

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: December 10, 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 November 12, 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 Administration – Fleet Services	1	\$ 43,402
Department of Conservation and Natural Resources – Division of Water Resources	7	\$ 199,921
Total	8	\$ 243,323

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 Administration – Purchasing Division (5)

Pursuant to NRS 333.705, subsection 1, the Division on behalf of Capitol Police, requests authority to contract with former employee Baron Bement to perform uniformed security duties on a full-time basis. The employee will be hired through Master Service Agreement #19049, with Universal Protection Service, dba Allied Universal Security.

Pursuant to NRS 333.705, subsection 1, the Division on behalf of Capitol Police, requests authority to contract with former employee Brian Henley to perform uniformed security duties on a full-time basis. The employee will be hired through Master Service Agreement #19049, with Universal Protection Service, dba Allied Universal Security.

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division, requests authority to contract with former employee Jeffrey Moses to perform uniformed security duties on a full-time basis. The employee will be hired through Master Service Agreement #19049, with Universal Protection Service doing business as Allied Universal Security.

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with former employee Wanda Nixon to provide Tuberculosis case management services on a part-time basis. This item relates to Master Service Agreement #22516 under Agenda Item 9, which must not be approved if this item is not approved.

Pursuant to NRS 333.705, subsection 1, the Division, on behalf of the Governor's Finance Office, requests authority to contract with former employee Danette Kluever to perform administrative assistant duties relating to the 2020 Census on a part-time basis. The employee will be hired through Master Service Agreement #18404, with HAT Ltd Partnership, dba Manpower.

**B. Department of Health and Human Services –
Division of Child and Family Services**

Pursuant to NRS 333.705, subsection 1, the Division requests to contract with a former employee, Jennifer McEntee. Ms. McEntee will be assisting with contracts and service agreements and identifying areas to enhance contract, fiscal and cost allocation processes to improve workflow efficiency. She will be working on a part-time basis upon approval of the Board through June 30, 2020. Ms. McEntee will be hired through Master Service Agreement #18404, with HAT Ltd Partnership, dba Manpower.

**C. Department of Health and Human Services –
Division of Health Care Financing and Policy**

Pursuant to NRS 333.705, subsection 1, the Division requests to contract with a former employee, Jim Wells. Mr. Wells will be assisting in the analysis and the review of all financial processes, including budgeting and projections and financial staff organization.

This item relates to contract #22445 under Agenda Item 8.

**6. Request to Access Funds from the Prison Industries Capital
Projects Fund**

Pursuant to NRS 209.192, the Department of Corrections, Prison Industries, requests to access \$184,720 from the Fund for New Construction of Facilities for Prison Industries. Funds would be used to purchase new and replacement equipment to allow for program expansion and operational improvements to various program activities.

7. [Approval of Proposed Leases](#) (For possible action)

8. [Approval of Proposed Contracts](#) (For possible action)

9. [Approval of Proposed Master Service Agreements](#) (For possible action)

10. 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 October 19, 2019 through November 14, 2019.

11. Information Item and Reports

A. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, Subsection 2, the Department shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This is the first quarter of State Fiscal Year 2020 report for the period beginning July 1, 2019 and ending September 30, 2019.

B. Department of Public Safety – Division of Emergency Management – Lincoln County and Nye County

Pursuant to NRS 353.2755, the Division hereby submits notice to the Board of Examiners (BOE) of Lincoln County's and Nye County's intent to request a recommendation by the BOE to the Interim Finance Committee for approval of a grant and/or loan from the Disaster Relief Account to cover a portion of the expenses associated with the county-wide response to the anticipated "Storm Area-51" event.

C. Statewide Quarterly Overtime Report – Fiscal Year 2020 1st Quarter

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 1st Quarter Overtime Report and analysis for Fiscal Year 2020.

D. Update on NRS Title 54 Boards

Update on NRS Title 54 Boards and the amounts of their contracts, as well as those Boards that had lobbyist representation at the 2019 Legislative Session without a Board/Clerk-approved contract.

12. 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.

13. 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. 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

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: November 12, 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 Las Vegas
Secretary of State Barbara Cegavske – Present in Las Vegas

MEMBERS PRESENT:

Susan Brown, Clerk of the Board – Present in Las Vegas
Rosalie Borderlove, Board Counsel, Deputy Attorney General – Present in Las Vegas
Dale Ann Luzzi, Board Secretary

OTHERS PRESENT:

John Steinbeck, Emergency Manager, Clark County
Justin Luna, Division Administrator, Emergency Management, Department of Public Safety
Amy Davey, Division Administrator, Traffic Safety, Department of Public Safety
Mandi Davis, Deputy Division Administrator, Child and Family Services,
Department of Health and Human Services
John Borrowman, Deputy Director, Support Services, Department of Corrections

1. Call to Order / Roll Call

Governor: I call to order, today's meeting for Tuesday, November 12, 2019 of the State Board of Examiners. Could I ask for a roll call, please?

Board Secretary: Yes, good morning, Governor.

Governor Sisolak?

Governor: Here.

Board Secretary: Attorney General Ford?

Attorney General: Here.

Board Secretary: Secretary of State Cegavske?

Governor: Secretary of State is on her way. Secretary Cegavske arrived at 10:18 am.

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

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: Item number 2, 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 any in Carson City?

Board Secretary: We do not.

Governor: Do we have any in Las Vegas? We do not.

3. Approval of the October 8, 2019 Minutes (For possible action)

Governor: Item number 3, *Approval of the October 8, 2019 Minutes*.

Attorney General: Move to approve.

Governor: We have a motion for approval from Attorney General Ford. Any discussion on the motion? Hearing and seeing none, all in favor signify by saying aye. Are any opposed? 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 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
Total	68	\$2,892,510

Governor: Item number 4, *State Vehicle Purchases*.

Clerk: Good morning, Governor and Attorney General Ford.

Governor: Good morning.

Attorney General: Good morning.

Clerk: There are 5 requests for 68 vehicles on this agenda item.

The first item is from the Department of Conservation and Natural Resources, Division of Water Resources for 1 new vehicle at a cost \$27,373. This vehicle is being funded with assessments. It was not included in the Agency's budget.

The second request is also from the Department of Conservation and Natural Resources, Division of State Parks for 2 replacement vehicles for a total of \$69,454.50. These vehicles being replaced have met the age and mileage requirements per the State Administrative Manual (SAM) and funding is included in the Agency's budget.

The third and fourth requests are from the Department of Corrections. This includes one replacement of a vehicle that was totaled for \$10,000 that was not included in the Agency budget and is being funded with insurance proceeds. The fourth item includes the replacement of 52 vehicles for a total of \$2,418,045. These vehicles have met the age and mileage requirements in SAM and funding was included in Assembly Bill 507 of the 2019 Legislative Session for this item.

The fifth and final request under this item is the Department of Public Safety, Investigations Division and includes the replacement of 12 vehicles for \$367,637; 10 of the 12 vehicles currently meet the age or mileage requirements per SAM, and the remaining 2 were expected to meet those requirements in the current biennium. Funding for all vehicles was included in Assembly Bill 511 of the 2019 Session.

Representatives from these agencies are available to answer any questions on these items.

Governor: I appreciate the briefing I had on this. Are there any questions?

Attorney General: No questions.

Governor: Alright.

Attorney General: I move for approval.

Governor: We have a motion for approval on item number 4, any discussion on that motion? Hearing and seeing none, all in favor signify by saying aye. The motion passes.

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.

Governor: Item number 5, *Authorization for an Emergency Contract with a Current and/or Former State Employee*.

Clerk: Pursuant to Subsection 4 of NRS 333.705, an agency may contract with a former employee without first obtaining Board of Examiners approval if the term of the contract is for less than four months and the head of the using agency determines an emergency exists. If a using agency contracts with an individual pursuant to this exception, they must submit a copy of the contract and a description of the emergency to the Board of Examiners who shall review the contract and description of the emergency and notify the agency whether or not they would have approved the contract, had it not been entered into under the emergency provision.

There is one request under this item, from the Department of Education seeking favorable recommendation from the Board on their use of the emergency provisions to contract with a former employee. The Department contracted through Manpower with a former Executive Assistant from September 25, 2019 to November 30, 2019. The former employee retired on March 18, 2018 and had extensive experience performing administrative duties. Due to vacancies in the Department, it was expected that this contract will allow the Department sufficient time to hire and train employees who can perform these duties and this particular person was hired to provide services to the new Commission on Education Funding for a temporary.

Governor: Alright, so they'll be working in Education Funding?

Clerk: Yes, they will be working with the Commission on Funding.

Governor: Thank you. Do we have any questions?

Attorney General: I do not.

Governor: Could I have a motion?

Attorney General: Move approval.

Governor: We have a motion on the floor for approval on item number 5, is there any discussion? All in favor signify by saying aye. The motion passes.

6. 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 NRS281A, 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.

Governor: Item number 6, *Authorization to Contract with a Current and/or former State Employee.*

Clerk: Item 6 includes three requests to contract with 3 current and/or former employees pursuant to NRS 333.705(1).

The first request is from the Department of Administration, Purchasing Division on behalf of the Division of Library, Archives and Public Records to contract with a former employee to provide scanning services on a part-time basis. This individual will be employed by Manpower through Master Service Agreement (MSA) Contract #18404.

The second request is from the Department of Administration, Purchasing Division on behalf of the State Controller's Office to contract with a former employee to provide assistance with required financial reporting on a part-time basis. This individual will be employed by Marathon Staffing Group through MSA #18405.

The third and final request under this item is from the Department of Public Safety, Office of Traffic Safety to contract with a former employee to provide quality assurance services for the Nevada Rider Motorcycle Program training providers in Clark County.

Representatives are available to answer any questions.

Governor: Thank you. I don't have a problem with these three specific hires. I did stress in our briefing that I would like you to get to all of these agencies to observe that this should be an exceptional circumstance, not a regular course of business. It's becoming more regular that we're getting these, keeping people on after they retire and if they could address that at an individual departmental level.

Attorney General: I have no questions. Are you ready for a motion?

Governor: Yes, I am.

Attorney General: Move approval.

Governor: We have a motion on the floor, from again, Attorney General Ford. Any discussion? Hearing and seeing none, all in favor signify by saying aye. Any opposed? Motion passes.

7. Request for a Recommendation of Approval to the Interim Finance Committee (IFC) 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.

Governor: Item number 7.

Clerk: Item number 7 includes three requests for a positive recommendation to the Interim Finance Committee pursuant to NRS 353.268. The General Fund Contingency Account has an approximate balance of \$27.7 million to cover unanticipated costs for the 2019-2021 biennium. If these items are approved today, the remaining balance in the account will be approximately \$26.8 million.

The first request in the amount of \$342,179 is from the Department of Education to replenish the Special Education Contingency Account. This account provides funds to school districts and charter schools for extraordinary special education expenses. This request would return the balance in the account to \$2 million as expected by the 2019 Legislature and this is how we replenish this account, is through IFC Contingency Funds.

Governor: Alright, did you want us to take these one at a time?

Clerk: Yes.

Governor: I have no problem with the first one.

Attorney General: Move approval.

Governor: We have a motion on the floor for approval on item number 7-A. Any discussion on that? Hearing and seeing none, all in favor signify by saying aye. The motion passes.

Governor: Next is 7-B.

Clerk: This request is in the amount of \$175,000 from the Department of Education to fund an impact and validity study of the statewide performance evaluation system in accordance with Senate Bill 475 of the 2019 Legislative Session.

Governor: I don't have a question on this one either.

Attorney General: Move 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. The motion passes unanimously.

Governor: On to item number 7-C.

Clerk: This request is from the Department of Public Safety, Division of Emergency Management in the amount of \$343,908 to fund security support to Clark County during the upcoming New Year's Eve activities.

Governor: Who is here to answer questions on this item?

John Steinbeck: I am, Governor.

Governor: My question is and I'm very familiar with the New Year's Eve activity on the Las Vegas Strip from my time on the County Commission. I understand that for the State to cover expenses that were expended in the County, why is this not planned for in the Las Vegas Convention and Visitors Authority (LVCVA) budget? Who is getting the revenues from this event?

John Steinbeck: I cannot answer that question, sir. As the Emergency Manager, I'm here to answer the questions specifically as to why we need it but I can't speculate on the LVCVA portion.

Governor: Yes, and I fully understand we need it, there are a lot of people on the Strip. My question is, who should pay for it? This is not an emergency event where we're calling out the National Guard; this is a planned event. We call out the Guard and it comes down to, if we do it for this, are we going to do it for the National Football League (NFL) Draft, for the Reno Air Races, or the Great Reno Balloon Race? When does it become the State's responsibility and when is it a local jurisdiction responsibility?

John Steinbeck: Yes, sir, I can speak to at least some of that. So, as you know, it's an exceptional incident. It's an exceptional event with a high amount of visibility. More people than what we're used to having at any particular time. The National Guard presence is necessary at the different locations that we have them at with all the different specialties. We do call in assets for the Guard for some of the different events you've spoken to that are smaller in nature. So, we may call in the Hazardous Materials Team from the Guard and some other specific entities for different events throughout the year.

For this particular event, we just do not have enough manpower for here locally. A/B rosters with police, you're familiar with it, sir.

Governor: I got it. I don't question at all what you guys are doing; it's incredible. You're stretching the resources as far as you can. I guess my question is, who makes the request? Does the LVCVA make the request?

John Steinbeck: No, sir, I do.

Governor: Is it based on a study that they do?

John Steinbeck: It's based on needs that we determine between law enforcement and emergency management that we need those additional resources. We don't get any requests from the LVCVA through this process.

Governor: So, for example, the NFL Draft that's coming up in the springtime, that I know is more people expected than for New Year's Eve, are we going to do that one too?

John Steinbeck: I wouldn't anticipate that to be at this exact same level but we will ask for some Guard resources for that as well, as we start doing our needs assessment, we'll fill those gaps. That's not done in a vacuum, it's done with Guard personnel, with law enforcement and with our FBI partners as we put together this plan. While the LVCVA is a partner on it sir, they haven't been on that level.

Governor: Right and I appreciate that and I wholeheartedly support your asking and your getting the support. I just know when I was with the County, at Metro, we would also question why we, Metro, wasn't billing for extra services that we provided for various events. Sometimes you did and sometimes you didn't and what the handle is on that, so moving forward if you would work with our Director, to determine how we're going to handle that as we go forward.

John Steinbeck: Yes, I have the same exact questions that you do. So, the Fire Department spends hundreds of thousands of dollars on this event and there's no reimbursement available back to us for those extra costs so, for us, it's been the price of doing business and making sure that it's safe. If there's any exploration that we could do to recover some of those costs, we definitely are on your side on that.

Justin Luna: I just wanted to provide information. I believe there are authorities and statutes that I provided some information on that allow for the State to provide supplemental emergency assistance when the needs of the local jurisdiction are exhausted. So that is, based on my understanding, the information that we have the authority, the State has the authority to provide additional assistance with State resources, to provide assistance during these types of situations.

Governor: Yes, though, my question is, what makes it this type of a situation? With the Storm Area 51, if you recall, we met many times in my office, had all the agencies here and it costs a great deal of money for these agencies to have to staff-up for that and I guess the question is, when is it the State's responsibility and when does the local jurisdiction reimburse the Clark County Fire Department? It's not an emergency situation; I understand you 100%. This is a for-profit situation that individual businesses are profiting greatly from and the Fire Department is expending great additional resources.

Justin Luna: We approach it as a situation that needs heightened preparedness planning. In statute, "emergency" is defined also as a threatened occurrence or to be able to avert the threat of something happening. So, we believe with these additional resources from the State that we are preparing for events that could potentially occur and providing additional public safety and security for the events.

John Steinbeck: So, when we have some special events that reach certain levels we have an opportunity to bill back the vendor; it's built into the statute.

Governor: Right.

John Steinbeck: Yes, the vendor provides that but when they're community-wide like this, we don't seem to have that same ability. So, that, I believe is what you would like us to work towards.

Governor: We're going to be getting more and more of these type of events coming in and we need to protect the public security but it comes down to, if this is going to be an ongoing event, we should put a line item in the budget that we're going to provide that extra money to be made available for this and not keep going back to the Contingency Fund every time it's deemed that we need to provide enhanced security. I don't know which way to handle this, but it just seems like sometimes, for example, we did Electric Daisy, I don't know that we pay for extra people out there, we bill back.

John Steinbeck: Right, we bill back.

Governor: See you bill back for one but you don't bill back for another. That's just kind of a difficult situation.

John Steinbeck: Yes, but that again is. . .

Governor: That's one promoter.

John Steinbeck: Right, that's one promoter. We have the ability through the local ordinances and statutes to go ahead and do that.

Governor: Right.

John Steinbeck: This is the difference. You're 100% right, I would love to see this as a line item so that we're not doing the same process.

Justin Luna: Historically, the Division of Emergency Management has not billed back local jurisdictions for State resources when they have identified and certified that their local resources and mutual aid resources have been exhausted. So, when the State provides additional supplemental support, the Division hasn't typically billed back a local jurisdiction for those services.

Governor: Again, I understand that point and but as I've said, I'm not sure if that should be the case and we need to have that discussion. I understand that that is the policy. I don't know if that should be the policy. I think that's something that we should discuss, first, at the Legislative level. It should certainly not keep coming out of Contingency Funds and going back and back because this is something that could be planned for. So, if you could contact my office and come up with a better plan. Do you understand my desire that we come up with another way to do this?

