surveying services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Geotechnical investigations, construction inspections, sampling and testing are critical to ensuring successful construction projects and long-term quality of the constructed asset.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**There are no qualified employees in the eastern or southern regions but the department also lacks the required equipment to perform many of the testing and inspection duties regardless of region.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rodd Lighthouse, Supervising Professional Engineer Ph: 775-688-1586

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	09/10/2019 12:26:08 PM
Division Approval	kdailey	09/10/2019 16:39:05 PM
Department Approval	eobrien	09/23/2019 16:09:05 PM
Contract Manager Approval	mtum1	10/18/2019 16:50:03 PM
Budget Analyst Approval	mtum1	10/18/2019 16:50:13 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: **17614**Amendment Number: **3**Agency Name: **DCNR - DIVISION OF WATER RESOURCES**Legal Entity Name: **U.S. Department of the Interior, U.S. Geological Survey**Agency Code: **705**Contractor Name: **U.S. Department of the Interior, U.S. Geological Survey**Appropriation Unit: **4157-10**Address: **2730 Deer Run Rd.**Is budget authority available? **Yes**City/State/Zip: **Carson City, NV 89701**

If "No" please explain: Not Applicable

Contact/Phone: **C. Amanda Garcia 775 887-7600**Vendor No.: **T80838030**NV Business ID: **Government Entity**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>35.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>65.00 % Reimbursement</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2016**Anticipated BOE meeting date **11/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **09/30/2019**Contract term: **3 years and 326 days**4. Type of contract: **Cooperative Agreement**Contract description: **Carbonate Rock JFA**

5. Purpose of contract:

**This is the third amendment to the original joint funding agreement which funds the characterization of hydraulic connectivity and bulk hydraulic properties of carbonate-rock and basin-fill aquifers in the vicinity of and down gradient from the Long Canyon Mine Project in Goshute Valley. This amendment extends the termination date from September 30, 2019 to March 31, 2020 and increases the maximum amount from \$450,000 to 490,000 due to an increase in the federal portion of the agreement.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
a. Amendment 1:	-\$50,000.00	-\$50,000.00	-\$50,000.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
3. New maximum contract amount:	\$490,000.00			
and/or the termination date of the original contract has changed to:	03/31/2020			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 533.368 (1) provides "If the State Engineer determines that a hydrologic study, an environmental study or any other study is necessary before the State Engineer makes a final determination on an application pursuant to NS 533.370 and the applicant, a governmental agency or other person has not conducted such a study or the required study is not available, the State Engineer shall advise the applicant of the need for the study and the type of study required." Water right applications have been filed that, if granted, may have significant impact on existing water rights. An improved hydraulic understanding of the area is necessary to evaluate potential effects of groundwater development on springs that provide water for irrigation and for use by the residents of Wendover, Utah.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The US Geological Survey has the scientists, equipment and expertise to provide the products and services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The US Geological Survey has the necessary equipment in place and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the US Geological Survey under NRS 532.170.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Division has executed many agreements with the US Geological Survey that have resulted in many products widely used by governmental agencies and the public. The results have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	09/26/2019 11:25:42 AM
Division Approval	bre00	09/26/2019 11:25:47 AM

Department Approval	kwilliam	09/26/2019 11:52:32 AM
Contract Manager Approval	bre00	09/26/2019 12:10:19 PM
Budget Analyst Approval	mtum1	10/18/2019 15:25:09 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22394**

Agency Name: <b>DCNR - STATE LANDS</b>	Legal Entity Name: <b>BASILE MANAGEMENT PRACTICE, LLC</b>
Agency Code: <b>707</b>	Contractor Name: <b>BASILE MANAGEMENT PRACTICE, LLC</b>
Appropriation Unit: <b>4197-14</b>	Address: <b>PO BOX 1182</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>TAHOE CITY, CA 96145-1182</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>530/308-2920</b>
	Vendor No.: <b>T32008820</b>
	NV Business ID: <b>NV20091241204</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % TRPA Settlement</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2020**Contract term: **357 days**4. Type of contract: **Contract**Contract description: **Stewart Restoration**

5. Purpose of contract:

**This is a new contract to grade and restore environmentally sensitive state lands located in Incline Village, NV.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,500.75**

Other basis for payment: \$12,500.75 will be paid to the vendor upon completion of the work.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 321.001 gives the Division of State Lands the authority to acquire, hold and administer State Lands, and NRS 321.5953 allows for the establishment and management of programs to preserve, enhance and restore lands in the Lake Tahoe Basin. As part of the above statutory authorities, lands or interests in lands are periodically acquired and restored by the Division of State Lands. The state parcel is located within a Stream Environment Zone and was illegally graded by a property neighbor. Taking these steps will help restore the property to pre-disturbance condition.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The Division of State Lands does not have the personnel or equipment available to perform these services.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Burdick Excavating Co Inc  
MP Forestry  
Kelly Erosion Control Inc

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Out of 17 vendors that were solicited, this was the only vendor who responded and provided a proposal.

d. Last bid date: 06/28/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Gosejohan, Meredith, Tahoe Program Manager Ph: 775-684-2736

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amunso1	09/13/2019 08:04:23 AM
Division Approval	amunso1	09/13/2019 08:04:26 AM
Department Approval	pmisch	10/03/2019 10:15:14 AM
Contract Manager Approval	amunso1	10/03/2019 15:49:53 PM
Budget Analyst Approval	mtum1	10/09/2019 12:31:13 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: **22330**Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3193-20**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **WATERSHED ASSESSMENT ASSOCIATES LLC**Contractor Name: **WATERSHED ASSESSMENT ASSOCIATES LLC**Address: **1861 CHRISLER AVENUE**City/State/Zip: **SCHENECTADY, NY 12303-1561**Contact/Phone: **518/346-0225**Vendor No.: **T29031977**NV Business ID: **NV20121502845**To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP 20-022**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/20/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2022**Contract term: **3 years and 11 days**4. Type of contract: **Contract**Contract description: **Sample Analysis**