Justin Luna: Yes, sir.

Governor: Thank you. I appreciate it. Any other comments?

John Steinbeck: My last comment would be that I might suggest that this would be a great topic for us to discuss at the Homeland Security Commission Meeting as well, sir.

Governor: Good point. Let's get that on that agenda; everybody will be there and it will be a great place to have it. I appreciate it, thank you.

John Steinbeck: Yes, sir.

Governor: Alright.

For the record, Secretary Cegavske has joined us.

Secretary of State: For the record, I would like to note I concur with the voting I missed at the beginning of the meeting.

Governor: Absolutely. Can we have that record reflect that please? Thank you.

Clerk: Yes.

Governor: Do I have a motion for 7-C?

Attorney General: I'll move for approval.

Secretary of State: Second.

Governor: We have a motion and a second, is there any discussion? All in favor, signify by saying aye. The motion passes.

8. Approval of Proposed Leases (For possible action)

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

Clerk: There are 13 leases in Agenda Item 8. Lease number 12 with the State Board of Dental Examiners has been withdrawn, leaving 12 leases for the approval by the Board this morning. Do any of the Members have questions on these items?

Governor: No and I appreciate withdrawing number 12, as I had some questions as it related to that lease with that Board that's going to be reconstituted.

Secretary of State: Governor, I just want to thank your staff again. We sent in questions and they answered us very promptly and I just want to thank them again. I don't need to bring up questions here because they've answered them for us.

Governor: Agreed, I appreciate you saying that and bringing it up. The reason that we do not have an excess of questions at these meetings is that we're each briefed individually and staff always does a remarkable job responding to all questions that we have and thereby reducing questions at our meetings, so it's worked out very well. I appreciate it, thank you. Thank you for acknowledging that.

The Dental Board lease was the only one I had a question on and that one has been withdrawn. Will it go back to the new Dental Board, when it's constituted?

Clerk: Yes, correct.

Governor: Alright. Do we have a motion on the leases?

Attorney General: Move approval, except number 12.

Secretary of State: Second.

Governor: We have a motion and a second for approval of the leases, except number 12. Is there any discussion? Seeing and hearing none, all in favor, signify by saying aye. Are any opposed? The motion passes unanimously.

9. Approval of Proposed Contracts (For possible action)

Governor: Item number 9.

Clerk: There are 52 contracts in agenda item 9 for approval by the Board this morning. Contract #19 with the Department of Education and WestEd has been changed. The last part of that summary has been removed. The part of "and identifying potential changes to existing laws and regulations to increase the efficacy of the PCFM," is not included in this contract; and we wanted that to be on the record. Next, Contract #47, the Charles Day contract, was carried forward from the October meeting of the Board of Examiners due to outstanding questions from the Board and those items have been addressed. Do any of the Members have any additional questions on these items?

Governor: Contract #47, that was the one I had the question that we were paying for travel, it was represented.

Clerk: And we are not.

Governor: And we are not paying for travel.

Clerk: The contract specifically excludes the travel.

Governor: Is there any information as it relates to Contract #41, Zero Fatalities? I know they're doing advertising for it.

Clerk: We have reached out to the agency for some statistics on the Zero Fatalities program and it's my understanding that there is staff available to answer questions.

Amy Davey: Good morning, Governor, Members of the Board. This contract request is for an extension. It was a two-plus-two original contract request. We've had two years under this contract. The Zero Fatalities program is a joint effort between the Department of Public Safety and the Department of Transportation. This vendor supports the outreach and education under the Program. We did provide some backup materials, I apologize, they were rather late, last week. In our backup, we conduct a survey, a market survey and research every year on this contract to determine the effectiveness of the program.

Attachment A

Governor: We don't have that, so can you summarize it for me?

Amy Davey: Yes, sir. I think the important information is that this research study, which is quite lengthy, does show that the Zero Fatalities education and outreach program is having a significant impact on the behavior of the driving public in Nevada. So, we have a slide that is specific to responses from our survey participants, that indicates upwards of 50% of people are saying that because of the messaging and the outreach that this program does, they are changing their driving behaviors, driving more safely, choosing to not drive impaired, choosing to wear their seatbelt, stopping at red lights. That is the basic feedback that we have from folks.

Governor: So, have we quantified the improvement at all?

Amy Davey: Yes, sir and I'll make sure that you have this information. I'm looking at a slide entitled *The Impact of Zero Fatalities on Behavior*. It says respondents living in Clark County were more likely than those in the North to indicate having been influenced by the campaign to do each of the behaviors listed in the survey. Most notably, not driving impaired and not texting or doing other distracting activities while driving. The chart includes a bar graph that shows that. For instance, 68% of Clark County respondents say that the campaign has influenced them not to drive impaired.

Governor: Alright. I do appreciate it. Thank you.

Amy Davey: Thank you, sir.

Governor: That's the only one that I had an issue on there. Questions?

Attorney General: Yes, do we have anyone there to discuss Contract numbers 31, 35 and 51? This is relating to Lyon County School District providing educational services to Caliente, Pershing County providing services at Lovelock and Washoe County School District providing services to the Department of Training, Employment, Training and Rehabilitation (DETR).

Mandi Davis: Good morning, for Contract #31, the Lincoln County School District – this is a contract to continue high school services at our juvenile justice facility at Caliente Youth Center.

Attorney General: I'm wondering if you could just talk to me a little bit about the success of the contract at this point.

Mandi Davis: This contract basically allows the children who are housed at the Caliente Youth Center to attend summer school. So, the school district funds the regular school schedule, the 180 days and this contract supplement their funding so they can provide the extra funding during summer school. I don't have data in front of me as far as graduation rates for that facility but I can get back to you on that part of it if that's what you're looking for.

Attorney General: Yes, that is what I'm looking for. I don't mind approving the contract but I would like follow-up information on the graduation rates.

Mandi Davis: Yes, we can provide that information.

Attorney General: Thank you. Comparable question for Contract #35, Pershing County, helping out the folks over at Lovelock, Corrections.

John Borrowman: Good morning. As you've mentioned, this is a contract with Pershing County. Also, they are providing education to youthful offenders that are incarcerated in the Department of Corrections. They do have, as you know, a huge influence on the success of youthful offenders being able to transition back into the community. I will get back with you on specific graduation rates for this particular contract but this program has absolutely been fundamental. Programming historically has been limited to youthful offenders.

Attorney General: Yes, the data that you will provide, I would like for it to include the high school equivalency exams, not only the graduation rates. So, if you could let me know that as well, I'd appreciate it.

John Borrowman: We will do so, thank you.

Attorney General: Thank you.

Last, if I could, Mr. Governor, a question on Contract #51, Washoe County working with DETR on transitional services for students with disabilities. Is anyone here?

Clerk: There is no representative here.

Governor: Do you want to hold it? Is this time-sensitive?

Attorney General: Alright. I don't mind voting in favor of it but I would like to see what the successes have been on this particular contract. Can we get a similar question to Washoe County on this issue?

Governor: We'll reach out for an answer to those.

Clerk: Absolutely.

Attorney General: Thank you, Mr. Governor.

Governor: Certainly. Any further questions on item number 9? Hearing and seeing none, do I have a motion?

Attorney General: Move for approval.

Secretary of State: Second.

Governor: We have a motion for approval and a second. Is there any discussion? All in favor, signify by saying aye. Any opposed? The motion passes.

10. Approval of Work Plan (For possible action)

Governor: Item number 10, *Approval of Work Plan*.

Clerk: There is one work plan in Agenda item 10 for approval by the Board this morning. Does anybody have any questions on this item?

Governor: I do not.

Attorney General: Move approval.

Governor: We have a motion for approval and a second. Is there any discussion? All in favor, signify by saying aye. The motion passes.

11. Approval of Proposed Master Service Agreements (For possible action)

Governor: Item number 11.

Clerk: There are 9 master service agreements in agenda item 11 for approval by the Board this morning. I would like to add clarification to the items numbered 2 and 5. These are the Diana Keefe Adams and Pride Industries for Job Development services. I would just like to note that these services may include: pre-employment services, such as job seeking skills, resume development, job search assistance, job placement, coaching and advocacy and assistance for individuals with disabilities in the workplace so that they can be successfully employed. That list is not all-inclusive. They might not receive all of the services, just some of the services on the menu of items. With that, do you have any additional questions on any of these items?

Governor: Do we have any questions on item number 11? Do we have a motion?

Secretary of State: Move for approval.

Attorney General: Second.

Governor: We have a motion for approval. Is there any discussion? All in favor, signify by saying aye. The motion passes.

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.

Governor: Item number 12.

Clerk: There were 61 contracts under the \$50,000 threshold approved by the Clerk between September 17, 2019 and October 18, 2019. This item is informational only. Do any of the Members have any questions on any of these items?

Governor: Yes, I do. Do we have a representative for Contract #61 for either the Land Surveyors, Engineering Board, Podiatry Commission Board or the Osteopathic Medicine Board here? This is an information item but the question I have which is more of a 30,000-foot question. It's the lobbying services that I have a question with. I guess this is a Board question and to have the discussion. My concern is we are going to great length with some of the boards and commissions that we have in the State now to root out some of the potential conflicts and problems that might exist. As in the case of the Dental Board, the lobbyists did not do anything to make it more difficult for us to move forward with making a correction on the Dental Board but my concern is that with some of these during the Legislative Session, these same individuals will be testifying against changes to these boards and procedures at the Legislature. We're paying them to testify against what we might want to do.

So, the overall question and in speaking with other governors, more often than not, they are shocked that we pay private lobbyists to lobby the Legislature because most states don't allow this. They do it on their own or one of their members do it and we're lobbying kind of against ourselves here and paying to lobby against ourselves. I don't know where you two stand on this.

Secretary of State: I think one of the questions you asked at a prior meeting that we haven't gotten the answer on is, how much all these agencies are paying.

Governor: Yes, how many there are, right.

Secretary of State: Right and how many there are and I would like to see that but I do think that there is an issue with the State paying for a lobbyist. I agree with you. I think we're one of the few states that allow that but I do think we need and have the right to know who it is and how many there are.

Governor: Right, what happened to the list? We've asked, I know the last couple of meetings for this list of lobbying contracts that are awarded for the various boards and how much they are and who they're awarded to. What happened to that?

Clerk: I have a copy of that list and it was sent to your staff previously as well as, it should've been sent to the other Board Members. I will make sure that you both receive it.

Governor: Thank you. If you could send it out again and we'll all look at it.

Clerk: I would just note that that list may not be all-inclusive. It is only the contracts that have come through this process, so those are the only ones we have, however, we believe that there are others out there that have not sent the contract through to the Board of Examiners like they're supposed to.

Governor: Wait, if they're not sending it through like they're supposed to, we're getting back to the boards here running wild, running without due oversight and that's a problem. That's a real problem. I don't know if they're supposed to send you a list, why they're not doing it.

Clerk: A number of the boards and commissions are required to put their contracts through the Board of Examiners for final approval.

Attorney General: And they're not doing that.

Clerk: Comparing the list that we have to the lobbyists listed on the Nevada Legislature website and who they were lobbying for, the lists don't match up.

Governor: If we could get a copy of those lists.

I'll give an example of the last time – I didn't know we had so many lobbyists working on dry needling, in the last Legislative Session. It ended up being an enormous bill between acupuncturists, doctors, sports teams and everybody was involved with the dry needling issue; and I don't know who was working against whom and for whom and how they got paid and what happened.

Why are they not matching up, I mean, the two lists; because somebody's not reporting them to you.

Clerk: That would be my guess.

Governor: Are boards paying lobbyists without getting approval?

Clerk: Unless they're doing it pro bono. I don't know, I don't have the answer to that question.

Governor: A lot of these lobbyists, well, I don't think they're doing pro bono. That's just a guess.

Attorney General: A question we could consider, Mr. Governor, is whether contracts that have been executed but not approved by this Board can be deemed ineffective or non-effective.

We will look into that to see if we can render null and void contracts that have been executed but not approved. I don't know if that's accurate or not but I'm just thinking out loud here.

I also wanted to mention this component – and Barbara, chime in here, but when we were in the Legislature, I did find it helpful when a board came to lobby, if you will, me as a Legislator on issues affecting that board. Now, if we're not going to have lobbyists doing that, it's going to be imperative that the boards themselves know enough about what's going on.

Governor: Right.

Attorney General: Sometimes the Governor, through the boards, will bring bills that they want to be supported.

Governor: Absolutely.

Attorney General: But there are other times when Legislators bring boards or statutes or legislation that will undercut what the Governor wants or what the board wants or some people that are constituents of the board. In that regard, I could see the reason why they would be lobbying against a bill that the Legislature may want, so to speak.

Governor: Right.

Attorney General: Though, at the end of the day, it's going to be imperative that if we don't have lobbyists doing this that the boards are brought up-to-speed, that they have the right to have folks have an understanding of what's being asked for so that Legislators can make informed decisions on whether they say yes or no and send them to your desk for a signature.

Governor: I think it's a very valid point. We need to get the information one way or another. I'm just troubled by the fact that there's a total lack of transparency on some of this in terms of who's doing the lobbying and I question if the public is being served in the manner that it's being done now because I don't know if anybody even knows how it's being done now. As in, people are coming, representing a board and they're representing a position. I don't know if those positions are voted on. I don't know if those positions aren't just one of the members or the Executive Director that has that position or how that even comes about.

I'm concerned that it's one of the areas that we're going to emphasize as the board development and revamping of this board regulation commission oversight. If we're going to have individual boards that we are paying, lobbying against those changes, that's going to be problematic at the Legislature.

Attorney General: Yes.

Secretary of State: Well, I think all of us and agencies, we come before you ourselves.

Governor: That's different, yes.

Secretary of State: Yes and so, I don't know why they can't come before us. One of the things I want to make sure that we do have is whether or not everybody agrees with what bill it is, we need to know both sides. The reason I say that is because we've listened to testimony on bills and they've said, let's put it in the Secretary of State's Office and nobody's talked to us. So, we have a concern, watching and going in. I do think it's good to have both sides and then to say how it will affect that agency. I think that's very good to have that balance so that you know what's going to happen or what could come forward to us. So, that, I would highly recommend that if you do have an opposition, please come and tell us, let us know what it is. That's where the bill maker should've done their homework.

Governor: Absolutely.

Attorney General: To that point, I recall in the Legislature receiving bills that were brought in good faith by the Executive Branch to address a particular issue, but those who would be required to implement that, i.e., practitioners in the field, ostensibly were not approached about the bill itself and how it would negatively affect their practice. So, we would get lobbied to oppose a bill the Executive Branch had brought but the Executive Branch was bringing it for a very good reason. That back and forth is very important and again, I don't know if this necessarily requires a lobbyist for the board itself, especially if the Executive Branch is instructing the board to do something, to lobby against its own bill so to speak but it's worth a conversation.

The underlying point of contracts having been executed but not been brought to us, I think the first order of business is to ascertain whether we as a Board have an ability to declare those null and void and potentially to, I don't know if we could, recoup fees or not but there's a rabbit hole I think we're going to be going down to figure out what our recourse is as a Board, as Board of Examiners, vis a vis, these lobbying agencies or lobbyists who proceed contracts without our approval.

Governor: I appreciate that. If you could, next agenda, put an agenda item to specifically deal with this. Make sure we all get this list and so we can cross-reference whose lobbying and not had these contracts approved and who is having them approved and what consistency there is in these fees and how these fees are being determined. I have no idea how they've been coming up with the fees and is every board is just doing it on their own and how much we're spending here. I think that'd be beneficial for all of us.

Clerk: Yes, as much as we can; we have no oversight of their budgets.

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, on 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 1st 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 the 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

Governor: 13. *Information item and reports.*

Clerk: So, there are two informational reports under this agenda item.

The first is an informational report regarding lands or interests in lands transferred, sold, exchanged or leased under the Tahoe Basin Act Program as well as a quarterly report on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. These are required pursuant to NRS 321.5954 and Chapter 355, Statutes of Nevada, 1993 respectively.

This report is for the quarter ending September 30, 2019. There was no activity under the Tahoe Basin Act. There were 2 transactions under the Lake Tahoe Mitigation Program resulting in 66 square feet of restored land coverage and 662 square feet of potential land coverage resulting in an increase of \$12,237 for the Nevada Land Bank.

The second item is an informational report on the available balances in the various contingency accounts managed by the Board of Examiners or the Interim Finance Committee. These balances are as of October 17, 2019. These accounts will cover contingencies through the 2019-2021 biennium. I would be happy to answer any questions on the second item.

Governor: Got it. Any questions on item number 13?

Attorney General: These figures, for example, to our Claim Fund, do they include reserves or are these the numbers without reserves?

Clerk: No, these are without reserves. These are the actual available balances that can be spent without any other action.

Attorney General: Alright, thanks.

Governor: That is an information item.

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.

Governor: The last item is item number 14, *Public Comment*. Anyone wishing to address the Board on any item, please step forward, identify yourself for the record. Comments will be limited to three minutes.

Public Comments: Attachment B: David Moore written comments.

Governor: Thank you.

Anyone else wishing to speak during public comment? Thank you.