5. Purpose of contract:

**This is a new contract to provide ongoing identification and characterization of benthic macroinvertebrate and periphyton samples to assess the ecological health of rivers and streams.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,500.00**Other basis for payment: **Quarterly****II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Federal Clean Water Act (section 106), and State regulations require Nevada Division of Environmental Protection to periodically evaluate the health of Nevada's waters, and review associated water quality standards. This contract is needed for the analyses of biological samples (aquatic insects and algae) to provide for a holistic assessment of the conditions of waters of the state.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Analytical work requires a laboratory, taxonomy expertise and turnaround time that is not available through NDEP or other State of Nevada agencies**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Great Lakes Environmental Center  
EcoAnalyst  
watershed assessment Assoc. LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Contract is <\$25,000.00 per year. EcoAnalyst, Great Lakes Environmental Center, and Watershed Assessment Associates Inc were the only entities to respond to the request for quote. Watershed Associates Inc. submitted the lowest price.

d. Last bid date: 07/08/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Marianne Denton, Environmental Scientist Ph: 775-687-9457

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	08/28/2019 12:54:09 PM
Division Approval	pcomba	09/19/2019 10:28:00 AM
Department Approval	pcomba	09/19/2019 10:28:07 AM
Contract Manager Approval	mhilk1	09/19/2019 10:35:08 AM
Budget Analyst Approval	cpalme2	09/20/2019 09:13:13 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **15915** Amendment Number: **2**

Agency Name: **B&I - INDUSTRIAL RELATIONS DIV** Legal Entity Name: **The Law Offices of Charles R. Zeh, Esq., LLC**

Agency Code: **742** Contractor Name: **The Law Offices of Charles R. Zeh, Esq., LLC**

Appropriation Unit: **4680-23** Address: **50 W Liberty St., Suite 950**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89501-1979**

If "No" please explain: **Not Applicable** Contact/Phone: **Charles R. Zeh, Esq. 775-323-5700**

Vendor No.: **T29021118**

NV Business ID: **NV19951011050**

To what State Fiscal Year(s) will the contract be charged? **2015-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 % Workers' Compensation &amp; Safety Fund</b>

## 2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2014**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **12/31/2019**Contract term: **5 years and 184 days**4. Type of contract: **Contract**Contract description: **Consulting Services**

## 5. Purpose of contract:

**This is the second amendment to the original contract which provides legal services and representation during all meetings, hearings and trials. This amendment increases the maximum amount from \$700,000 to \$749,000 due to continued need for these required services while new arrangements are made.**

## 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$700,000.00	\$700,000.00	\$700,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$49,000.00	\$49,000.00	\$49,000.00	Yes - Info
3. New maximum contract amount:	\$749,000.00			

**II. JUSTIFICATION**

## 7. What conditions require that this work be done?

**NRS 616B and 616B.569 requires that legal counsel appointed by or contracted with the Division of Industrial relations shall serve as legal counsel of the Boards. Legal services are also necessary to avoid conflict of interest, to pursue matters involved special expertise, and where Division counsel may be a witness.**

## 8. Explain why State employees in your agency or other State agencies are not able to do this work:



There is a conflict of interest in representing the Boards and the Division; some matters may require Division counsel to be a witness rather than an attorney representing the division; in addition, Mr. Zeh has special expertise in labor and industrial relations.

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?

Superior qualification and experience

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

This is an amendment to a current contract with the Division of Industrial Relations.

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ljon13	09/11/2019 16:41:15 PM
Division Approval	ljon13	09/18/2019 13:40:08 PM
Department Approval	lfiguero	09/20/2019 11:11:43 AM
Contract Manager Approval	jwhi11	09/20/2019 11:27:42 AM
Budget Analyst Approval	stilley	10/03/2019 11:28:17 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: **19196**Amendment Number: **1**Agency Name: **B&I - REAL ESTATE DIVISION**Legal Entity Name: **MILLENNIUM SYSTEMS PRODUCTS INC DBA LAW OFFICES OF IRA DAVID**Contractor Name: **MILLENNIUM SYSTEMS PRODUCTS INC DBA LAW OFFICES OF IRA DAVID**Agency Code: **748**Address: **2549 THORNVIEW ST**Appropriation Unit: **3820-15**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89135**

If "No" please explain: Not Applicable

Contact/Phone: **IRA DAVID 702-990-0646**Vendor No.: **T27023491A**NV Business ID: **NV20011184581**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing and Administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3436GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2017**Anticipated BOE meeting date **10/2020**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **09/30/2019**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Referee/Arbitrator**

5. Purpose of contract:

**This is the first amendment to the original contract which provides referee/arbitrator services for the Alternative Dispute Resolution Program provided by the Division pursuant to NRS 38.300-360. This amendment extends the termination date from September 30, 2019 to September 30, 2021 due to continued need for these services. The amendment also decreases the total contract not to exceed amount from \$25,000.00 to \$15,000.00, due to reduced need of referee services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
2. Amount of current amendment (#1):	-\$10,000.00	-\$10,000.00	\$15,000.00	Yes - Info
3. New maximum contract amount:	\$15,000.00			
and/or the termination date of the original contract has changed to:	09/30/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct referee/arbitration services.