15. Adjournment (For possible action)

Governor: Do we have a motion to adjourn?

Attorney General: So moved.

Secretary of State: Second.

Governor: We have a motion on the floor, any discussion? All in favor signify by saying aye. We are adjourned, thank you.

Board of Examiner's Meeting 11/12/2019

Attachment A

Campaign Awareness & Influence

Unless otherwise noted, the sample sizes are as follows:

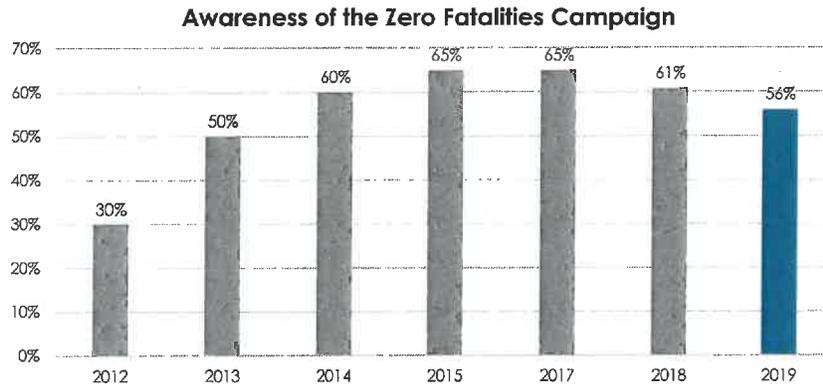
- Overall Sample: n=1026
- South: n=693
- North: n=333

The approximate margin of error for the overall sample is +/-3% at a 95% Confidence Level



Overall Awareness of the Zero Fatalities Campaign

- ▶ 56% of overall survey participants could recall seeing or hearing anything about safe driving in Nevada, or about the Zero Fatalities program, down from 61% in 2018.



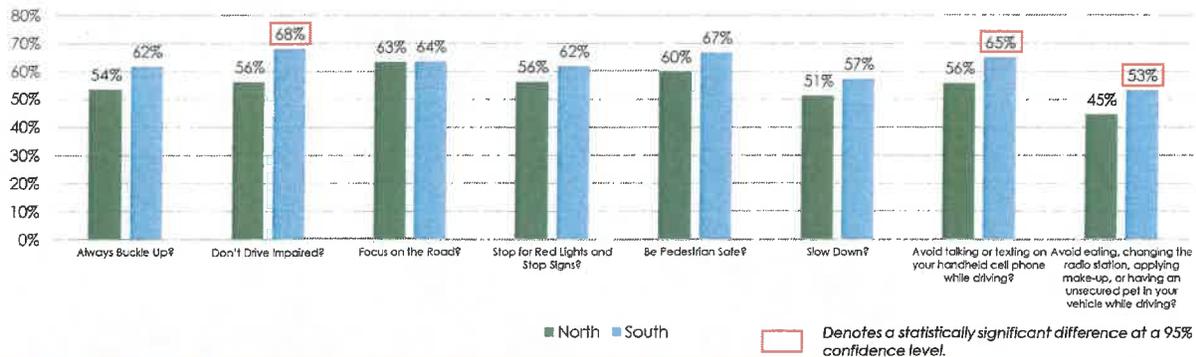
Sample Comments: Recall of Zero Fatalities Campaign

- A commercial and it has to do with the police check points /DUI plus driving impaired and hands free devices
- A sign on the freeway distracting me from looking at the road.
- Ads showing pedestrians being hit by a distracted driver
- Be cautious and distraction free
- Because everyone matters. Ride safe and take necessary precautions when your riding on NV roads
- Being aware of your surroundings and watch your mirrors, be ready for the unexpected.
- Data regarding the number of fatalities while driving in Nevada
- Don't text and drive. Pay attention to the roads. Watch out for pedestrians
- Everyone being responsible while either driving or being a pedestrian. No driving while intoxicated with either alcohol, marijuana or prescription drugs.
- Goal to reach zero death in accidents every year
- Heard something on the radio about not texting and driving.
- How to drive while not being distracted so that no one gets killed on Nevada roads.
- I only remember that I've heard commercials about safe driving and Stop Texts, Stop Wrecks
- It immediately caught my attention because it is trying to make sure that one gets killed as a result of distracted driving
- It's a program to reduce distracted driving with the goal of zero fatalities on Nevada roads.
- Paying attention and keeping an eye out for pedestrians
- Seeing an ad for zero fatalities on TV, and also hearing about it on a podcast I was listening to.
- That it is a program to stop people from driving while on their phones and stop people from driving under the influence
- That it's everyone's responsibility to keep the roads safe. Also the number of pedestrian fatalities.
- That it's an unrealistic goal. This is Vegas and there will always be drunks on the road, and people not paying attention.
- That the state is trying to prevent fatalities statewide by advising drivers of possible distractions while driving.
- That there is more police presence in areas that have a lot of accidents, and more pedestrian friendly crosswalks with flashing lights have been installed.
- The goal is zero fatalities from driving related incidents. Involved stats on reasons for injuries and deaths i.e. no seat belts, cellphone usage, dwt
- To keep your eyes on the road and to wear your seatbelt. Also, impaired driving should be avoided and there should be a designated driver.
- To be on the lookout for both drivers and pedestrians as both are fatal if we don't pay attention we could be in that category
- Twitter feed from LVMPD
- Watch out for pedestrians and pull over a lane for emergency vehicles
- We need to work harder to keep our roads safe. Be aware. Don't drink and drive. Watch for pedestrians. Pedestrians use crosswalks. Slow down. Don't text and drive.
- Zero fatalities on Nevada roadways. Includes drivers, pedestrians, and bicyclists

Impact of Zero Fatalities on Behavior

- ▶ Respondents living in the South (Clark County) were more likely than those in the North to indicate having been influenced by the campaign to do each of the behaviors listed in the survey, most notably not driving impaired, and not texting or doing other distracting activities while driving.

Has the Zero Fatalities campaign influenced you to:
(Top Score only – "Definitely")



Board of Examiner's Meeting 11/12/2019

Attachment B

Good afternoon,

my name is David Moore...

And while I am somewhat pleased...

by the terminations and resignations of the Dental Board...

We have an opportunity here...

to create the gold-standard...

for licensing boards nationwide.

A gold standard that makes public safety,

the prime directive for *OUR* public servants.

And I gotta say...

I didn't hear much about...

patient and consumer protection...

during the Audit Committee-Meeting the other day...

And while tax revenues are vital...

The question remains,

what *IS...* our **standard of care?**

Well, with 'medical error'...

as the 3rd leading cause of death...

And with 90% of all healthcare dollars,

being spent on the last three years of life...

We have created a medical system...

of blood sucking vampires.

That's right. A system where...

Hospitals, Big Pharma, and the Medical Device Industry...

are bankrupting our citizens, and our country.

But it's so much worse than that...

The suffering... the pain... the agony...

of being experimented-on...

during the last 3-years of your life...

is absolutely horrendous.

WE MUST AWAKEN FROM OUR SLUMBER...

We are being Crucified by the hundreds of thousands...

But since they are profiteering off-of our old people...

we turn the other way,

so as to deny our own mortality...

But this Nazi-esque eugenics program...

is destroying the soul of our country.

We have become cattle to be fed upon...

Our Higher-Education Systems....

have been corrupted by the Research Money...

Our Hospitals are Run by Sell-Out Administrators...

Our Surgeons believe they are God-incarnate...

And our Petrochemical Pharmaceuticals...

are killing us in droves...

We must take back our democracy...

We must create a more delegative democracy.

We cannot let our old people become Cannon-fodder.

...But guess what people.

The Medical Profession is **SO** soulless...

That these young doctors...

actually believe the Corrupted Research...

that has been presented to them...

How does a **pharmaceutical**...

That works only 30% of the time...

Get **prescribed** with so many side effects?

How do we let an **experimental procedure**...

with an **unproven medical device**...

that demonstrates an **increased mortality rate**,

get performed thousands of times a day?

The evidence is clear and convincing...

And thus, we cannot repeat...

the short-sighted mistakes... of other states...

We are Nevadans. Battle Born.

It is up to US... to set the standard of care.

We cannot let **centralized,**
top-down hierarchal structures...
create a concentration-of-power.

We must enact a Diversity-initiative...
while creating a more Delegative-democracy...
That insures the separation of church and state.

I for one... don't wish to replicate...

the Mormon run state of Utah...

Where so many residents work for the State in some way....

Nor do I wish to replicate...

The Police State of Colorado...

Where White-Supremacy is so blatant.

We are a Diverse State...

Our governing bodies should reflect that diversity.

Thank you for your honorable efforts.

I am grateful for the integrity of your characters.

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 | Fax: (775) 684-0260

Date: October 17, 2019

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

From: Heather Field, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

A handwritten signature in blue ink, appearing to be "H. Field", written over the "From:" 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 ADMINISTRATION – FLEET SERVICES

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Administration Services – Fleet Services Division requests approval to purchase 1 new fleet vehicle for a total amount not to exceed \$43,402 during Fiscal Year 2020.

Additional Information:

Funding for new fleet vehicles was provided by Assembly Bill 501 of the 2019 legislative session. This request reflects the authorization to purchase 1 handicap van for the transport of clients residing at the Desert Regional Center. During the 2019 Legislative Session Desert Regional Center was approved to replace an agency owned van, used at the Intermediate Care Facility for the Intellectually Disabled, with a Fleet Services vehicle. The vehicle will be used to transport individuals to their day programs and activities.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: 
ACTION ITEM: _____



R O Bus Sales

2701 Westwood Drive
 Las Vegas, NV 89109
 Phone/Fax: 702-798-0029 702-798-0559

Retail Buyer's Order & Invoice	
Date:	9/25/2019
Sales Mgr.	Joe Machin
Sales Person:	Greg Knowles
Stock #:	TBD
VIn No.	TBD

Sold to:	State of Nevada Dept. of Administration
Address:	
City/ST/Zip:	Reno NV.
Phone:	775-684-1833
Delivered to:	Robbie Burgess
Address:	
City/ST/Zip:	
Email:	

Vehicle Specifications and Major Components Sold:					
Type	Year	Manufacturer	Model	Description	Amount
Van	2019	Dodge	Caravan	5 Passenger	42,902.00
					-
					-
					-

2019 Dodge Grand Caravan 5 Passenger W/ 2 Wheelchair Positions and Side Entry Ramp 30 In Width. Removable Front Passenger Seat, Altro Floor, Back-Up Alarm, Interlock System, 2 Tie Down Securements w/ Shoulder Harness, 2 Seat Belt Extensions, Rear Emergency Release Cable, Flip Seat Two Passenger Freedman Seat Behind Driver Seat. Safety Package Includes: Fire Extinguisher, Belt Cutter, & First Aid Kit.

Sales Price:	\$	42,902.00	
Freight - subject to change		INCLUDED	
Mobility Rebate		N/A	<input type="checkbox"/> RO Limited Warranty (30 Days) (Check Box)
GPC Discount		N/A	<input checked="" type="checkbox"/> Factory Certified Warranty (Check Box)
2019 Increase			<input type="checkbox"/> As Is, No Warranty (Check Box)
Subtotal		\$42,902.00	
Subtotal		\$42,902.00	
DMV Title		\$29.25	
Doc Fee		\$470.75	
Sales Tax 8.25%		TBD	
Down Payment Each Bus			5% Deposit non-refundable
Balance Due		\$43,402.00	Make Check Payable to: R O Bus Sales

It is agreed and understood that no warranties of any kind or character, either expressed or implied are made by you of and concerning the vehicle to be delivered to me, other than the usual dealer's warranties if any. In the event of increase in price by manufacturer before delivery I agree to pay the difference in price. No other agreement, promise, or understanding of any kind pertaining to this purchase will be recognized except a conditional sale contract in writing executed by the undersigned buyer, as purchaser thereunder.

This order is not valid unless signed and accepted by dealer and approved by responsible Finance Company as to deferred balance.

This offer shall be void in event of war, strikes, conditions preventing delivery by the manufacturer or other conditions beyond the control of the Company. At the option of the company, in event of the happening of any said events, the terms and conditions of

The undersign purchaser hereby offers to purchase from R O Bus Sales the vehicle(s) listed above under the terms specified. this sale shall be readjusted. I expressly ordered the accessories installed on this vehicle.

State of Nevada Dept. of Administration

DISCLAIMER OF WARRANTIES

The Seller, RO BUS SALES, Hereby Expressly Disclaims All Warranties, Either Expressed or Implied, Including Any Implied Warranty Merchantability of Fitness For A Particular Purpose, and RO BUS SALES Neither Assumes Nor Authorizes Any Other Person To Assume For It Any Liability In

 Purchaser's Signature
 By: RO Bus Sales

 Purchaser Name
 Joe Machin
 Sales Manager Name

Date

Date

THE SIGNER OF THE ABOVE AGREEMENT MUST BE AUTHORIZED TO SIGN ON BEHALF OF THE PURCHASING ENTITY AND OR INDIVIDUAL



**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 | Fax: (775) 684-0260

Date: November 12, 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 WATER RESOURCES**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Division requests approval to purchase one new vehicle and six replacement vehicles not to exceed \$199,921.

Additional Information:

This request is to purchase one new vehicle and six vehicles to replace current vehicles that comply with the Vehicle Replacement Policy of SAM 1316.

The Division received vehicle funding of \$200,721 for the FY20-FY21 Biennium in one-shot appropriations pursuant to Senate Bill 509 of the 2019 Legislative Session and in decision units E-353 and E-712 shown in Table 1 below.

Funding Sources		
One-Shot	SB 509	
BA 4171	E-714	\$115,554
BA 4171	E-353	\$27,495
BA 4171	E-712	\$57,672
Total	\$200,721	

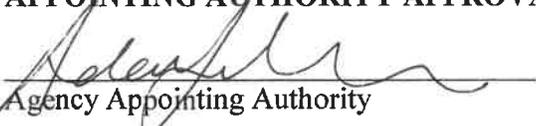
Table 1: Funding source for Water Resources vehicle purchases.

Statutory Authority:

NRS 334.010

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

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

Agency Name: Division of Water Resources	Budget Account #: 4171
Contact Name: Brandi Re, Management Analyst III	Telephone Number: 775-684-2873
<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>Number of vehicles requested: <u>7</u> Amount of the request: <u>\$ 199,921.00</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>See attached spreadsheet</u></p> <p>Mission of the requested vehicle(s): <u>To support agency programs and mission.</u></p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: E712, E714 and E353, <u>SB509</u></p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input checked="" type="checkbox"/> <u>1</u> Addition(s) <input checked="" type="checkbox"/> <u>6</u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1314? If not, please explain. Yes</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: <u>See attached spreadsheet</u> Type of Vehicle: _____</p> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: _____</p> <p><i>Please attach an additional sheet if necessary</i></p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes</p> <p>_____</p> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p> <p>_____</p>
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><u></u> <u>Deputy Administrator</u> <u>11/5/19</u> Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ _____ Board of Examiners Date</p>	

DCNR - Division of Water Resources, Budget Account 4171
 Fiscal Year 2020, New and Replacement Vehicle Request Summary

11/5/2019

Location	Budget Account	Decision Unit	SAM 1314 SAM 1316 Compliant	Vehicle Request	Replacement Vehicle Plate #, Year, Mileage	Requested Purchase Amt	Leg Approved Amt	Remaining
1 Las Vegas	4171/20	E714 - SB509	YES / YES	2020 Chevrolet Silverado	EX 50281, 2006 Chevrolet Silverado, 101,511 miles	\$28,853.00	\$29,046.00	\$193.00
2 Elko	4171/20	E714 - SB509	YES / YES	2020 Chevrolet Silverado	EX 56302, 2008 Chevrolet Silverado, 164,246 miles	\$28,853.00	\$28,836.00	-\$17.00
3 Elko	4171/20	E714 - SB509	YES / YES	2020 Chevrolet Silverado	EX 50279, 2006 Chevrolet Silverado, 145,794 miles	\$28,853.00	\$28,836.00	-\$17.00
4 Carson City	4171/20	E714 - SB509	YES / YES	2020 Chevrolet Colorado	EX 19488, 2006 Chevrolet Silverado, 141,355 miles	\$28,901.00	\$28,836.00	-\$65.00
Total December BOE Request						\$115,460.00	\$115,554.00	\$94.00
Total Approved Funding								

Funding Sources	
One-Shot Appropriation	E714
	\$115,554.00

Location	Budget Account	Decision Unit	SAM 1314 & SAM 1316 Compliant	Vehicle Request	Replacement Vehicle Plate #, Year, mileage	Requested Purchase Amt	Leg Approved Amt	Remaining
1 Carson City	4171/05	E353	YES / N/A New	2020 Chevrolet Equinox	New position/new vehicle	\$25,797.00	\$27,495.00	\$1,698.00
2 Carson City	4171/05	E712	YES / YES	2020 Chevrolet Colorado	EX 32249, 2008 Chevrolet Silverado, 153,944 miles	\$28,901.00	\$28,836.00	-\$65.00
3 Carson City	4171/05	E712	YES / YES	2020 Chevrolet Silverado w/Tow Pkg.	EX 32250, 2008 Chevrolet Silverado, 157,120 miles	\$29,763.00	\$28,836.00	-\$927.00
Total December BOE Request						\$84,461.00	\$85,167.00	\$706.00
Total Approved Funding								

Funding Sources	
Legislatively Approved	E353
	\$27,495.00
	E712
	\$57,672.00
Total	
	\$85,167.00

Total Request =	\$199,921.00
------------------------	---------------------

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.

Vehicle Item No., Make, Model & No.:	2020 Chevrolet Silverado 1500 (CK10753) 4WD Double Cab Work Pick up Truck			
Dealer Name:	Michael Hohl Motors			
Delivery Location:	Carson City, Nevada			
Vehicle Colors:	Exterior: Summit White	Interior: Jet Black Trim	X Cloth <input type="checkbox"/> Vinyl	
QUOTE WORKSHEET - ATTACHMENT AA	Quantity	Unit Cost	Total Cost	
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 37,095	\$ 37,095.00	
SPECIFY OPTIONS: (description)	1	\$ 3,010.00	\$ 40,105.00	
Code G80 – Differential, HD locking rear	1	\$ 395.00		
Code BAQ – Work Truck Package	1	\$ 175.00		
Code ZLQ – WT Fleet Convenience Package	1	\$ 695.00		
Code R9Y – Fleet Free Maintenance Credit	1	\$ <45.00>		
Code L82 – Engine, 5.3L EcoTech3 V8	1	\$ 1,395.00		
Code RC5 – Tires, LT265/70R17C all-terrain	1	\$ 395.00		
		\$		
		\$		
LESS CUSTOMER DISCOUNT:		\$ <11,252.00>		\$ <11,252.00>
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A		\$ N/A
Total purchase price with options		\$ 28,853.00	\$ 28,853.00	
DMV Title and DRS Fee's		\$29.25	\$ 28,882.25	
GRAND TOTAL:			\$ 28,882.25	

Registered Owner:	Agency Name & Address: Nevada Division of Water Resource 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Brandi Ré, Management Analyst III 775-684-2863 bre@water.nv.gov

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.

Vehicle Item No., Make, Model & No.:	2020 Chevrolet Silverado 1500 (CK10753) 4WD Double Cab Work Pick up Truck			
Dealer Name:	Michael Hohl Motors			
Delivery Location:	Carson City, Nevada			
Vehicle Colors:	Exterior: Summit White	Interior: Jet Black Trim	X Cloth <input type="checkbox"/> Vinyl	
QUOTE WORKSHEET - ATTACHMENT AA	Quantity	Unit Cost	Total Cost	
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 37,095	\$ 37,095.00	
SPECIFY OPTIONS: (description)	1	\$ 3,010.00	\$ 40,105.00	
Code G80 – Differential, HD locking rear	1	\$ 395.00		
Code BAQ – Work Truck Package	1	\$ 175.00		
Code ZLQ – WT Fleet Convenience Package	1	\$ 695.00		
Code R9Y – Fleet Free Maintenance Credit	1	\$ <45.00>		
Code L82 – Engine, 5.3L EcoTech3 V8	1	\$ 1,395.00		
Code RC5 – Tires, LT265/70R17C all-terrain	1	\$ 395.00		
		\$		
		\$		
LESS CUSTOMER DISCOUNT:		\$ <11,252.00>		\$ <11,252.00>
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A		\$ N/A
Total purchase price with options		\$ 28,853.00	\$ 28,853.00	
DMV Title and DRS Fee's		\$29.25	\$ 28,882.25	
GRAND TOTAL:			\$ 28,882.25	

Registered Owner:	Agency Name & Address: Nevada Division of Water Resource 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
County Vehicle Based In:	Elko County
Name & Phone of Person to contact when vehicle is ready for delivery:	Brandi Ré, Management Analyst III 775-684-2863 bre@water.nv.gov

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.

Vehicle Item No., Make, Model & No.:	2020 Chevrolet Silverado 1500 (CK10753) 4WD Double Cab Work Pick up Truck			
Dealer Name:	Michael Hohl Motors			
Delivery Location:	Carson City, Nevada			
Vehicle Colors:	Exterior: Summit White	Interior: Jet Black Trim	X Cloth <input type="checkbox"/> Vinyl	
QUOTE WORKSHEET - ATTACHMENT AA	Quantity	Unit Cost	Total Cost	
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 37,095	\$ 37,095.00	
SPECIFY OPTIONS: (description)	1	\$ 3,010.00	\$ 40,105.00	
Code G80 – Differential, HD locking rear	1	\$ 395.00		
Code BAQ – Work Truck Package	1	\$ 175.00		
Code ZLQ – WT Fleet Convenience Package	1	\$ 695.00		
Code R9Y – Fleet Free Maintenance Credit	1	\$ <45.00>		
Code L82 – Engine, 5.3L EcoTech3 V8	1	\$ 1,395.00		
Code RC5 – Tires, LT265/70R17C all-terrain	1	\$ 395.00		
		\$		
		\$		
LESS CUSTOMER DISCOUNT:		\$ <11,252.00>		\$ <11,252.00>
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A		\$ N/A
Total purchase price with options		\$ 28,853.00	\$ 28,853.00	
DMV Title and DRS Fee's		\$29.25	\$ 28,882.25	
GRAND TOTAL:			\$ 28,882.25	

Registered Owner:	Agency Name & Address: Nevada Division of Water Resource 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
County Vehicle Based In:	Elko County
Name & Phone of Person to contact when vehicle is ready for delivery:	Brandi Ré, Management Analyst III 775-684-2863 bre@water.nv.gov

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.

Vehicle Item No., Make, Model & No.:	2020 Chevrolet Colorado (12M42) Crew Cab Pick up Truck		
Dealer Name:	Michael Hohl Motors		
Delivery Location:	Carson City, Nevada		
Vehicle Colors:	Exterior: Summit White	Interior: Jet Black/Dark Ash Trim	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
QUOTE WORKSHEET - ATTACHMENT AA	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 32,795	\$ 32,795.00
SPECIFY OPTIONS: (description)	1	\$ 2,579.25	\$ 35,374.25
Code 19329977 – Gull Wing Tool Box GM	1	\$ 408.00	
Code 5HI – Key equipment, two additional keys for single key system	1	\$ 20.00	
Code G80 – Differential, automatic locking rear	1	\$ 325.00	
Code JL1 – Trailer brake controller, integrated	1	\$ 230.00	
Code Z82 – Trailering Package, heavy duty	1	\$ 250.00	
Code VK3 – License plate kit, front	1	\$ 40.00	
Code PCN – WT Convenience Package	1	\$ 530.00	
Code PCX – Work Truck Appearance Package	1	\$ 435.00	
Code PCV – LPO, Performance Skid Plate Package	1	\$ 375.00	
Code R9Y – Fleet Free Maintenance Credit	1	\$ <33.75>	

LESS CUSTOMER DISCOUNT:		\$ <6,473.25.>	\$ <6,473.25>
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A	\$ N/A
Total purchase price with options		\$ 28,901.00	\$ 28,901.00
DMV Title and DRS Fee's		\$29.25	\$ 28,930.25
GRAND TOTAL:			\$ 28,930.25

Registered Owner:	Agency Name & Address: Nevada Division of Water Resource 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
County Vehicle Based In:	Carson County
Name & Phone of Person to contact when vehicle is ready for delivery:	Brandi Ré, Management Analyst III 775-684-2863 bre@water.nv.gov

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.

Vehicle Item No., Make, Model & No.:	2020 Chevrolet Equinox (1XY26) AWD 4dr LT w/2LT		
Dealer Name:	Michael Hohl Motors		
Delivery Location:	Carson City, Nevada		
Vehicle Colors:	Exterior: Summit White	Interior: Medium Ash Gray Premium Trim	X Cloth <input type="checkbox"/> Vinyl
QUOTE WORKSHEET - ATTACHMENT AA	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 32,795	\$ 32,795.00
SPECIFY OPTIONS: (description)	1	\$ 6.25	\$ 32,801.25
Code VK3 – Licensee plate front mounting package	1	\$ 40.00	
Code R9Y – Fleet Free Maintenance Credit	1	\$ <33.75>	
LESS CUSTOMER DISCOUNT:		\$ <7,004.25>	\$ <7,004.25>
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A	\$ N/A
Total purchase price with options		\$ 25,797.00	\$ 25,797.00
DMV Title and DRS Fee's		\$29.25	\$ 25,826.25
GRAND TOTAL:			\$ 25,826.25

Registered Owner:	Agency Name & Address: Nevada Division of Water Resource 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
County Vehicle Based In:	Carson County
Name & Phone of Person to contact when vehicle is ready for delivery:	Brandi Ré, Management Analyst III 775-684-2863 bre@water.nv.gov

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.

Vehicle Item No., Make, Model & No.:	2020 Chevrolet Colorado (12M42) Crew Cab Pick up Truck		
Dealer Name:	Michael Hohl Motors		
Delivery Location:	Carson City, Nevada		
Vehicle Colors:	Exterior: Summit White	Interior: Jet Black/Dark Ash Trim	X Cloth <input type="checkbox"/> Vinyl
QUOTE WORKSHEET - ATTACHMENT AA	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 32,795	\$ 32,795.00
SPECIFY OPTIONS: (description)	1	\$ 2,579.25	\$ 35,374.25
Code 19329977 – Gull Wing Tool Box GM	1	\$ 408.00	
Code 5HI – Key equipment, two additional keys for single key system	1	\$ 20.00	
Code G80 – Differential, automatic locking rear	1	\$ 325.00	
Code JL1 – Trailer brake controller, integrated	1	\$ 230.00	
Code Z82 – Trailering Package, heavy duty	1	\$ 250.00	
Code VK3 – License plate kit, front	1	\$ 40.00	
Code PCN – WT Convenience Package	1	\$ 530.00	
Code PCX – Work Truck Appearance Package	1	\$ 435.00	
Code PCV – LPO, Performance Skid Plate Package	1	\$ 375.00	
Code R9Y – Fleet Free Maintenance Credit	1	\$ <33.75>	

LESS CUSTOMER DISCOUNT:		\$ <6,473.25.>	\$ <6,473.25>
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A	\$ N/A
Total purchase price with options		\$ 28,901.00	\$ 28,901.00
DMV Title and DRS Fee's		\$29.25	\$ 28,930.25
GRAND TOTAL:			\$ 28,930.25

Registered Owner:	Agency Name & Address: Nevada Division of Water Resource 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
County Vehicle Based In:	Carson County
Name & Phone of Person to contact when vehicle is ready for delivery:	Brandi Ré, Management Analyst III 775-684-2863 bre@water.nv.gov

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.

Vehicle Item No., Make, Model & No.:	2020 Chevrolet Silverado 1500 (CK10753) 4WD Double Cab Work Pick up Truck		
Dealer Name:	Michael Hohl Motors		
Delivery Location:	Carson City, Nevada		
Vehicle Colors:	Exterior: Summit White	Interior: Jet Black Trim	X Cloth <input type="checkbox"/> Vinyl
QUOTE WORKSHEET - ATTACHMENT AA	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 37,095	\$ 37,095.00
SPECIFY OPTIONS: (description)	1	\$ 3,920.00	\$ 41,015.00
Code G80 – Differential, HD locking rear	1	\$ 395.00	
Code A2X – Seat adjuster, driver 10-way Power including lumbar	1	\$ 290.00	
Code KI4 – Power outlet, instrument panel, 120-volt	1	\$ 225.00	
Code BAQ – Work Truck Package	1	\$ 175.00	
Code Z82 – Trailering Package	1	\$ 395.00	
Code ZLQ – WT Fleet Convenience Package	1	\$ 695.00	
Code R9Y – Fleet Free Maintenance Credit	1	\$ <45.00>	
Code L82 – Engine, 5.3L EcoTech3 V8	1	\$ 1,395.00	
Code RC5 – Tires, LT265/70R17C all-terrain	1	\$ 395.00	
		\$	
		\$	
LESS CUSTOMER DISCOUNT:		\$ <11,252.00>	\$ <11,252.00>

DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ N/A	\$ N/A
Total purchase price with options		\$ 29,763.00	\$ 29,763.00
DMV Title and DRS Fee's		\$29.25	\$ 29,792.25
GRAND TOTAL:			\$ 29,792.25

Registered Owner:	Agency Name & Address: Nevada Division of Water Resource 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite # 2002 Carson City, NV 89701
County Vehicle Based In:	Carson County
Name & Phone of Person to contact when vehicle is ready for delivery:	Brandi Ré, Management Analyst III 775-684-2863 bre@water.nv.gov

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 | Fax: (775) 684-0260

Date: November 8, 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, requests authority to contract with former employee Baron Bement to perform uniformed security duties on a full-time basis. The employee will be hired through Master Service Agreement #19049, with Universal Protection Service, DBA Allied Universal Security.

Additional Information:

Capitol Police does not have the resources to provide uniformed security and security vehicle patrol services for all agencies requiring such services and relies on contract staff to meet the agencies' needs. Mr. Bement left state service on August 31, 2018 from the Department of Corrections and possesses the requisite law enforcement training to perform the duties needed. The division requests to contract with Mr. Bement through September 5, 2020.

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:	Baron Bement
Former Employee ID Number:	32206
Former Job Title:	Correctional Officer
Former Employee Agency:	NDOC
Former Class and Grade:	34-9
Former Employment Dates:	11-2003 to 8-2018
Contracting Agency:	Allied Universal Security
Please check which of the following applies:	
<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.	
a. Summarize scope of contract work.	
This contract provides uniformed security guards to various State agencies. The guards may be armed or un-armed depending on the agency's needs. It also provides for Vehicle Patrols, as well as, Random Marked Vehicle Stops.	
b. Document former job description.	
Safety and Security for the Department of Corrections.	
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	
Yes, these are individual with law enforcement training.	
No, there is no clause in the contract for the transfer of the specialized knowledge of the contracting agency and a time frame for the transfer.	
d. Explain why existing State employees within your agency cannot perform this function.	
Capitol Police does not have the resources to perform this service for all agencies needing this type of service.	

<p>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.</p>
<p>No</p>
<p>f. List contractor's hourly rate.</p>
<p>\$17.00</p>
<p>g. List the range of comparable State employee wages.</p>
<p>\$23.03-\$34.25 per hour</p>
<p>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?</p>
<p>Not Applicable</p>
<p>i. Document justification for hiring contractor.</p>
<p>There are a limited number of individuals available with the appropriate law enforcement experience.</p>
<p>j. Will the employee be collecting PERS at any time during the contract?</p>
<p>Yes</p>
<p>k. What is the duration of the contract with the former employee? (include start and end date)</p>
<p>Start Date – December 11, 2019 End Date – September 5, 2020</p>
<p>l. Will the former employee be working FT/PT? If PT how many hours</p>
<p>FT</p>

Comments:

Kevin D. Doty _____ *10/30/19*

Contracting Agency Head's Signature and Date

Sharon Tilley _____ *11-8-19*

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

October 30, 2019

MEMORANDUM

To: Shauna Tilley

From: Annette Morfin, Purchasing Officer *am*

Subject: CETS Contract 19049 – Universal Protection Service, LLC, / Allied Universal Security Services
RFP 3455 – Uniformed Security Guards



Please find attached a copy of the "Authorization to Contract with a Former Employee" for Baron Bement who Allied Universal Security Services wants to hire. Allied Universal Security Services is aware he would not be able to start with them until approval of the December BOE.

Baron Bement recently left state service and is within the two (2) year window. He is currently receiving benefits from PERS.

If you have any questions, please contact me at 684-0185 or amorfin@admin.nv.gov

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 | Fax: (775) 684-0260

Date: November 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, requests authority to contract with former employee Brian Henley to perform uniformed security duties on a full-time basis. The employee will be hired through Master Service Agreement #19049, with Universal Protection Service, DBA Allied Universal Security.

Additional Information:

Capitol Police does not have the resources to provide uniformed security and security vehicle patrol services for all agencies requiring such services and relies on contract staff to meet the agencies' needs. Mr. Henley retired from state service on October 28, 2019 from the Department of Corrections and possesses the requisite law enforcement training to perform the duties needed. The division requests to contract with Mr. Bement through November 5, 2021.

Statutory Authority:

NRS 333.705 (1)

<p>REVIEWED:  _____</p> <p>ACTION ITEM: _____</p>
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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:	Brian Henley
Former Employee ID Number:	14931
Former Job Title:	Correctional Officer
Former Employee Agency:	NDOC
Former Class and Grade:	34-10
Former Employment Dates:	2-4-1995 to 7-28-2017. Retired worked Critical Need at Lovelock prison 11-6-2017 to 11-03-2019
Contracting Agency:	Allied Universal Security
Please check which of the following applies:	
<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-1 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-1 below.	
a. Summarize scope of contract work.	
This contract provides uniformed security guards to various State agencies. The guards may be armed or un-armed depending on the agency's needs. It also provides for Vehicle Patrols, as well as, Random Marked Vehicle Stops.	
b. Document former job description.	
Safety and Security for the Department of Corrections.	
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	
Yes, these are individual with law enforcement training.	
No, there is no clause in the contract for the transfer of the specialized knowledge of the contracting agency and a time frame for the transfer.	
d. Explain why existing State employees within your agency cannot perform this function.	
Capitol Police does not have the resources to perform this service for all agencies needing this type of service.	