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 specialized training required to perform referee and arbitration services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor is one of four contractors who met requirements.

d. Last bid date: 05/25/2017

Anticipated re-bid date: 05/01/2019

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/16/2019 15:28:12 PM
Division Approval	ghilgar	09/16/2019 15:28:17 PM
Department Approval	jhanse4	09/27/2019 14:41:50 PM
Contract Manager Approval	ghilgar	09/27/2019 14:51:07 PM
Budget Analyst Approval	dlenzner	09/27/2019 15:34:54 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: **19175**Amendment  
Number: **1**Agency Name: **B&I - REAL ESTATE DIVISION**Legal Entity  
Name: **LAW OFFICES OF DONALD E  
LOWREY**Agency Code: **748**Contractor Name: **LAW OFFICES OF DONALD E  
LOWREY**Appropriation Unit: **3820-15**Address: **7465 WEST LAKE MEAD BLVD**Is budget authority  
available? **Yes**City/State/Zip **LAS VEGAS, NV 89128**

If "No" please explain: Not Applicable

Contact/Phone: **DONALD LOWREY 702-645-7452**Vendor No.: **T27033924A**NV Business ID: **NV20131678251**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing and Administrative Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP #3436GB**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/01/2017**  
Examiner's approval?Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **09/30/2019**  
Termination Date:Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Referee/Arbitrator**

5. Purpose of contract:

**This is the first amendment to the original contract which provides referee/arbitrator services for the Alternative Dispute Resolution Program provided by the Division pursuant to NRS 38.300-360. This amendment extends the termination date from September 30, 2019 to September 30, 2021 and decreases the maximum amount from \$25,000 to \$15,000 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
2. Amount of current amendment (#1):	-\$10,000.00	-\$10,000.00	\$15,000.00	Yes - Info
3. New maximum contract amount:	\$15,000.00			
and/or the termination date of the original contract has changed to:	09/30/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct referee/arbitration services.

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 specialized training required to perform referee and arbitration services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

This is one of four contractors who met requirements.

d. Last bid date: 05/25/2017 Anticipated re-bid date: 05/01/2019

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/09/2019 11:42:58 AM
Division Approval	ghilgar	09/09/2019 11:48:14 AM
Department Approval	jhanse4	09/16/2019 14:58:04 PM
Contract Manager Approval	mbenn	09/19/2019 13:15:36 PM
Budget Analyst Approval	stilley	09/25/2019 16:28:59 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: **19197**Amendment  
Number: **1**Agency Name: **B&I - REAL ESTATE DIVISION**Legal Entity  
Name: **PAUL H LAMBOLEY DBA LAW  
OFFICES OF PAUL H LAMBOLEY**  
Contractor Name: **PAUL H LAMBOLEY DBA LAW  
OFFICES OF PAUL H LAMBOLEY**Agency Code: **748**Address: **50 W LIBERTY STREET  
STE 950**Appropriation Unit: **3820-15**Is budget authority  
available?: **Yes**City/State/Zip: **RENO, NV 89501**If "No" please explain: **Not Applicable**Contact/Phone: **PAUL H LAMBOLEY 775-786-8333**Vendor No.: **T29022472**NV Business ID: **NV20111621142**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Licensing and Administrative Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **RFP # 3436GB**

2. Contract start date:

a. Effective upon Board of  
Examiner's approval? **No** or b. other effective date **10/01/2017**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **09/30/2019**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Referee/Arbitrator**

5. Purpose of contract:

**This is the first amendment to the original contract which provides referee/arbitrator services for the Alternative Dispute Resolution Program provided by the Division pursuant to NRS 38.300-360. This amendment extends the termination date from September 30, 2019 to September 30, 2021 and decreases the maximum amount from \$25,000 to \$15,000 due to continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
2. Amount of current amendment (#1):	-\$10,000.00	-\$10,000.00	\$15,000.00	Yes - Info
3. New maximum contract amount:	\$15,000.00			
and/or the termination date of the original contract has changed to:	09/30/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct referee/arbitration services.

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 specialized training required to perform referee and arbitration services.

9. Were quotes or proposals solicited? Yes  
Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor is one of four contractors who met requirements.

d. Last bid date: 05/25/2017 Anticipated re-bid date: 05/01/2019

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/09/2019 11:29:23 AM
Division Approval	ghilgar	09/09/2019 11:29:30 AM
Department Approval	jhanse4	09/16/2019 14:57:19 PM
Contract Manager Approval	mbenn	09/16/2019 15:14:16 PM
Budget Analyst Approval	stilley	09/25/2019 16:49:21 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **17066**Amendment Number: **4**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Legal Entity Name: **ADVANCED POWER PROTECTION**Agency Code: **810**Contractor Name: **ADVANCED POWER PROTECTION**Appropriation Unit: **4715-26**Address: **INDUSTRIES INC  
25395 COPPER LEAF CT**Is budget authority available? **Yes**City/State/Zip: **MURRIETA, CA 92563**

If "No" please explain: Not Applicable

Contact/Phone: **866/975-2774**Vendor No.: **PUR0005058**NV Business ID: **NV20061744755**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/21/2015**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **09/30/2019**Contract term: **4 years and 193 days**4. Type of contract: **Contract**Contract description: **UPS Maintenance**

5. Purpose of contract:

**This is the fourth amendment to the original contract which provides maintenance and emergency services to back-up power IT Systems for the Department. This amendment extends the termination date from September 30, 2019 to March 31, 2020, removes a UPS system from the scope of work, updates to the cost of the UPS maintenance service and increases the maximum amount from \$180,190 to \$191,682.50 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$26,480.00	\$26,480.00	\$26,480.00	Yes - Info
a. Amendment 1:	\$99,425.00	\$99,425.00	\$125,905.00	Yes - Action
b. Amendment 2:	\$44,795.00	\$44,795.00	\$44,795.00	Yes - Info
c. Amendment 3:	\$9,490.00	\$9,490.00	\$54,285.00	Yes - Action
2. Amount of current amendment (#4):	\$11,492.50	\$11,492.50	\$11,492.50	Yes - Info
3. New maximum contract amount:	\$191,682.50			
and/or the termination date of the original contract has changed to:	03/31/2020			