<p>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.</p>
<p>No</p>
<p>f. List contractor's hourly rate.</p>
<p>\$17.00</p>
<p>g. List the range of comparable State employee wages.</p>
<p>\$23.03-\$34.25 per hour</p>
<p>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?</p>
<p>Not Applicable</p>
<p>i. Document justification for hiring contractor.</p>
<p>There are a limited number of individuals available with the appropriate law enforcement experience.</p>
<p>j. Will the employee be collecting PERS at any time during the contract?</p>
<p>Yes</p>
<p>k. What is the duration of the contract with the former employee? (include start and end date)</p>
<p>Start Date: December 11, 2019 End Date: November 5, 2021</p>
<p>l. Will the former employee be working FT/PT? If PT how many hours</p>
<p>FT</p>

Comments:

Kevin D. Doty

10/30/19

Contracting Agency Head's Signature and Date

Sharon Terry

11-8-19

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

October 30, 2019

MEMORANDUM

RECEIVED

OCT 30 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

To: Shauna Tilley

From: Annette Morfin, Purchasing Officer

Subject: CETS Contract 19049 – Universal Protection Service, LLC, / Allied Universal Security Services
RFP 3455 – Uniformed Security Guards

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Brian Henley who Allied Universal Security Services wants to hire. Allied Universal Security Services is aware he would not be able to start with them until approval of the December BOE.

Brian Henley recently left state service and is within the two (2) year window. He is currently receiving benefits from PERS.

If you have any questions, please contact me at 684-0185 or amorfin@admin.nv.gov

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 | Fax: (775) 684-0260

Date: November 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, requests authority to contract with former employee Jeffrey Moses to perform uniformed security duties on a full-time basis. The employee will be hired through Master Service Agreement #19049, with Universal Protection Service doing business as Allied Universal Security.

Additional Information:

Capitol Police does not have the resources to provide uniformed security and security vehicle patrol services for all agencies requiring such services and relies on contract staff to meet the agencies' needs. Mr. Moses will retire from state service on January 12, 2020 from the Department of Corrections and possesses the requisite law enforcement training to perform the duties needed. The division requests to contract with Mr. Moses from his retirement through January 13, 2022.

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:	Jeffrey Moses
Former Employee ID Number:	11810
Former Job Title:	Correctional Officer
Former Employee Agency:	NDOC
Former Class and Grade:	34-10
Former Employment Dates:	7-3-1993 to 1-12-2020
Contracting Agency:	Allied Universal Security
Please check which of the following applies:	
<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.	
a. Summarize scope of contract work.	
<p>This contract provides uniformed security guards to various State agencies. The guards may be armed or un-armed depending on the agency's needs. It also provides for Vehicle Patrols, as well as, Random Marked Vehicle Stops.</p>	
b. Document former job description.	
<p>Safety and Security for the Department of Corrections.</p>	
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?	
<p>Yes, these are individual with law enforcement training.</p>	
<p>No, there is no clause in the contract for the transfer of the specialized knowledge of the contracting agency and a time frame for the transfer.</p>	
d. Explain why existing State employees within your agency cannot perform this function.	
<p>Capitol Police does not have the resources to perform this service for all agencies needing this type of service.</p>	

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](#).

No

f. List contractor's hourly rate.

\$17.00

g. List the range of comparable State employee wages.

\$23.03-\$34.25 per 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?

Not Applicable

i. Document justification for hiring contractor.

There are a limited number of individuals available with the appropriate law enforcement experience.

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)

State Date: January 13, 2020
End Date: - January 13, 2022

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

FT

Comments:

Kevin D. Doty

11/1/19

Contracting Agency Head's Signature and Date

Shawn [unclear]

11-8-19

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

November 1, 2019

MEMORANDUM

RECEIVED

NOV - 1 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

To: Shauna Tilley

From: Annette Morfin, Purchasing Officer *am*

Subject: CETS Contract 19049 – Universal Protection Services, LLC / Allied Universal Security Services
RFP 3455 – Uniformed Security Guards

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Jeffrey Moses who Allied Universal Security Services wants to hire. Allied Universal Security Services is aware he would not be able to start with them until approval of the December BOE.

Jeffrey Moses will be retiring from the State on January ¹² 2020 and plans on immediately begin working for Universal Protection. He is within the two (2) year window. He will be receiving benefits from PERS.

If you have any questions, please contact me at 684-0185 or amorfin@admin.nv.gov

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 | Fax: (775) 684-0260

Date: November 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, requests authority to contract with former employee Wanda Nixon to provide Tuberculosis cases management services on a part-time basis.

This item relates to contract # 22516 on this agenda, which must not be approved if this item is not approved.

Additional Information:

Ms. Nixon retired as a Community Health Nurse II in the Department of Health and Human Services, Division of Public and Behavioral Health on May 11, 2019. The Division provides oversight of local Tuberculosis programs which requires skilled nurses with specialized knowledge, and the division has difficulty filling these positions, particularly in rural areas. With vacancies and recent turnover, the division needs experienced staff to assist in protecting the public and meeting program goals. Ms. Nixon will work no more than 10 hours per week, through August 2020.

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:	Wanda Nixon, RN
Former Employee ID Number:	40947
Former Job Title:	Community Health Nurse 2
Former Employee Agency:	Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH), Community Health Services (CHS)
Former Class and Grade:	10.377, Grade 39, Step 10
Former Employment Dates:	03/24/2008 through 05/10/19
Contracting Agency:	Contractor Service Agreement with State of Nevada
Please check which of the following applies:	
<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.	
a. Summarize scope of contract work.	
<p>Tuberculosis (TB) is a complex and contagious disease with significant health consequences to individuals and the communities. To meet the intent of the Memorandum of Understanding (MOU) the subject matter expert has extensive specialized training, knowledge, skills, and abilities to manage the requirements outlined:</p> <ul style="list-style-type: none"> *Identify, track, and report all individuals with suspected or confirmed active tuberculosis (TB) and latent tuberculosis infection (LBTI) in children less than 5 years of age *care management and referrals for follow up and treatment; contact investigations, screenings, diagnoses and treatment *Monitor positive sputum cultures to verify conversion within 60 days *Physician consultation for treatment of multi-drug resistant or complex laboratory cases *Respond to 100% of individuals detained or traveling in Nevada from states who border Mexico within 48 Hours *Comply with all international and binational TB quarantine efforts *Cohort reviews *Maintain electronic reports of a verified case of tuberculosis (RVCT) in National Electronic Disease Surveillance Based System (NBS) *Collaborate with Nevada State Public Health Laboratory to ensure genotyping of at least one isolate from each person with culture positive TB *Immigrant and refugee examinations, screening, and treatment *Education and outreach on the identification of high-risk groups, reporting requirements, updates on testing and treatments *Provide training and education to state staff, providers, and community partners to increase knowledge regarding diagnosis, treatment, and management of tuberculosis for prevention, early identification, and containment of the infectious disease *Coordinate referrals and follow up for treatment including direct observation therapy (DOT), quarantine activities, etc. 	
b. Document in-depth job description.	
<p>Community Health Registered Nurses are an integral part of the communities served and provide education and outreach and direct services to promote health, wellness, and disease prevention; public and population health activities; participation and coordination in Local Emergency Preparedness and Board of Health meetings; Family Planning and reproductive health services; and adult and childhood immunizations. They function independently with excellent communication, critical thinking, organizational, and technical skills. Job duties include Public Health Science; Analysis and Assessment; Policy Development and Program Planning; Community Dimensions of Practice; Communication and Cultural Competency; Planning and Management; Leadership; Professional Conduct; HIPAA and Safety; and other duties as assigned.</p>	

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

Yes, in the previous employee's former role there was specialized knowledge and training for the management of TB cases. Part of the scope of work includes training and education to other state staff over the next year.

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

There has been 6 out of 9 RN positions or 67% turnover in the Community Health Services program which serves the rural and frontier areas of Nevada. RN positions are typically difficult to recruit and even more difficult in rural and frontier areas of Nevada and all positions are not filled. The 3 remaining seasoned nurses are having to provide training and orientation to newly hired nurses and cover other specialty duties such as laboratory liaison, immunization liaison, OSHA coordinator, and review and revision of protocols and policies. Tuberculosis is a complex and contagious disease with significant health consequences to individuals and the communities. To meet the intent of the Memorandum of Understanding (MOU) the subject matter expert has extensive specialized training, knowledge, skills, and abilities to manage the requirements outlined.

Out of 9 Community Health Nurse positions, 4 nurses are new to the positions and learning expectations and job duties in the clinics and there are still 2 vacancies.

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](#).

There are no familial relationships.

f. List contractor's hourly rate.

RN consultant for statewide TB oversight and management 10 hrs per week @ \$45/hr; contractual oversight and billing 4 hrs/week @ \$26/hr.

g. List the range of comparable State employee rates.

Employee/Employer Pay Contribution Plan Grade 39 Step 10 \$42.48/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?

Previous contract rate through a temp. medical agency was \$65/hour. Cost include RN consultation; contractual oversight and billing.

i. Document justification for hiring contractor.

The previous employee has had in depth specialized training and expertise of tuberculosis and knowledge of the program requirements.

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)

Upon contract approval (anticipated to be 12/10/19) through 08/31/20.

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

Part-time, 10 hours per week.

Comments:

Kevin D. Doty 9/26/19

Contracting Agency Head's Signature and Date

Sharon Kelley 11-8-19

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

To: Shauna Tilley
From: Ryan Vradenburg, Purchasing Officer
Subject: Wanda Nixon

RECEIVED

SEP 30 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

The Nevada Division of Public Health (DPBH) Tuberculosis (TB) program provides oversight of Nevada local health jurisdictions, including the Community Health Services (CHS) TB program, to ensure the communicable disease of TB is identified, managed, prevented and eliminated in Nevada communities. The CHS TB program requires a highly skilled nurse to fulfill this public health obligation. Currently, CHS is experiencing a greater than average turnover of nursing staff serving the rural communities. Nursing positions are typically difficult to recruit and even more difficult in rural and frontier areas of Nevada. Presently, not all nursing positions are filled. Out of nine CHS Nurse positions, three are filled with experienced state employed nurses, four are recently filled with nurses new to their positions, learning their expectations and job duties, and two remain vacant. The three experienced nurses must, in addition to their regular duties, provide training and orientation to newly hired nurses and cover other specialty duties such as laboratory liaison, immunization liaison, OSHA coordinator, and review of protocols and policies. TB is a complex and contagious disease with significant health consequences to individuals and the community. Therefore, to meet the CHS TB and DPBH TB program goals of TB prevention and elimination, employing a nurse with expertise in the TB subject matter is crucial to TB program success and public safety.

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

For any questions please reach me at 775-684-0197 or rvradenburg@admin.nv.gov.

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy 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 | Fax: (775) 684-0260

Date: November 22, 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

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 Governor's Finance Office, requests authority to contract with former employee Danette Kluever to perform administrative assistant duties relating to the 2020 Census on a part-time basis. The employee will be hired through Master Service Agreement #18404, with HAT Ltd Partnership, DBA Manpower.

Additional Information:

Ms. Kluever retired from the Division of Aging and Disability Services on April 13, 2018. The 2020 Census has created a need to contract with several individuals for Census positions including the Statewide Coordinator, five Regional Coordinators, and other organizers. These additional contracted positions have created a need for an additional administrative assistant to help with scheduling, purchases, travel, budget tracking, and other administrative duties that the current staff are unable to perform. Ms. Kluever possesses the state knowledge and skills required for this work.

Statutory Authority:
NRS 333.705 (1)

REVIEWED: <u> <i>SB</i> </u>
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:	Danette Kluever		
Former Employee ID Number:	10449		
Former Job Title:	Deputy Division Administrator		
Former Employee Agency:	402 – Aging and Disability Services		
Former Class and Grade:	Class:	U4115	Grade: 110,711
Former Employment Dates:	From:	4/1/1988	To: 4/13/2018
Contracting Agency:	Governor’s Finance Office – Special Appropriation’s Account - Census		

Please mark which of the following applies and complete Sections ‘A’ through ‘M’ below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	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.
A	<p>Summarize scope of contract work.</p> <p>Administrative assistant services including maintaining records and files; composing and editing correspondence; data entry; office management; budget monitoring and accounts maintenance; typing and word processing; answering telephones and relaying information; duplicating and distributing materials; preparing for meetings; ordering and stocking supplies and equipment; reviewing and processing applications, forms and other documents; operating office equipment such as copiers, personal computers, computer terminals, calculators, facsimile machines, printers, and other equipment; and performing related duties as assigned.</p>
B	<p>Document former job description.</p> <p>Responsibilities included oversight and participation in: the development and administration of the division’s budget; the administration of federal grant programs; planning for space, communication equipment and technological improvements; the development of organizational structure, staffing patterns and resource allocation; planning and implementation of IT initiatives; research and development of administrative policies; research and development of legislative proposals. Coordinates with various state and government agencies and stakeholders. Represents the division before various groups and committees.</p>
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 timeframe for the transfer?

	No. Being hired due to state experience and knowledge of state policies regarding travel, purchases, and contracts.
D	Explain why existing State employees within your agency cannot perform this function.
	The 2020 Census has created additional workload due to the hiring of contracted coordinators who are required to travel and make purchases. The current staff who perform these functions workload would not allow them to give the attention and time needed for the additional contracted positions. Additionally, the Census work is more specialized then the general duties currently done by administrative staff.
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.
	n/a
F	List contractors' hourly rate.
	\$25 per hour
G	List the range of comparable State employee rates.
	17.62-25.67 (grade 27) / 19.13 – 27.96 (grade 29)
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
	n/a – does not exceed comparable State position rate
I	Document justification for hiring contractor.
	The former employee has the depth of knowledge of the state's accounting policies and procedures that is needed to ensure the contracted Census workers follow all the guidelines for travel, purchases, contracts, etc. The services will only be needed until the 2020 Census has been completed. The additional workload created by the contracted Census employees is for short duration, so it is better to contract for the services necessary.
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)
	December 2019 – July 2020
L	Will the former employee be working full time or part time? If part time, how many hours?
	Part Time up to 30 hours per week
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	n/a

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

Kevin D. Doty

11/22/19

Contracting Agency Head's Signature

Date

Alker Bartlett (BA1301)

11/22/19

Budget Analyst Signature

Date

Clerk of the Board of Examiners Signature

Date

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy 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 | Fax: (775) 684-0260

Date: November 22, 2019

To: Kevin Doty, Administrator
Purchasing Division, Department of Administration

From: Tiffany Greenameyer, Deputy Director
Governor's Finance Office

Pursuant to NRS 333.705, subsection 1, the Governor's Finance Office, requests to contract with former employee Danette Kluever to perform administrative assistant duties relating to the 2020 Census on a part-time basis. The employee will be hired through Master Service Agreement #18404, with HAT Ltd Partnership, DBA Manpower.

Ms. Kluever retired from the Division of Aging and Disability Services on April 13, 2018. The 2020 Census has created a need to contract with several individuals for Census positions including the Statewide Coordinator, five Regional Coordinators, and other organizers. These additional contracted positions have created a need for an additional administrative assistant to help with scheduling, purchases, travel, budget tracking, and other administrative duties that the current staff are unable to perform. Ms. Kluever possesses the state knowledge and skills required for this work.

Thank you for your consideration of this matter.

Sincerely,

A handwritten signature in blue ink that reads "Tiffany Greenameyer".

Tiffany Greenameyer, Deputy Director
Governor's Finance Office

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 | Fax: (775) 684-0260

Date: November 1, 2019

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

From: Lynnette Aaron, Executive Branch Budget Officer *LA*
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 HEALTH AND HUMAN SERVICES –
DIVISION OF CHILD AND FAMILY SERVICES**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Division requests to contract with a former employee, Jennifer McEntee. Ms. McEntee will be assisting with contracts and service agreements and identifying areas to enhance contract, fiscal and cost allocation processes to improve workflow efficiency. She will be working on a part-time basis upon approval of the Board through June 30, 2020. Ms. McEntee will be hired through Master Service Agreement #18404, Manpower Temporary Services.

Additional Information:

Ms. McEntee has served as the Administrator Services Officer IV of the Department of Employment, Training and Rehabilitation. She has experience with financial management of a large state agency and is knowledgeable in drafting and reviewing



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:	Jennifer McEntee
Former Employee ID Number:	13586
Former Job Title:	Administrative Services Officer IV
Former Employee Agency:	Department of Employment, Training and Rehabilitation
Former Class and Grade:	Class 7.215, Grade 44
Former Employment Dates:	6/14/93 – 7/4/18
Contracting Agency:	Division of Child & Family Services
Please check which of the following applies:	
<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.	
a. Summarize scope of contract work.	
Financial management duties to include contractual, fiscal, and budgeting duties on a part-time, as needed basis.	
b. Document former job description.	
Administrative Services Officers function as business managers for a department, large division or major program area, with responsibility for accounting, budgeting and fiscal management. Additional responsibilities are varied and include planning, organizing, coordinating and supervising work in two or more business functions such as purchasing and warehouse operations; contracts and leases; human resources; Information Technology; buildings and grounds maintenance; facilities management and construction; food and laundry services; investments; vehicle utilization and maintenance; and/or communication equipment and office support services.	
Formulate, develop and monitor comprehensive agency and/or program budgets; research and compile information regarding proposed purchases, expenditures and contracts; prepare and present oral and written justifications for budget proposals; compare expenditures against spending authority; approve transactions; develop revenue and expenditure forecasts by analyzing historical fiscal data and trends and assessing program needs.	
Plan, organize and oversee agency/program accounting functions; develop, implement and revise policies and procedures related to the collection and disbursement of funds; establish and monitor internal control procedures and reporting processes; oversee the development and enhancement of automated systems used to maintain records and generate reports; prepare, review and distribute financial reports to management and external	

agencies; assist internal and external auditors by providing requested information.