## II. JUSTIFICATION

7. What conditions require that this work be done?

Systems must be maintained to provide back-up power to computer equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees in the area to provide this service.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bidding vendor

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

## III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Previously contracted with DMV-service was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

pgra1

09/19/2019 13:35:03 PM

Division Approval

pgra1

09/19/2019 13:35:10 PM

Department Approval

asmit3

09/24/2019 12:36:55 PM

Contract Manager Approval  
Budget Analyst Approval

nlope4  
bmacke1

09/25/2019 08:36:47 AM  
09/27/2019 12:52:47 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: **22259**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Anytime Plumbing Inc.</b>
Agency Code: <b>901</b>	Contractor Name: <b>Anytime Plumbing Inc.</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>dba Abes Plumbing Air Repair</b>
Is budget authority available? <b>Yes</b>	<b>4690 W Post Rd Ste 130</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Las Vegas, NV 89118-4345</b>
	Contact/Phone: <b>Scott Jester 702-362-9300</b>
	Vendor No.: <b>PUR0005090</b>
	NV Business ID: <b>NV19991205584</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % Business Enterprise Set-Aside</b>

Agency Reference #: **3335-21-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **11/30/2021**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Anytime Plumbing**

5. Purpose of contract:

**This is a new contract to provide ongoing plumbing services at all current and future Business Enterprise of Nevada locations in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: Flat Rate: \$95.00/hr.; Hydro Jetter: \$500/First 2 Hrs., \$250/Each Additional Hr.; Mini Hydro Jetter: \$350/First 2 Hrs., \$175/Each Additional Hr.; Camera: \$350.00/First 2 Hrs., \$175/Each Additional Hr.; Backflow Testing.; \$95/; Parts/Materials shall be invoiced at no more than 20% markup above vendors cost. \$100 Trip Charge to Hoover Dam Complex. Contract payable only upon approval of detailed invoice by authorized BEN staff. Total contract not to exceed \$30,000.00.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The BEN program has on going needs for plumbing services at various program sites. These services are essential to the health and safety of staff and the public and are mandated by the health codes and regulations of various cities, counties and the state.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees are not trained and licensed for this type of work.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

AA Cassaro  
Anytime Plumbing  
A-Better Plumbing  
Pure Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost proposal for 2 vendor contract solicitation

d. Last bid date: 07/01/2019 Anticipated re-bid date: 07/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 provided satisfactory services to BEN since March 2012.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	08/19/2019 15:34:35 PM
Division Approval	kdesoci1	09/04/2019 11:58:52 AM
Department Approval	kdesoci1	09/04/2019 11:58:55 AM
Contract Manager Approval	mjohns43	09/09/2019 09:41:34 AM
Budget Analyst Approval	dbaughn	09/23/2019 10:00:38 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: **22302**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **KD Electric**Contractor Name: **KD Electric**Address: **345 Pyramid Way**City/State/Zip: **Sparks, NV 89436**Contact/Phone: **Damon Hobbs 775-357-9767**Vendor No.: **T32008709A**NV Business ID: **NV20151318054**To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % Business Enterprise Set-Aside</b>

Agency Reference #: **3339-21-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2021**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **KD Electric**

5. Purpose of contract:

**This is a new contract to continue ongoing regular and emergency electrical services for the various Business Enterprise of Nevada food service locations in northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Standard Rate (M-F 7:00am-4:00pm): \$173.25/hr for 2-man crew; Non-Standard/Holiday Rate: \$265.00/hr. for 2-man crew; Parts/Materials shall be invoiced at no more than 20% markup above vendors cost; \$40 trip charge for services at BEN sites located 25+ miles from vendor's contracted address. Detailed invoices payable only upon approval by authorized BEN staff. Total contract not to exceed \$15,000.00.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The BEN program has on going needs for electrical repair services at various program sites. These services are essential to the health and safety of staff and the public and are mandated by the health codes and regulations of various cities, counties and the state.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees are not licensed to perform the work.**

9. Were quotes or proposals solicited?

**Yes**

Was the solicitation (RFP) done by the Purchasing Division?

**No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

KD Electric  
McKimmy Electric  
Contact Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only qualified vendor to apply for this 2nd electrical solicitation.

d. Last bid date: 06/27/2019 Anticipated re-bid date: 06/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	08/20/2019 11:11:13 AM
Division Approval	kdesoci1	09/04/2019 11:56:46 AM
Department Approval	kdesoci1	09/04/2019 11:56:48 AM
Contract Manager Approval	mjohns43	09/09/2019 11:31:57 AM
Budget Analyst Approval	dbaughn	09/23/2019 11:48:58 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: **22254**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Rakeman Plumbing**Contractor Name: **Rakeman Plumbing**Address: **4075 Losee Rd**City/State/Zip: **N. Las Vegas, NV 89030-3301**Contact/Phone: **Tom Elliott 702-642-8553**Vendor No.: **T80980572**NV Business ID: **NV19901008089**To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % Business Enterprise Set-Aside</b>

Agency Reference #: **3334-22-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **10/31/2021**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Rakeman Plumbing**