Work collaboratively with representatives of other State agencies, federal and local jurisdictions, regulatory agencies, vendors, contractors and others in the community to coordinate activities, provide and obtain information, resolve problems, and represent the interests of management.

Analyze and resolve operating and fiscal management problems; prepare, review and evaluate a variety of materials including financial reports, budget status reports, contracts, leases and other documents in order to identify problems and trends, develop solutions, and advise management on alternative courses of action; research and interpret documentation related to assigned functions to determine applicable precedents, regulations and/or administrative guidelines.

Oversee activities related to budget, fiscal management and other assigned areas of responsibility to ensure compliance with applicable laws, regulations, policies, administrative guidelines and standards.

Oversee the preparation and maintenance of comprehensive records related to budget, accounting, fiscal management and other areas of responsibility; develop retention schedules and policies in accordance with legal requirements and State regulations.

Identify, plan, and coordinate capital improvement projects; develop project specifications; evaluate bids; present and defend project proposals and status reports; and monitor construction and repair activities.

Plan, organize and manage programs and activities in assigned areas of responsibility; develop and implement goals and objectives; review and evaluate outcomes and results; assess program effectiveness and propose enhancements to improve efficiency and effectiveness; develop innovative solutions to operational problems; train, supervise and evaluate the performance of other personnel as assigned.

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?

This former employee has completed the state's Certified Contract Manager course and is knowledgeable in drafting and reviewing contracts. The former employee also has experience with financial management of a large state agency and will bring a new perspective into current fiscal processes.

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

Several audits conducted over the past biennium resulted in findings related to the incorrect issuance of subawards rather than contracts. Contracts are now issued as the correct method to procure services; however, the increased volume and longer process required to complete contracts rather than subawards has resulted in an increase in the workload for the division's contract manager. In addition, the state's disallowance of the use of Provider Agreements and transition to Service Agreements has also resulted in a larger workload for the division's Contract Manager. Finally, the division has recently achieved success in the procurement of several competitive grants. Although the additional funds are welcome and will result in enhanced services the division can provide, several new contracts will be needed in order to properly expend the awarded funds to successfully meet the goals of each grant award.

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.

No relationship exists.

f. List contractor's hourly rate.

\$29.22 plus temporary agency administrative fee of 24% = \$36.23

g. List the range of comparable State employee rates.

Refer to Pay Policy 01, Classified on Employee/Employer pay Contribution Plan, equivalent to a Management Analyst II, Grade 35, Step 5

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.

Temporary assistance is needed to meet the increased workload that has resulted from each of the recent changes within the division resulting from recent audit findings, the required transition to Service Agreements, and the awarding of several competitive grant awards, as outlined in the response to d. above.

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)

Upon approval – 6/30/20

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

PT, up to 20 hours per week.

Comments:

Mandi Davis 10/29/19
Contracting Agency Head's Signature and Date

Paano 11/1/19
Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date



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 I

THROUGH: Richard Whitley, Director, DHHS

FROM: Katrina Nielsen – Administrative Services Officer IV
DHHS//DCFS *Katrina Nielsen*

SUBJECT: Request for Authorization to Contract with a Former Employee

DATE: October 29, 2019

This Division requests authorization to contract with Manpower Temporary Services to temporarily employ a former state employee, Jennifer McEntee, who retired from the Department of Employment, Training and Rehabilitation on July 4, 2018.

Several audits conducted over the past biennium resulted in findings related to the incorrect issuance of subawards rather than contracts. Contracts are now issued as the correct method to procure services; however, the increased volume and longer process required to complete contracts rather than subawards has resulted in an increase in the workload for the division's contract manager. In addition, the state's disallowance of the use of Provider Agreements and transition to Service Agreements has also resulted in a larger workload for the division's Contract Manager. Finally, the division has recently achieved success in the procurement of several competitive grants. Several new contracts will be needed in order to properly expend the awarded funds to successfully meet the goals of each grant award.

It is the Division's intent to utilize her knowledge and expertise on a part-time, as needed basis in the areas of contracts and service agreements, identify expiring contracts that need to be renewed, and pinpoint areas to enhance contract, fiscal and cost allocation processes to improve workflow efficiency. The anticipated cost to fund this contract temporary position is approximately \$20,434 (\$36.23 per hour X 20 hours per week X 28 weeks) for the remainder of the fiscal year. Vacancy savings within the Division of Child and Family Services' Administration account will be used to fund the cost.

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 | Fax: (775) 684-0260

Date: October 29, 2019

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

From: Lynnette Aaron, Executive Branch Budget Officer ^{LA}
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 HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY (DHCFP)**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Division requests to contract with a former employee, Jim Wells. Mr. Wells will be assisting in the analysis and the review of all financial processes, including budgeting and projections and financial staff organization. This item relates to contract #22445.

Additional Information:

Mr. Wells has served as the Director of the Governor's Finance Office (GFO) and during the preparation of the current budget, as a contractor with the GFO. Mr. Wells helped prepare the Governor's recommended DHCFP budgets for the 80th Legislative Session. Mr. Wells anticipates continuing collecting PERS benefits through the duration of his temporary employment.

Statutory Authority:
NRS 333.705 (1)

REVIEWED: <u>CM</u>
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:	James Wells
Former Employee ID Number:	10256
Former Job Title:	Director
Former Employee Agency:	Governor's Finance Office
Former Class and Grade:	Unclassified
Former Employment Dates:	January 1992 – July 13, 2018
Contracting Agency:	403 Division of Health Care Financing and Policy

Please check which of the following applies:

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

- Analyze, review, and document budget tracking and submission spreadsheets, projection files, federal reporting documentation, and other spreadsheets identified by DHCFP.
- Analyze and review fiscal staff organization, structure, staffing levels, and work performance standards.
- Provide recommendations, enhancements, and document procedures for reports.
- Identify, analyze, and provide recommendations for operational and cross-organizational efficiencies.
- Assist in staff training as requested.

b. Document former job description.

Mr. Wells was responsible for collaborating with executive branch agencies to produce the Governor's Executive Budget as well as working in partnership with senior State leaders on budget guidelines based on the Governor's priorities. Additionally, he oversaw the day-to-day operations and management of the Budget and Internal Audit Divisions.

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?

Mr. Wells has knowledge of the State budgeting process and is a Certified Public Accountant.

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

The majority of the DHCFP's fiscal staff are new to the DHCFP and do not have the historical knowledge of the DHCFP's budgeting and projection methodologies. This ongoing analysis and review will be from the ground up. Current staffing levels do not permit staff to perform these functions while maintaining day-to-day operations of the Division.

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 Chief Financial Officer of the DHCFP will oversee the contractor and is not related to Mr. Wells.

f. List contractor's hourly rate.

\$125.00 per hour.

g. List the range of comparable State employee rates.

The Employee/Employer rate for the Administrative Services Officer IV position is \$55.12 per hour with \$19.05 in benefits for a total of \$74.17 per 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?

The current Master Services Contract for a former ASO IV, effective 1/1/2019, is \$145 per hour. Mr. Wells' rate is below current MSA rates and additionally he provides a wide range of knowledge. Mr. Wells' contract term is limited based on budgetary availability although the lower rate per hour affords additional hours.

i. Document justification for hiring contractor.

Current staff do not have the extensive experience that the contractor provides for high-level analyses and review of Division processes. In addition to the ASO IV responsibilities that Mr. Wells can assist in reviewing, i.e. detailed projection documentation and analysis, staffing levels and organizational analysis, budget review and development and training. Mr. Wells also had the unique experience as the Executive Officer of PEBP and the Director of the Governor's Finance Office that will allow him to consult and advise the Administrator of DHCFP on a broader spectrum than the current ASO IV's current experience and knowledge.

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)

From December 10, 2019 or upon approval of the Board, to June 30, 2020.

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

Part-time and no more than 20 hours a week.

Suzanne Bierman 10/2/19
Contracting Agency Head's Signature and Date

J. Amos 10/29/19
Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

MEMORANDUM

Date: September 30, 2019
TO: Susan Brown, Director, Governor's Finance Office
THROUGH: Richard Whitley, Director, Department of Health & Human Services
FROM: Budd Milazzo, Chief Financial Officer, Division of Health Care Financing and Policy 
RE: Authorization to Contract with a Former Employee – James Wells

Pursuant to NRS 333.705, subsection 1, the Division of Health Care Financing and Policy (DHCFP) is requesting authority to contract with a retired state employee, Mr. James Wells, to assist in the analysis and review of all financial processes, including budgeting and projections, and financial staff organization of DHCFP.

Mr. Wells has served as the Director of the Governor's Finance Office and during the current budget session as a contractor with the GFO. During that time Mr. Wells reviewed, in conjunction with DHCFP staff, and helped submit all DHCFP budget accounts for the Governor's recommended budget providing a unique understanding of the budget accounts. Additionally, Mr. Wells previously worked as the Director of the Public Employee Benefits Program and has an understanding of medical budgets, medical billing and drug rebate programs.

Upon approval of this request, Mr. Wells will work part-time for a maximum of 20 hours per week.

Please let me know if you have any questions or need additional information.



**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 | Fax: (775) 684-0260

Date: November 12, 2019

To: Susan Brown, Director
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 – PRISON INDUSTRIES

Agenda Item Write-up:

Pursuant to NRS 209.192, the Department of Corrections, Prison Industries, requests to access \$184,720 from the Fund for New Construction of Facilities for Prison Industries. Funds would be used to purchase new and replacement equipment to allow for program expansion and operational improvements to various program activities.

Additional Information:

The fund (Prison Industries Capital Projects, Fund 525, Agency 440, Budget Account 3728) balance as of November 12, 2019, is \$362,316. Funds will be used for various program activities including ranch and garment programs. In accordance with NRS, on October 11, 2019 the department presented its plan to the Prison Industries Committee and that plan was approved by the committee.

Statutory Authority:

NRS 209.192 - Fund for New Construction of Facilities for Prison Industries

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: November 4, 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: Prison Industries Capital Equipment Purchase

Pursuant to NRS 209.192, the NV Department of Corrections (NDOC), Prison Industries, is requesting that the enclosed memo and proposed equipment purchase inventory be approved for placement on the December 2019 agenda of the Board of Examiners meeting for consideration by the Board. Non-IFC work program C49250 has been submitted concurrently with this request.

Please let me know if you have any questions.

Thank you

Encl: BOE Equipment Request
CIP Equipment as Requested

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

W.C. Quenga
Deputy Director

Date: October 14, 2019

To: Board of Examiners

From: Harold Wickham, Acting Director

A handwritten signature in blue ink, appearing to read "Harold Wickham".

Subject: Expenditure Proposal out of PI-CIP Fund

As required by NRS 209.192, 2a, Prison Industries (PI) would like to obtain approval for expenditures out of the fund for new construction of facilities for Prison Industries. PI obtained the required approval from the Committee on Industrial Programs for equipment on the attached list for a total of \$184,720. This equipment will assist Prison Industries with providing manufactured goods for our customers and provide work for offenders.
Thank you for your consideration.

Silver State Industries Proposed Purchases from CIP Fund

Proposed Equipment	Shop	Total Dollar Amount (Includes S&H)	Description	New or Existing Program	Number of Additional Offenders	Offender Skills Learned
Button Installer	LCC Garment	\$ 2,725	A button installer would be utilized in the Pant and Shirt line to assist with production.	Existing	1	Use and development of skills with an industry standard button installer machine.
Button Holer	LCC Garment	\$ 4,555	Buttonholer would be utilized on pant and shirt line to expedite production.	Existing	1	Use and development of skills with an industry standard button holer.
Triple Needle Head Only	LCC Garment	\$ 1,700	Tripple Needle Head Machine would assist with increasing production on the pant line.	Existing	1	Use and development of skills with an industry standard triple needle sewing machine.
Serge (Head Only)	LCC Garment	\$ 3,000	Two each serge (head only) machines to assist with production on multiple lines.	Existing	2	Use and development of skills with an industry standard serge sewing machine.
Bartack Machine	LCC Garment	\$ 4,550	A bartack machine would greatly increase production and sales since building four has only on in use for multiple lines.	Existing	1	Use and development of skills with an industry standard bartack machine.
Double Needle	LCC Garment	\$ 3,978	Two each double needle machine would greatly increase production and sales since building four has only one in use for multiple lines and operations. Two additional machines would eliminate a bottleneck in production.	Existing	3	Use and development of skills with an industry standard double needle machine.
Single Needle	LCC Garment	\$ 2,625	Three each overlock machines surges together material using multiple lines to create durable seam. Will assist with t-shirt production.	Existing	3	Use and development of skills with an industry standard single needle sewing machine.
Serge Machine	LCC Garment	\$ 4,455	Three each serge machines on the boxer/t-shirt/drapery lines would greatly increase production and sales.	Existing	3	Use and development of skills with an industry standard serge machine.
Pleat Machine	LCC Garment	\$ 5,959	A drapery pleat machine would increase production on the drapery line.	Existing	1	Use and development of skills with an industry standard pleat machine.
Task Station Chairs	LCC Garment	\$ 1,450	Ten each chairs for offender workers to accompany new machines.	Existing	0	Chairs to accompany and assist with above new sewing machines.
Sewing Stations	LCC Garment	\$ 3,215	Five each sewing stations for offender workers to accompany new machines.	Existing	0	Sewing stations to accompany and assist with above new sewing machines.
Work Tables	LCC Garment	\$ 2,658	Six each work tables for offender workers to accompany new machines.	Existing	0	Workstations to accompany and assist with above new sewing machines.
Milk Pouch Filling Machine	SCC Ranch	\$ 63,510	Two-head milk pouch filling machine that operates each head independently so one can be in operation while the other is down.	Existing	1	Automation and aseptic liquid packaging. Food grade standards.
Powder Milk Stick Pack Machine	SCC Ranch	\$ 55,000	A powder milk machine would assist the Department of Corrections with reducing the cost of milk while providing the required nutrients outlined in the dietary guidelines. Would allow PI to provide milk to southern NDOC locations.	Existing	3	Packaging and materials experience. Automation and machine repair experience as well as logistics.
Feeder Panels	SCC Ranch	\$ 25,000	Feeder panels for the BLM corrals would allow the Ranch to feed the horses from outside the corral and on a clean surface where waste would be minimal. Currently the horses are fed on the ground inside the corrals causing a lot of waste.	Existing	3	Welding and fabrication. Fence installation experience. Three additional offenders at time of installation only.
Total requests		\$ 184,720		New Positions	23	

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	Department of Health and Human Services – Division of Health Care Finance and Policy	Valley View 4, LLC	\$1,140,629
	This is a lease amendment to accommodate new staff.		
	Term of Lease:	12/01/2019 – 11/30/2021	Located in Las Vegas
2.	Department of Health and Human Services – Division of Health Care Finance and Policy	Sierra Medical Complex, LP	\$127,293
	This lease was negotiated to accommodate the growing needs of the agency.		
	Term of Lease:	12/01/2019 – 04/30/2025	Located in Carson City
3.	Department of Taxation	Kietzke Office Complex, LLC	\$725,004
	This is an extension of an existing lease.		
	Term of Lease:	02/01/2020 – 00/31/2025	Located in Reno
4.	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

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> 11/16/19
Reviewed by:	<i>[Signature]</i> 11/16/19
Reviewed by:	

STATEWIDE LEASE INFORMATION
First Amendment

1. Agency: Department of Health and Human Services
Division of Health Care Finance and Policy
1100 East William Street, Suite 108
Carson City, Nevada 89701
Debra Sisco
(775) 687-8407 F: (775) 684-3893 dsisco@dhecfp.nv.gov

Remarks: Leasing Services negotiated this lease amendment to accommodate new positions beginning in October 2019 approved in the 2019 Legislature. Additional space is coterminous with the existing lease agreement.