5. Purpose of contract:

**This is a new contract to provide ongoing plumbing services at all current and future Business Enterprise of Nevada locations in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Standard Rate (M-F 8:30am-5:00pm): \$110.00/hr., each subsequent 1/2 hr. \$55; Non-Standard/Holiday Rate: \$145.00/hr.; Hoover Dam Service Call: minimum 2hrs charged (1 hour for travel and 1 hour for work performed); Estimate Charge: waived except Hoover Dam locations (1 hour travel + \$30 trip charge); Parts/Materials shall be invoiced at no more than 20% markup above vendor's cost; \$30 Trip Charge only for each trip to Hoover Dam. Contract shall not exceed \$20,000.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The BEN program has ongoing needs for plumbing services at various program sites. These services are essential to the health and safety of staff and the public and are mandated by the health codes and regulations of various cities, counties and the state.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees are not trained and licensed for this type of work.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Jack Dish  
A-Better Plumbing  
AA Cassaro  
Pure Plumbing  
Rakeman Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

2nd lowest cost proposal for 2 vendor contract solicitation

d. Last bid date: 07/01/2019 Anticipated re-bid date: 07/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory services to BEN since January 2003.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdesoci1	09/24/2019 17:15:17 PM
Division Approval	kdesoci1	09/24/2019 17:15:25 PM
Department Approval	kdesoci1	09/24/2019 17:15:29 PM
Contract Manager Approval	mjohns43	09/25/2019 13:29:07 PM
Budget Analyst Approval	dbaughn	09/30/2019 10:24:20 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: **20646**Amendment Number: **1**Agency Name: **DETR - REHABILITATION DIVISION**Legal Entity Name: **ST MARYS OUTPATIENT SURGERY**Agency Code: **901**Contractor Name: **ST MARYS OUTPATIENT SURGERY**Appropriation Unit: **3265-09**Address: **CENTER AT GALENA**Is budget authority available?: **Yes****18653 WEDGE PKWY**

If "No" please explain: Not Applicable

City/State/Zip: **RENO, NV 89511-3323**Contact/Phone: **Elise Cronhagen 775/674-5200**Vendor No.: **T27040689**NV Business ID: **NV20081438231**To what State Fiscal Year(s) will the contract be charged? **2019-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<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 #: **3256-21-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/06/2018**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **08/31/2020**Contract term: **2 years and 26 days**4. Type of contract: **Contract**Contract description: **Cataract Services**

5. Purpose of contract:

**This is the first amendment to the original contract which provides cataract services to northern Nevada clients. This amendment extends the termination date from August 31, 2020 to August 31, 2022, inserts the attachment "Provision for Contracts under Federal Award" into Incorporated Documents and increases the maximum amount from \$8,000 to \$32,000 due to the continued need for these services and new Federal contract requirements.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$8,000.00	\$8,000.00	\$8,000.00	No
2. Amount of current amendment (#1):	\$24,000.00	\$32,000.00	\$32,000.00	Yes - Info
3. New maximum contract amount:	\$32,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Client is at risk for losing his/her job if he/she doesn't have cataract surgery and he/she doesn't have insurance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No skillset, expertise, and certification

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nevada Eye Consultants Surgery  
Summit Surgeries dba St. Mary's Outpatient Surgery  
Eye Care Professionals  
Eye Care Associates of Nevada

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to provide a quote

d. Last bid date: 07/31/2018 Anticipated re-bid date: 07/31/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

These vendors have provided satisfactory services to BVR since August 2018.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mjohns43	08/28/2019 09:28:21 AM
Division Approval	kdesoci1	09/04/2019 11:58:10 AM
Department Approval	kdesoci1	09/04/2019 11:58:14 AM
Contract Manager Approval	mjohns43	09/09/2019 09:59:23 AM
Budget Analyst Approval	dbaughn	09/23/2019 11:26:34 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22417**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	<b>EDULOKA LIMITED DBA</b>
Agency Code:	<b>BDC</b>	Contractor Name:	<b>EDULOKA LIMITED DBA</b>
Appropriation Unit:	<b>B008 - All Categories</b>	Address:	<b>INLUMON</b>
Is budget authority available?:	<b>Yes</b>		<b>9645 GATEWAY DR STE A</b>
If "No" please explain:	Not Applicable	City/State/Zip:	<b>RENO, NV 89521-2967</b>
		Contact/Phone:	<b>Brian Bennett 541-382-7201</b>
		Vendor No.:	<b>T29034911</b>
		NV Business ID:	<b>NV20101126878</b>

To what State Fiscal Year(s) will the contract be charged? **2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % License 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 **10/07/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **01/17/2020**Contract term: **102 days**4. Type of contract: **Contract**Contract description: **Software Services**

5. Purpose of contract:

**This is a new contract to provide a new licensing and enforcement system for the Board.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,800.00**

Other basis for payment: See attached exhibit of scheduled payment plan based on project progress

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Board of Professional Engineers and Land Surveyors is in need of a software system in order to track the various requirements of licensing for the Board.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The employees do not have the technical expertise or in house IT that are needed to develop licensing software.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**b. Solicitation Waiver: **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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 contracted by the Nevada State Board of Dental Examiners

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	09/20/2019 14:28:11 PM
Division Approval	vwind1	09/20/2019 14:28:14 PM
Department Approval	vwind1	09/20/2019 14:28:16 PM
Contract Manager Approval	vwind1	09/20/2019 14:28:20 PM
EITS Approval	tgalluzi	09/23/2019 10:19:37 AM
Budget Analyst Approval	lfree1	10/07/2019 16:29:49 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **22451**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	Vogel Designs
Agency Code:	<b>BDC</b>	Contractor Name:	<b>Vogel Designs</b>
Appropriation Unit:	<b>B008 - All Categories</b>	Address:	<b>235 Wildrose Drive</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>Reno, NV 89509</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Derek Vogel 775-827-9242
		Vendor No.:	
		NV Business ID:	NV20081655107

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **08/30/2020**Contract term: **327 days**4. Type of contract: **Contract**Contract description: **Public Outreach**

5. Purpose of contract:

**This is a new contract to provide communications, public outreach and social media planning services to the Board.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,125.00**

Other basis for payment: See Project Based Payment Schedule

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Boards purpose is to safeguard life, health and property and to promote the public welfare by providing for the licensure of qualified and competent professional engineers & professional land surveyors. The Board through this contract will be able to communicate with the Nevada public, prospective licensees and other key stakeholders to generate awareness of the essential role that engineering and surveying licensure have in safeguarding public health, safety and welfare.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Boards employees do not have the expertise to handle the needs of the communications/public outreach and Social Media plan as outlined in the scope of work. The contractor has the ability to implement these services for the Board.

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):

KP3  
Vogel Designs  
Mass Media

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected based on their understanding the needs and vision of what the Board is hoping to accomplish.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	10/01/2019 16:47:10 PM
Division Approval	vwind1	10/01/2019 16:47:13 PM
Department Approval	vwind1	10/01/2019 16:47:16 PM
Contract Manager Approval	vwind1	10/01/2019 16:47:21 PM
Budget Analyst Approval	lfree1	10/08/2019 15:03:56 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: **22336**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	<b>CARRARA GROUP LLC</b>
Agency Code:	<b>BDC</b>	Contractor Name:	<b>CARRARA GROUP LLC</b>
Appropriation Unit:	<b>B024 - All Categories</b>	Address:	<b>CARRARA NEVADA 6350 S. RAINBOW BLVD</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>LAS VEGAS, NV 89118</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702-228-8026
		Vendor No.:	T29020275
		NV Business ID:	NV20021131481

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to 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 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2021**Contract term: **2 years and 85 days**4. Type of contract: **Contract**Contract description: **Government Affairs**

5. Purpose of contract:

**This is a new contract to provide government affairs assistance to the Board, including assistance in responding to legislative issues and assistance with statute and regulation adoption processes.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$200.00 per Hour

Other basis for payment: Note: During Legislative Session 1/1/2021 - 6/30/2021 terms will be \$2,300 per month; otherwise, \$200/hr.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**NRS Chapter 635 requires the Nevada Board of Podiatry to recommend the creation and/or amendment of laws regarding the practice of podiatry in the State of Nevada. to complete this legislative requirement, it is a necessity for the Board to receive expert advice on government affairs. In addition, the issues require special skills expertise and knowledge of an experienced legislative liaison to assure optimal results for the Board and the citizens it serves.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Assistance is needed in the planning and dissemination of information to legislative members and the expertise and required knowledge of the Nevada legislature. This expertise is needed both during a legislative session as well as the interim sessions of the legislature. The Board operates with a staff of one and does not have the availability, expertise or knowledge that can be uniquely performed by the contractor.**

9. Were quotes or proposals solicited?

**Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Carrara Group  
Kaempfer Crowell  
Keith Lee

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Contractor has unique knowledge and experience of the Legislative process. The Contractor has represented various other organizations including the podiatry Board during previous legislative sessions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Podiatry 2016 - 2019

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	08/28/2019 13:59:00 PM
Division Approval	vwind1	08/28/2019 13:59:02 PM
Department Approval	vwind1	10/08/2019 11:08:48 AM
Contract Manager Approval	vwind1	10/08/2019 11:08:53 AM
Budget Analyst Approval	lfree1	10/08/2019 14:48:54 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: **18972**Amendment  
Number: **1**Agency Name: **BDC LICENSING BOARDS &  
COMMISSIONS**Legal Entity  
Name: **Watkins Jackson CPAs**Agency Code: **BDC**Contractor Name: **Watkins Jackson CPAs**Appropriation Unit: **B026 - All Categories**Address: **5550 Painted Mirage Road, Ste**Is budget authority  
available?: **Yes**City/State/Zip **Las Vegas, NV 89149**

If "No" please explain: Not Applicable

Contact/Phone: **702-326-6424**

Vendor No.:

NV Business ID: **NV20161342235**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensure</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 **No** or b. other effective date **08/12/2017**  
Examiner's approval?Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **12/31/2019**  
Termination Date:Contract term: **4 years and 142 days**4. Type of contract: **Contract**Contract description: **Audit Services**

5. Purpose of contract:

**This is the first amendment to the original contract to provide audit services to the Board. This amendment extends the termination date from December 31, 2019 to December 31, 2021 and increases the maximum amount from \$28,500 to \$47,500 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$28,500.00	\$28,500.00	\$28,500.00	Yes - Info
2. Amount of current amendment (#1):	\$19,000.00	\$19,000.00	\$47,500.00	Yes - Info
3. New maximum contract amount:	\$47,500.00			
and/or the termination date of the original contract has changed to:	12/31/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**NRS 218G.400 requires that an independent annual audit be conducted of the Board's financial statements and position. Results of the audit must be provided to the Legislative Counsel Bureau.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

An Audit must be conducted by an independent Certified Public Accountant in accordance with governmental auditing standards. An employee of the Board would not be able to provide this work as the audits must be conducted by an independent third party.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

The Contractor has provided the audit service for several years. Based on the continuity of the firm's engagement they are able to provide the service at a substantially lower cost than other firms.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jstrand1	10/03/2019 07:56:22 AM
Division Approval	jstrand1	10/03/2019 07:56:32 AM
Department Approval	jstrand1	10/03/2019 07:56:39 AM
Contract Manager Approval	jstrand1	10/03/2019 07:56:43 AM
Budget Analyst Approval	lfree1	10/07/2019 09:55:06 AM



**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 15, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Matthew Tuma, Executive Branch Budget Officer  
Budget Division

A handwritten signature in blue ink, appearing to be "MT", is written over the name Matthew Tuma.