Exceptions/Special notes:

2. Name of Lessor: Valley View 4, LLC

3. Address of Lessor: 4343 Market Street
Riverside, California 92501

4. Property contact: Gatski Commercial Real Estate Services
4755 Dean Martin Drive
Las Vegas, Nevada 89103
Laramie Bracken
(702) 221-8226 Cell: (702) 525-6217 laramie@gatskicommercial.com

5. Address of Lease property: 1210 South Valley View, Suites 104 and 215
Las Vegas, Nevada 89102

a. Square Footage: Rentable
 Usable 15,790 15,790 SF consists of existing 13,126 SF plus additional 2,664 SF

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
\$ 31,062.86	12	\$372,754.32	December 1, 2019 - November 30, 2020	\$1.97
3% \$ 31,994.75	12	\$383,937.00	December 1, 2020 - November 30, 2021	\$2.03
0% \$ 31,994.75	12	\$383,937.00	December 1, 2021 - November 30, 2022	\$2.03

Increase %

c. Total Lease Consideration: 36 \$1,140,628.32

d. Option to renew: Yes No 90 Renewal terms: One (1) identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5% / 90 Days

f. Term: Thirty-Six (36) months

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: \$1.91 - \$2.10 - 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: 3158

6. Purpose of the lease: To house the Division of Health Care Financing and Policy

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Expenses: Moving: \$0.00 Furnishings: \$15,975.00 Data/Phones: \$4,700.00

RECEIVED

NOV - 5 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 0 Dec Unit _____

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

CA9251

[Signature] 10-31-19
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20141704703</u>	Exp:	<u>11/30/2019</u>	71	
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>T27029722</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] 11/5/19
Authorized Signature Date
Public Works Division

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

RECEIVED

NOV - 6 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: November 6, 2019
To: Lynnette Aaron
From: Patrick Smorra, Public Works Division, Leasing Services, 684-1818
psmorra@admin.nv.gov
Subject: For placement on December's BOE meeting

VALLEY VIEW 4, LLC – Department of Health and Human Services, Division of Health Care Finance and Policy – 1210 South Valley View, Suites 104 & 215, Las Vegas, Nevada 89102

As requested this memo is a clarification for a retroactive start date of December 1, 2019 for the Amendment dated October 23, 2019. This Amendment called for the Agency to require additional authority. DHCFP has prepared a work program for the December IFC meeting.

Leases require signatures from the Lessor (Landlord/Owner), the Tenant (Director and Program Administrator), the Attorney General's Office, the Lessee (Administrator of Public Works Division), prior to submittal and final execution of the Lease at the Board of Examiner's Meeting. Each of the signers has their own review process which can cause a delay from the date the Lease is prepared, to the transmittal date to the Parties for review. If a review from a Party takes more than two weeks it will delay the process.

Thank you,

Patrick Smorra

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>ASW</i>	10/23/19
Reviewed by: <i>ASW</i>	10/29/19
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Health Care Finance and Policy
 1100 East William Street, Suite 108
 Carson City, Nevada 89701
 Debra Sisco
 T: (775) 687-8407 F: (775) 684-3762 E: dsisco@dhecfp.nv.gov

Remarks: Leasing Services negotiated this lease to accommodate the growing needs of the agency.

Exceptions/Special notes: Improvements to include: paint, carpet cleaned and construct a wall between Suites A and B. Existing furniture to remain for the use of the agency.

2. Name of Lessor: Sierra Medical Complex, LP

3. Address of Lessor: c/o Coldwell Banker Select
 123 West 2nd Street
 Carson City, Nevada 89703

4. Property contact: Nicole Mendoza, Property Manager
 T: (775) 882-3211 F: (775) 882-7553 E: NMendoza@selectpropmgt.com

5. Address of Lease property: 1050 East William Street, Suite 300
 Carson City, Nevada 89701

a. Square Footage: Rentable Usable 1,325

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$ 1,894.75	5	\$9,473.75	December 1, 2019 - April 30, 2020	\$1.43
0%	\$ 1,894.75	12	\$22,737.00	May 1, 2020 - April 30, 2021	\$1.43
3%	\$ 1,947.75	12	\$23,373.00	May 1, 2021 - April 30, 2022	\$1.47
0%	\$ 1,947.75	12	\$23,373.00	May 1, 2022 - April 30, 2023	\$1.47
3%	\$ 2,014.00	12	\$24,168.00	May 1, 2023 - April 30, 2024	\$1.52
0%	\$ 2,014.00	12	\$24,168.00	May 1, 2024 - April 30, 2025	\$1.52

c. Total Lease Consideration: 65 \$127,292.75

d. Option to renew: Yes No 90 Renewal terms: One Identical Term

e. Holdover notice: # of Days required 30 Holdover terms: 5%/90

f. Term: Additional Four (4) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: \$1.53 - \$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: 3158

6. Purpose of the lease: To house the Division of Health Care Finance and Policy

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Expenses: Moving: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

RECEIVED

OCT - 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

Suzanne Bierman 10/1/19
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19871012250</u>	Exp:	<u>10/31/2019</u>	11
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input checked="" type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<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>T81090393</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 Date
 Public Works Division
 WPS
 For Board of Examiners YES NO

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

Suzanne Bierman 10/1/19
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV19871012250	Exp	10/31/2019	11
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input checked="" type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	T81090393			
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 D. Patrick 10/4/19
Authorized Signature Date

Public Works Division

MPS 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

RECEIVED

OCT 18 2019

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

MEMORANDUM

Date: October 18, 2019

To: Bessie Wooldridge / Lynnette Aaron

From: Patrick Smorra, Public Works Division, Leasing Services, 684-1818
psmorra@admin.nv.gov

Subject: For placement on December's BOE meeting

SIERRA MEDICAL COMPLEX, LLP – DHHS/DHCFP – 1050 East William Street, Suite 300, Carson City, Nevada 89701

As requested this memo is a clarification for a retroactive start date of December 1, 2019 for the Lease dated August 23, 2019. This lease called for the Agency to require additional authority. DHCFP has prepared a work program for the December IFC meeting

Leases require signatures from the Lessor (Landlord/Owner), the Tenant (Director and Program Administrator), the Attorney General's Office, the Lessee (Administrator of Public Works Division), prior to submittal and final execution of the Lease at the Board of Examiner's Meeting. Each of the signers has their own review process which can cause a delay from the date the Lease is prepared, to the transmittal date to the Parties for review. If a review from a Party takes more than two weeks it will delay the process.

Thank you,

Patrick Smorra

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	11/7/19
Reviewed by: <i>[Signature]</i>	11/8
Reviewed by: <i>[Signature]</i>	

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

STATEWIDE LEASE INFORMATION

1. Agency: Department of Taxation
1550 College Parkway, Suite 115
Carson City, Nevada 89706
Jason Giesler
(775) 684-2071 F: (775) 684-2020 jmgiesler@tax.state.nv.us

Remarks: Leasing Services negotiated this space expansion and lease renewal at the existing rate to accommodate additional positions approved during the 2019 Legislative Session.

Exceptions/Special notes:

2. Name of Lessor: Kietzke Office Complex, LLC

3. Address of Lessor: 4600 Kietzke Lane, Suite G-170
Reno, Nevada 89502

4. Property contact: Lorrie Desiderio
(775) 825-5311 F: (775) 825-5396 lorrie@desprop.net

5. Address of Lease property: 4600 Kietzke Lane, Suite L-230 and L-235, Reno, Nevada 89502

a. Square Footage: Rentable Usable 8,820 current 7,404 plus additional 1,416 for a total of 8,820 square feet

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
\$ 11,995.20	12	\$143,942.40	February 1, 2020 - January 31, 2021	\$1.36
0% \$ 11,995.20	12	\$143,942.40	February 1, 2021 - January 31, 2022	\$1.36
1% \$ 12,083.40	12	\$145,000.80	February 1, 2022 - January 31, 2023	\$1.37
0% \$ 12,083.40	12	\$145,000.80	February 1, 2023 - January 31, 2024	\$1.37
1% \$ 12,259.80	12	\$147,117.60	February 1, 2024 - January 31, 2025	\$1.39

Increase %

c. Total Lease Consideration: 60 \$725,004.00

d. Option to renew: Yes 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 Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: \$1.74 - \$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: 2361 / 4207

6. Purpose of the lease: To house the Department of Taxation

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Expenses: Moving: \$4,000.00 Furnishings: \$15,000.00 Data/Phones: \$3,000.00

RECEIVED

NOV - 5 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

[Signature] 10-22-19
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20071118750</u>	Exp:	<u>8/31/2020</u>	47	
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>T27020158</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] 11/5/19
Authorized Signature Date

Public Works Division

PS For Board of Examiners YES NO

**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@bhswwproperties.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
			See Attachment	
			effective March 1, 2020	

Increase %

c. Total Lease Consideration:

d. Option to Renew: Yes 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: Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 Day Rural 5 Day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: \$1.75-\$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:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only

a. Estimated Moving Expenses: \$ 4000.00 Furnishings: \$ 10,000 Data/Phones: \$ 5500/20,000

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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 _____

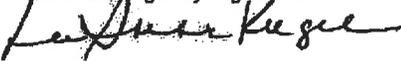
IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

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: *If yes, please explain in exceptions section	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States 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

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	GOVERNOR'S OFFICE - GOVERNOR'S WASHINGTON DC OFFICE	CASSIDY AND ASSOCIATES	OTHER: AGENCY TRANSFERS	\$504,000	
	Contract Description:	This is a new contract to serve the Governor as an advocate and representative for the State in the Washington, DC Office, responsible for identifying, monitoring and providing information on selected federal issues of high priority.				
		Term of Contract:	01/01/2020 - 12/31/2021	Contract # 22631		
2.	015	GOVERNOR'S OFFICE - GOVERNOR'S OFFICE OF FINANCE - SPECIAL APPROPRIATIONS	FERRARO GROUP	GENERAL	\$981,000	
	Contract Description:	This is a new contract to provide media and public outreach support services for the 2020 Census.				
		Term of Contract:	Upon Approval - 11/30/2020	Contract # 22622		
3.	030	ATTORNEY GENERAL'S OFFICE - SPECIAL LITIGATION FUND	EGAN FITZPATRICK MALSCH & LAWRENCE, PLLC	GENERAL	\$5,100,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which continues outside counsel to assist with Yucca Mountain litigation and for representation of the state before the U.S. Nuclear Regulatory Commission on related issues. This amendment extends the termination date from February 28, 2020 to February 28, 2022 and increases the maximum amount from \$5,100,000 to \$10,200,000 due to the continued need for these services.				
		Term of Contract:	02/13/2018 - 02/28/2022	Contract # 19599		
4.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	HIRSCHLER FLEISCHER	OTHER: COLLEGE SAVINGS ENDOWMENT FUND	\$200,000	Professional Service
	Contract Description:	This is a new contract to provide legal services specific to Nevada's college savings plans, including Internal Revenue Code Section 529 and 529 municipal securities regulatory and compliance issues.				
		Term of Contract:	01/01/2020 - 12/31/2021	Contract # 22606		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	WESTERN TECHNOLOGIES, INC.	OTHER: AGENCY FUNDS 10% BONDS 90%	\$112,555	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 to include special inspections and on call materials sampling and testing services during the construction phase of the project: SPWD Project No. 19-C19; Contract No. 112992.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22553		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	MAXIMUM SECURITY ENGINEERING	GENERAL	\$71,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Las Vegas Summit View Youth Center - Door Controls Upgrade CIP project to include project design and construction administration services needed to upgrade the existing door controls in the administration building, housing units and gymnasium: SPWD Project No. 19-M16; Contract No. 112941.				
	Term of Contract:	Upon Approval - 06/30/2023	Contract # 22549			
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	JBA CONSULTING ENGINEERS, INC.	GENERAL	\$211,400	
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the High Desert State Prison - Central Plant Renovation CIP project to include advance planning through construction documents for the replacement of the existing central plant heating and cooling equipment: CIP Project No. 19-P07; Contract No. 113047.				
	Term of Contract:	Upon Approval - 06/30/2023	Contract # 22587			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	KITTRELL GARLOCK & ASSOCIATES	GENERAL	\$4,612,500	
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Grant Sawyer Office Building Remodel CIP project to include advance planning through construction documents to remodel the interior spaces of the Grant Sawyer Office Building: CIP Project No. 19-P01; Contract No. 113077.				
	Term of Contract:	Upon Approval - 06/30/2023	Contract # 22586			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS - NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA, INC.	BONDS	\$614,510	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides owner Construction Manager at Risk services for the Las Vegas National Guard Readiness Center CIP project: CIP Project No. 17-C05; SPWD Contract No. 112171. This amendment increases the maximum amount from \$32,121,999 to \$32,736,509 due to a design change that includes the addition of a septic system for the site.				
		Term of Contract:	01/15/2019 - 06/30/2022	Contract # 21349		
10.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	CARA L. BROWN, DBA CARA L. BROWN, ESQ.	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.				
		Term of Contract:	09/01/2019 - 08/31/2021	Contract # 22525		
11.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	CAROLYN BROUSSARD	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.				
		Term of Contract:	09/01/2019 - 08/31/2021	Contract # 22527		
12.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	LORNA L. WARD	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.				
		Term of Contract:	09/01/2019 - 08/31/2021	Contract # 22520		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	MARK L. GENTILE	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.				
		Term of Contract:	09/01/2019 - 08/31/2021	Contract # 22550		
14.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	PAUL H. LAMBOLEY, DBA LAW OFFICES OF PAUL H. LAMBOLEY	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provides services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.				
		Term of Contract:	09/01/2019 - 08/31/2021	Contract # 22504		
15.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	VICTORIA T. OLDENBURG, DBA OLDENBURG LAW OFFICE	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.				
		Term of Contract:	09/01/2019 - 08/31/2021	Contract # 22502		
16.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	ZENTZ & ZENTZ, LLC	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training, and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.				
		Term of Contract:	09/01/2019 - 08/31/2021	Contract # 22495		
17.	130	DEPARTMENT OF TAXATION	DIRAD TECHNOLOGIES, INC.	GENERAL	\$325,537	
	Contract Description:	This is a new contract to provide ongoing hosted call center services in order to address taxpayer service needs.				
		Term of Contract:	12/10/2019 - 12/09/2023	Contract # 22533		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	300	DEPARTMENT OF EDUCATION – OTHER STATE EDUCATION PROGRAMS	JOBS FOR NEVADA GRADUATES, INC.	GENERAL	\$612,500	Sole Source
	Contract Description:	This is the second amendment to the original contract which supports the Jobs for America's Graduates (JAG) program in Nevada for the 2017-2021 school years. This amendment increases the maximum amount from \$15,281,580 to \$15,894,080 to expand the number of sites and restore supportive services.				
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18985		
19.	300	DEPARTMENT OF EDUCATION - EDUCATOR LICENSURE	INLUMON	FEE: EDUCATOR LICENSURE	\$576,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing maintenance, hosting and support of the existing online educator licensure system.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 22577		
20.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	AGING AND DISABILITY SERVICES DIVISION	FEDERAL	\$5,250,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing Medicaid reimbursement for Medicaid Outreach and/or Medicaid Administrative duties for the following programs: Nevada Early Intervention Services, Autism Treatment Assistance Program, Adult Rights Specialists and National Core Indicators.				
		Term of Contract:	01/01/2020 - 06/30/2021	Contract # 22496		
21.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	JRW CONSULTING, LLC	GENERAL 50% FEDERAL 50%	\$50,000	Professional Service, Former Employee
	Contract Description:	This is a new contract to provide analysis, review and documentation for budget and fiscal processes.				
		Term of Contract:	Upon Approval - 06/30/2020	Contract # 22445		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MYERS AND STAUFFER, LC	OTHER: COUNTY 50% FEDERAL 50%	\$1,296,000	Professional Service
		<p>Contract Description: This is a new contract to provide ongoing reviews of the cost allocation plans and cost reports submitted by governmental entities that provide such services as targeted case management, school based services and administrative services.</p> <p>Term of Contract: 10/01/2019 - 09/30/2023 Contract # 22303</p>				
23.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MYERS AND STAUFFER, LC	FEDERAL	\$971,729	Professional Service
		<p>Contract Description: This is a new contract to provide project management, analysis and assessment, technical assistance and actuarial services for the development of an opioid recovery and treatment program.</p> <p>Term of Contract: Upon Approval - 03/31/2021 Contract # 22563</p>				
24.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MERCER HEALTH AND BENEFITS, LLC	GENERAL 50% FEDERAL 50%	\$5,085,000	
		<p>Contract Description: This is a new contract to provide actuarial services to annually set actuarially sound rates for Medicaid Managed Care Organization payments, perform rate specific analysis and consult on the implementation of on-going and proposed rate methodologies.</p> <p>Term of Contract: 01/01/2020 - 12/31/2023 Contract # 22237</p>				