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 321.5954, the Division is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 1<sup>st</sup> quarter of Fiscal Year 2020.

Additional Information:

There was no activity under the Tahoe Basin Act and no land acquisitions under the Lake Tahoe Mitigation Program during this quarter. There were two transfers of interest resulting in 66 square feet of restored coverage and 662 square feet of potential land coverage for an increase to the Land Bank of \$12,237.

Statutory Authority:

NRS 321.5954

REVIEWED: \_\_\_\_\_

A handwritten signature in blue ink is written over the line next to "REVIEWED:".

INFO ITEM: \_\_\_\_\_



Nevada Division of  
**STATE LANDS**

STATE OF NEVADA  
Department of Conservation & Natural Resources  
Steve Sisolak, Governor  
Bradley Crowell, Director  
Charles Donohue, Administrator

September 30, 2019

**MEMORANDUM**

TO: Susan Brown, Director  
Governor's Finance Office

FROM: Charles Donohue, Administrator and  
State Land Registrar, Nevada Division of State Lands

RE: **BOARD OF EXAMINERS QUARTERLY REPORT OF THE TAHOE BASIN ACT  
AND LAKE TAHOE MITIGATION PROGRAM – 1ST QUARTER FY 2020  
BOARD OF EXAMINERS MEETING DATE OF NOVEMBER 12, 2019**

RECEIVED  
OCT - 8 2019  
GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred under the Tahoe Basin Act and the Lake Tahoe Mitigation Program shall be reported quarterly to the State Board of Examiners. The enabling legislation is listed below.

**Nevada Land Bank Program:**

The Nevada Land Bank is a program operated by the Nevada Division of State Lands (NDSL) on behalf of the Tahoe Regional Planning Agency (TRPA) through a Memorandum of Understanding and under the authority of NRS 321.001, Chapter 355, Statutes of Nevada 1993. The Nevada Land Bank mitigates the environmentally detrimental effects of land coverage in the Lake Tahoe Basin. Coverage, such as impervious surfaces like parking lots, roads and roofs, is one element of the bundle of development rights required in the Lake Tahoe Basin to move forward with development or redevelopment projects. Allowable coverage is calculated by the sensitivity of a parcels land class: Class 1 through 3 are more environmentally sensitive lands; Class 4 through 7 are less sensitive lands. The Nevada Land Bank program works to transfer coverage from more to less environmentally-sensitive land. These activities contribute to the protection of the environment at Lake Tahoe.

Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, which requires a quarterly report to the Board of Examiners, this memorandum is to report real property or interests in real property transferred under this program during the quarter ending September 30, 2019.

- There were no acquisitions of land during this quarter. However, two (2) transfers of interest in real property occurred during this quarter and are listed below:

On **July 31, 2019**, a transaction was finalized involving the sale of **66 square feet of Class 1a, Restored** land coverage for a driveway modification to improve emergency access, installation of

water quality Best Management Practices and a new fire hydrant. This transaction resulted in **\$3,300.00** in proceeds for the Nevada Land Bank.

On **September 27, 2019**, a transaction was finalized involving the sale of **662 square feet of Class 6, Potential** land coverage to reconcile coverage discrepancies between the existing condition and previous TRPA approvals for access through the backshore in accordance with Chapter 85 of the TRPA Code of Ordinances. The additional coverage was needed to meet Washoe County and the International Building Code requirements for public safety purposes. This transaction resulted in **\$8,937.00** in proceeds for the Nevada Land Bank.

Proceeds from the above transactions were deposited in the respective budget accounts to carry out the intent of the Nevada Land Bank program.

In the event you have any questions or would like additional information please contact Sherri Barker, Land Agent II at 775-684-2735.

CD/sb

CC: Bradley Crowell, Director, Nevada Department of Conservation and Natural Resources

Steve Sisolak  
Governor



Susan Brown  
Director

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 17, 2019

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Tiffany Greenameyer, Executive Budget Officer  
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION**

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of June 25, 2019.

Additional Information:

The TORT Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account prior to any projected outstanding claims.

TORT Claim Fund	\$ 6,974,771.07
Statutory Contingency Account	\$ 4,713,887.31
State Claims Account	\$ 2,205,616.49
Emergency Account	\$ 279,841.00
Disaster Relief Account	\$ 11,666,800.00
IFC Unrestricted Contingency Fund General Fund	\$ 27,712,602.02
IFC Unrestricted Contingency Highway Fund	\$ 1,620,336.35
IFC Restricted Contingency Fund General Fund	\$ 53,706,394.00
IFC Restricted Contingency Highway Fund	\$ 2,220,935.00

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735 and  
AB417, AB499, AB504, AB518, SB187 and SB553 of the 2017 Legislative Session

<p>REVIEWED: <u>                    </u></p> <p>ACTION ITEM: <u>                    </u></p>
--

**BA 1348 TORT Claim Fund**  
**NRS 331.187**  
**FY 2020 (as of October 17, 2019)**

Beginning Cash	5,612,424.00	
Insurance Premiums - A	37,163.48	
Insurance Premiums	3,272,239.46	
AG Loan Repayment	5,000.00	
	-	
	8,926,826.94	
<b>Total Revenue</b>		<b>\$ 8,926,826.94</b>

		<u>Paid Claims:</u>
Attorney General's Office (Operating)	(50,195.84)	
Tort Claims	(1,901,860.03)	
	-	
	(1,952,055.87)	
<b>Total Payments</b>		<b>\$ 6,974,771.07</b>
<b>Account Balance</b>		<b>\$ 6,974,771.07</b>

Claims Submitted for Payment:

Submitted for Payment	\$ -	
<b>Account Balance</b>		<b>\$ 6,974,771.07</b>

Projected Outstanding Claims:

Attorney General's Office (projection)	-	
	-	
<b>Total Pending Claims</b>		<b>\$ -</b>
<b>Account Balance</b>		<b>\$ 6,974,771.07</b>



**BA 4892 Statutory Contingency Account**  
**NRS 353.264**  
**FY 2020 (as of October 17, 2019)**

Beginning Cash	4,763,795.00	
	-	
	-	
<b>Total Revenue</b>	_____	<b>\$ 4,763,795.00</b>

Paid Claims:

Post Conviction Stale Claims	(2,460.00)	
DCFS Interstate Compact - 1st Qtr Reimbursement	-	
DCFS Interstate Compact - 2nd Qtr Reimbursement	-	
DCFS Interstate Compact - 3rd Qtr Reimbursement	-	
DCFS Interstate Compact - 4th Qtr Reimbursement	-	
Attorney General's Office (Professional Service)	(47,447.69)	
Little Valley Fire Settlement	-	
	_____	
<b>Total Payments</b>	(49,907.69)	
<b>Account Balance</b>		<b>\$ 4,713,887.31</b>

Claims Submitted for Payment:

	0.00	
	_____	
	\$ -	
<b>Submitted for Payment</b>		
<b>Account Balance</b>		<b>\$ 4,713,887.31</b>

Projected Outstanding Claims:

<b>Total Pending Claims</b>	\$ -	
<b>Account Balance</b>		<b>\$ 4,713,887.31</b>

**BA 4889 Emergency Fund  
NRS 353.263  
FY 2020 (as of October 17, 2019)**

Beginning Cash 279,841.00

**Total Revenue** **\$ 279,841.00**

Paid Claims:

\_\_\_\_\_  
Payments \$ -  
**Account Balance** **\$ 279,841.00**

Claims Submitted for Payment:

\_\_\_\_\_  
-  
Total Submitted Payments \$ -  
**Account Balance** **\$ 279,841.00**

Projected Outstanding Claims

\_\_\_\_\_  
-  
Total Pending Claims \$ -  
**Estimated Account Balance - Including all Claims** **\$ 279,841.00**

**BA 1335 Disaster Relief Account**  
**NRS 353.2735**  
**FY 2020 (as of October 17, 2019)**

Beginning Cash	11,666,800.00
Treasurer's Interest	-
1st - 3rd Qtr Transfers Per NRS 353.288(4)	-

<b>Total Revenue</b>	<b>\$ 11,666,800.00</b>
----------------------	-------------------------

Paid Claims:

-  
-  
-

Payments	\$ -
<b>Account Balance</b>	<b>\$ 11,666,800.00</b>

Claims Submitted for Payment:

Submitted for Payment	\$ -
<b>Account Balance</b>	<b>\$ 11,666,800.00</b>

Projected Outstanding Claims :

-

Total Pending Claims	\$ -
<b>Estimated Account Balance - Including all Claims</b>	<b>\$ 11,666,800.00</b>

**IFC Contingency Fund Unrestricted**  
**NRS 353.266**  
**FY 2020 (as of October 17, 2019)**

***Unrestricted General Fund***

FY 2020 Beginning Cash Balance	24,997,345.89	
Reversion to IFC	3,106,063.00	
<b>Total Revenue</b>		<b><u><u>28,103,408.89</u></u></b>

Paid Claims:

Meeting Cost	(8,893.87)	
Patient Protection Commission	(296,072.00)	Approved @ August IFC 2019
B&I Labor Commissioner Task Force	(85,841.00)	Approved @ August IFC 2019 request \$146

Total Payments	<u>(390,806.87)</u>	
<b>Account Balance</b>		<b><u><u>27,712,602.02</u></u></b>

Pending Reimbursement:

Total Pending	<u>0.00</u>	
<b>Account Balance-GF</b>		<b><u><u>27,712,602.02</u></u></b>

***Unrestricted Highway Fund***

Beginning Cash	1,620,336.35	
<b>Total Revenue</b>		<b><u><u>1,620,336.35</u></u></b>

Paid Claims:

Total Payments	<u>0.00</u>	
<b>Account Balance-HWY</b>		<b><u><u>1,620,336.35</u></u></b>

**IFC Contingency Fund Restricted**  
**NRS 353.266**  
**FY 2020 (as of October 17, 2019)**

***Restricted General Fund***

Beginning Balance July 1, 2019

2019 Appropriations Effective July 1, 2019

41,152,517.00

19,575,807.00

**Total Revenue**

**60,728,324.00**

Paid Claims:

NDE -New Education Funding Model

(386,878.00)

Approved @ August IFC 2019

Taxation

(295,052.00)

Approved @ August IFC 2019

NDE SB467 Implementation for new desk top

(190,000.00)

Approved @ October IFC 2019

NDE SB543 Contracts for New Education Funding Model

(900,000.00)

Approved @ October IFC 2019

SB533 NV Museum of Arts

(5,000,000.00)

Approved @ October IFC 2019

SB501 NV Atomic Testing Museum

(250,000.00)

Approved @ October IFC 2019

Payments

(7,021,930.00)

**Account Balance**

**53,706,394.00**

Pending Claims IFC Meeting:

Total Pending 0.00

**Account Balance**

**53,706,394.00**

***Restricted Highway Fund***

Beginning Cash:

Governor's Office of Finance - Enterprise Resource Planning Project

2,220,935.00

**Total Revenue**

**2,220,935.00**

Paid Claims:

Payments 0.00

**Account Balance**

**2,220,935.00**

Pending Claims October, 2018 IFC Meeting:

Total Pending 0.00

**Account Balance**

**2,220,935.00**

55,927,329.00