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - ADMINISTRATION	MILLIMAN, INC.	GENERAL 50% FEDERAL 50%	\$490,728	
	Contract Description:	This is the sixth amendment to the original contract which provides ongoing services to develop an actuarially sound methodology for capitated rates to be paid to Medicaid managed care organizations. This amendment extends the termination date from December 31, 2019 to June 30, 2020 and increases the maximum amount from \$5,795,877 to \$6,286,605 due to continued need for these services.				
		Term of Contract:	12/14/2010 - 06/30/2020	Contract # 11723		
26.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	AGING AND DISABILITY SERVICES DIVISION	FEDERAL	\$102,757	
	Contract Description:	This is a new interlocal agreement to provide ongoing support and maintenance for the Serious Occurrence Report database, case management system, emergency services for individuals with disabilities under the age of 60 and continuing an initiative to expand services to Medicaid eligible individuals.				
		Term of Contract:	10/01/2019 - 09/30/2021	Contract # 22501		
27.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CITY OF MESQUITE	FEDERAL	\$1,483,779	
	Contract Description:	This is a new interlocal agreement to provide ongoing certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 22328		
28.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PREVENTION/ TREATMENT OF PROBLEM GAMBLING	PROBLEM GAMBLING SOLUTIONS, LLC	GENERAL	\$245,000	
	Contract Description:	This is a new contract to provide ongoing technical assistance to sub-recipients, the Bureau of Behavioral Health, Wellness and Prevention staff and Unit Advisory Committee on Problem Gambling with problem gambling services.				
		Term of Contract:	01/01/2020 - 06/30/2023	Contract # 22565		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNICABLE DISEASES	LIBERTY DENTAL PLAN OF NEVADA, INC.	OTHER: REBATES 10% FEDERAL 90%	\$2,100,000	
		Contract Description:	This is a new contract to provide dental services to participants in the Ryan White Part B Program.			
		Term of Contract:	01/01/2020 - 12/31/2024	Contract # 22535		
30.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	BOARD OF REGENTS OF NEVADA SYSTEM OF HIGHER EDUCATION, OBO – UNIVERSITY OF NEVADA, RENO	FEDERAL	\$3,500,000	Exempt
		Contract Description:	This is a new interlocal agreement to provide ongoing emergency preparedness laboratory services.			
		Term of Contract:	07/01/2019 - 06/30/2024	Contract # 22273		
31.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	PONDERA SOLUTIONS, LLC	GENERAL 50% FEDERAL 50%	\$838,730	
		Contract Description:	This is a new contract which continues to provide fraud detection software as a service.			
		Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22195		
32.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	ALLPRO SERVICES, LLC	GENERAL	\$53,000	
		Contract Description:	This is the first amendment to the original contract to provide ongoing painting services. This amendment increases the maximum amount from \$80,000 to \$133,000 due to additional projects to support federal mandates.			
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19963		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	CHARDONNAY DIALYSIS, INC.	GENERAL	\$397,560	
	Contract Description:	This is the second amendment to the original contract to provide ongoing onsite hemodialysis services. This amendment increases the maximum amount from \$4,025,400 to \$4,422,960 to add two additional dialysis stations at the Southern Desert Correctional Center.				
	Term of Contract:	01/01/2019 - 12/31/2022	Contract # 21230			
34.	440	DEPARTMENT OF CORRECTIONS - INMATE WELFARE ACCOUNT	RELX, INC. DBA LEXISNEXIS	OTHER: INMATE WELFARE ACCOUNT	\$357,350	
	Contract Description:	This is a new contract to provide ongoing access to specific legal materials and references for inmate law libraries.				
	Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22548			
35.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	CHINESE FOOD SOLUTIONS, INC. DBA ASIAN FOOD SOLUTIONS	FEDERAL	\$202,143	
	Contract Description:	This is the third amendment to the original contract which provides school districts the ability to purchase food for the National School Lunch and Breakfast programs using U.S. Department of Agriculture commodities as ingredients. This amendment increases the maximum amount from \$2,325,000 to \$2,527,143 due to the continued need for these services.				
	Term of Contract:	10/01/2016 - 09/30/2020	Contract # 17999			
36.	550	DEPARTMENT OF AGRICULTURE - REGISTRATION & ENFORCEMENT	CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.	FEE: PESTICIDE	\$180,000	
	Contract Description:	This is a new contract to provide ongoing collection, removal and disposal services of unwanted pesticides from industrial and residential users in accordance with hazardous waste disposal requirements.				
	Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22573			
37.	550	DEPARTMENT OF AGRICULTURE - AGRICULTURE ADMINISTRATION	J&L	OTHER: COST ALLOCATION	\$160,000	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the northern Nevada headquarters and Consumer Equitability buildings.				
	Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22534			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	611	GAMING CONTROL BOARD	CIBER, INC.	GENERAL	\$7,218,698	
	Contract Description:	This is the sixth amendment to the original contract, which continues ongoing assistance in developing custom applications to replace the Board's current Digital Equipment Corp/Virtual Memory System as part of the multi-biennia Alpha Migration Project. This amendment increases the maximum amount from \$8,256,033 to \$15,474,731 and revises the termination date of the contract from March 31, 2022 to September 17, 2021 due to the continued need for these services within a shorter timeframe.				
	Term of Contract:	03/11/2014 - 09/17/2021	Contract # 15317			
39.	652	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF PAROLE AND PROBATION	GEO REENTRY, INC.	GENERAL	\$4,400,284	
	Contract Description:	This is a new contract to provide Day Reporting Center services for select offenders.				
	Term of Contract:	01/01/2020 - 12/31/2024	Contract # 22578			
40.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	J.F. GRIFFIN PUBLISHING, LLC	FEE: SPORTSMEN	\$800,000	
	Contract Description:	This is a new contract to provide ongoing design, production, publishing, printing and distribution of wildlife publications. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C49132.				
	Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22416			
41.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY	BOARD OF REGENTS OF NEVADA SYSTEM OF HIGHER EDUCATION, OBO - UNIVERSITY OF NEVADA, RENO	FEE: PERMIT	\$145,000	
	Contract Description:	This is the second amendment to the original interlocal agreement which provides air quality related environmental regulatory assistance and outreach to small business with the jurisdiction of the agency and without the threat of regulatory intervention. This amendment extends the termination date from December 31, 2019 to June 30, 2021 and increases the maximum amount from \$378,000 to \$523,000 due to the continued need for these services.				
	Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18725			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE INSOLVENCY FUND-NON-EXEC	NEVADA ALTERNATIVE SOLUTIONS	OTHER: INSOLVENCY ASSESSMENTS	\$19,900	
	Contract Description:	This is the first amendment to the original contract which provides administration of claims when a self-insured employer or association of self-insured employers becomes insolvent and consolidates administrative activity. This amendment extends the termination date from December 31, 2019 to December 31, 2020 and increases the maximum amount from \$49,999 to \$69,899 due to the continued need for these services.				
		Term of Contract:	01/01/2017 - 12/31/2020	Contract # 18367		
43.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	BOARD OF REGENTS OF NEVADA SYSTEM OF HIGHER EDUCATION, OBO - UNIVERSITY OF NEVADA, RENO	OTHER: CAREER ENHANCEMENT PROGRAM	\$312,225	
	Contract Description:	This is the third amendment to the original interlocal agreement which provides training in the healthcare field for recipients via the NV HOPE project. This amendment extends the termination date from December 31, 2019 to December 31, 2020 and increases the maximum amount from \$239,250 to \$551,475 due the continued need for these services.				
		Term of Contract:	10/09/2018 - 12/31/2020	Contract # 20978		
44.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	MORNEAU SHEPELL, LTD	OTHER: 67% STATE SUBSIDY 33% PREMIUM REVENUE	(\$376,795)	
	Contract Description:	This is the fifth amendment to the original contract to provide enrollment and eligibility services. This amendment decreases the maximum amount from \$9,000,584 to \$8,623,789 due to a reduction in Per Person Per Month (PPPM) fees from \$1.78 PPPM to \$1.50 PPPM effective September 1, 2019 through the term of the contract. The effective rate will become \$1.69 PPPM.				
		Term of Contract:	01/01/2015 - 12/31/2023	Contract # 15941		
45.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	ROBINSON, SHARP, SULLIVAN & BRUST	FEE: LICENSURE	\$50,000	Professional Service
	Contract Description:	This is a new contract to provide legal services.				
		Term of Contract:	01/01/2020 - 12/30/2020	Contract # 22601		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22631**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **1011-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Cassidy and Associates

Contractor Name: **Cassidy and Associates**Address: **733 10th Street NW****Suite 400**City/State/Zip: **Washington, DC 20001**

Contact/Phone: Kai Anderson 202.585.2324

Vendor No.: Pending

NV Business ID: NV20191645307

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 % Agency Transfers

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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2021**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Advocacy and Federal**

5. Purpose of contract:

This is a new contract to serve the Governor as an advocate and representative for the State in the Washington, DC Office, responsible for identifying, monitoring and providing information on selected federal issues of high priority.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$504,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Governor requires an advocate located in the Washington DC Office.

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 the agency employees cannot perform.

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):

Van Scoyoc, Inc.
Cassidy and Associates
The Porter Group
Perkins, Inc.b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #01GO-S815, and in accordance with NRS 222, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 09/17/2019 Anticipated re-bid date: 08/01/2021

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:

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	dbaughn	11/21/2019 14:14:11 PM
Division Approval	dbaughn	11/21/2019 14:14:15 PM
Department Approval	dbaughn	11/21/2019 14:14:20 PM
Contract Manager Approval	ddav12	11/21/2019 14:53:48 PM
Budget Analyst Approval	tgreenam	11/22/2019 12:10:19 PM
BOE Agenda Approval	tgreenam	11/22/2019 12:10:23 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: **22622**

Agency Name: GOVERNOR'S FINANCE OFFICE	Legal Entity Name: Ferraro Group
Agency Code: 015	Contractor Name: Ferraro Group
Appropriation Unit: 1301-37	Address: 165 W. Liberty Street Suite 21
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: Greg Ferraro 775-331-4555
	Vendor No.: T27023338
	NV Business ID: NV20041598724
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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2020**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Census Media**

5. Purpose of contract:

This is a new contract to provide media and public outreach support services for the 2020 Census.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$981,000.00**

Other basis for payment: Per itemized invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Every 10 years the Federal Census is completed. Media and marketing is required in order to ensure a complete count of Nevada constituents for the Federal 2020 Census.

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 ability to purchase media and provide marketing services throughout the state.

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):

Nevada Film Partners
Newco Strategies
Ferraro Group
Abbi Agency

b. Solicitation Waiver: **Not Applicable**

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

This vendor received the highest ranking by the evaluation committee under RFP 01GO-S783.

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:

Governor's Office of Economic Development, work 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: 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:

Jeff HardCastle, State Demographer Ph: 775- 687-9961

Kerry Durmick, Statewide Coordinator Ph: 775-684-5682

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbrekken	11/19/2019 13:13:39 PM
Division Approval	cbrekken	11/19/2019 13:13:42 PM
Department Approval	cbrekken	11/19/2019 13:13:46 PM
Contract Manager Approval	cbrekken	11/19/2019 13:13:48 PM
Budget Analyst Approval	stilly	11/19/2019 14:24:14 PM
BOE Agenda Approval	lfree1	11/19/2019 15:09:18 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: 19599	Amendment Number: 1	
Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: EGAN FITZPATRICK MALSCH & LAWRENCE, PLLC	Contractor Name: EGAN FITZPATRICK MALSCH & LAWRENCE, PLLC
Agency Code: 030	Address: 7500 RIALTO BLVD., BUILDING 1, SUITE 250	
Appropriation Unit: 1031-12	City/State/Zip: AUSTIN, TX 78735-8556	
Is budget authority available?: Yes	Contact/Phone: 210/496-5001	
If "No" please explain: Not Applicable	Vendor No.: T81097647	
	NV Business ID: NV20111527531	

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.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2018**

Anticipated BOE meeting date 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **02/28/2020**

Contract term: **4 years and 16 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

This is the first amendment to the original contract which continues outside counsel to assist with Yucca Mountain litigation and for representation of the state before the U.S. Nuclear Regulatory Commission on related issues. This amendment extends the termination date from February 28, 2020 to February 28, 2022 and increases the maximum amount from \$5,100,000 to \$10,200,000 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:	\$5,100,000.00	\$5,100,000.00	\$5,100,000.00	Yes - Action
2. Amount of current amendment (#1):	\$5,100,000.00	\$5,100,000.00	\$5,100,000.00	Yes - Action
3. New maximum contract amount:	\$10,200,000.00			
and/or the termination date of the original contract has changed to:	02/28/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

THIS VENDOR ASSISTS THE AG'S OFFICE WITH THE LONG STANDING NV POLICY TO BLOCK DEVELOPMENT OF THE PROPOSED HIGH LEVEL NUCLEAR WASTE REPOSITORY AT YUCCA MOUNTAIN. THEY ALSO ASSIST IN THE US NUCLEAR REGULATORY COMMISSION LICENSING AND NUCLEAR SPECIFIC LITIGATION EFFORTS.

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 HIGH LEVEL NUCLEAR EXPERTISE TO REPRESENT THE STATE OF NEVADA WITH THESE ISSUES

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:

CURRENTLY UNDER CONTRACT WITH THE STATE OF NEVADA 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	11/01/2019 14:10:37 PM
Division Approval	cschon1	11/01/2019 14:10:40 PM
Department Approval	cschon1	11/01/2019 14:10:43 PM
Contract Manager Approval	cschon1	11/01/2019 14:10:46 PM

Budget Analyst Approval
BOE Agenda Approval

hfield
jrodrig9

11/12/2019 14:38:59 PM
11/13/2019 22:03:24 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: **22606**

Agency Name: TREASURER - COLLEGE SAVINGS TRUST	Legal Entity Name: Hirschler Fleischer
Agency Code: 051	Contractor Name: Hirschler Fleischer
Appropriation Unit: 1092-04	Address: 2100 East Carty Street
Is budget authority available?: Yes	City/State/Zip: Richmond, VA 23218
If "No" please explain: Not Applicable	Contact/Phone: Jamie Canup 8047719518
	Vendor No.: T27038454A
	NV Business ID: NV20191374553

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 % College Savings Endowment Fund

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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Legal Counsel**

5. Purpose of contract:

This is a new contract to provide legal services specific to Nevada's college savings plans, including Internal Revenue Code Section 529 and 529 municipal securities regulatory and compliance issues.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: Upon approved itemized invoice at agreed upon rates.

II. JUSTIFICATION

7. What conditions require that this work be done?

Section 529 plans require specialized legal support. NRS 353B.110 allows the Board to enter into contract for goods or services including legal counsel.

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

The State Treasurer's Office does not have any 529 or municipal securities law attorneys on staff.

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

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

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

Not Applicable

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

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

Expertise in IRC 529 and 529 municipal securities law.

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:

10/13/15 - 12/31/19 - Treasurer's Office - College Savings Trust Account. 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:

Other

SOS notes a professional 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	alaw1	11/12/2019 11:26:55 AM
Division Approval	alaw1	11/12/2019 11:26:59 AM
Department Approval	alaw1	11/12/2019 11:27:05 AM
Contract Manager Approval	alaw1	11/12/2019 11:42:01 AM
Budget Analyst Approval	cbrekken	11/14/2019 08:51:00 AM
BOE Agenda Approval	lfree1	11/14/2019 12:34:05 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: **22553**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: WESTERN TECHNOLOGIES, INC.
Agency Code: 082	Contractor Name: WESTERN TECHNOLOGIES, INC.
Appropriation Unit: 1510-73	Address: 6633 W POST ROAD SUITE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119
If "No" please explain: Not Applicable	Contact/Phone: 702-798-8050
	Vendor No.: T80821910
	NV Business ID: NV19821000805

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 %	X Bonds	90.00 %
Highway Funds	0.00 %	X Other funding	10.00 % Agency Funds

Agency Reference #: 112992

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 210 days**

4. Type of contract: **Contract**

Contract description: **MATERIAL TESTING**

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 to include special inspections and on call materials sampling and testing services during the construction phase of the project: SPWD Project No. 19-C19; Contract No. 112992.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$112,555.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 legislatively 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 Materials Testing & Inspection 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:

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/28/2019 12:18:45 PM
Division Approval	lwildes	10/28/2019 12:18:48 PM
Department Approval	lwildes	10/28/2019 12:18:51 PM
Contract Manager Approval	lwildes	10/28/2019 12:18:55 PM
Budget Analyst Approval	kshe1	11/08/2019 14:07:20 PM
BOE Agenda Approval	jrodrig9	11/13/2019 21:04:20 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: **22549**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: MAXIMUM SECURITY ENGINEERING
Agency Code: 082	Contractor Name: MAXIMUM SECURITY ENGINEERING
Appropriation Unit: 1550 - All Categories	Address: 3249 BLACKWOOD PLACE
Is budget authority available?: Yes	City/State/Zip: COLORADO SPRINGS, CO 80920
If "No" please explain: Not Applicable	Contact/Phone: 719-660-4061
	Vendor No.: T32008682
	NV Business ID: NV20191603369

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.

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 #: 112941

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 210 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 Las Vegas Summit View Youth Center - Door Controls Upgrade CIP project to include project design and construction administration services needed to upgrade the existing door controls in the administration building, housing units and gymnasium: SPWD Project No. 19-M16; Contract No. 112941.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$71,000.00**

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 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: Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/23/2019 13:16:11 PM
Division Approval	lwildes	10/23/2019 13:16:14 PM
Department Approval	lwildes	10/23/2019 13:16:17 PM
Contract Manager Approval	lwildes	10/23/2019 13:16:20 PM
Budget Analyst Approval	kshe1	11/08/2019 14:07:35 PM
BOE Agenda Approval	jrodrig9	11/13/2019 20:53:13 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: **22587**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JBA CONSULTING ENGINEERS, INC.
Agency Code: 082	Contractor Name: JBA CONSULTING ENGINEERS, INC.
Appropriation Unit: 1558-66	Address: DBA NV5 CONSULTANTS 5155 W PATRICK LN STE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-2828
If "No" please explain: Not Applicable	Contact/Phone: 702-362-9200
	Vendor No.: T80928382
	NV Business ID: NV19661000733

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.

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 #: 113047

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 210 days**

4. Type of contract: **Contract**

Contract description: **Arch / Engine**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the High Desert State Prison - Central Plant Renovation CIP project to include advance planning through construction documents for the replacement of the existing central plant heating and cooling equipment: CIP Project No. 19-P07; Contract No. 113047.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$211,400.00**

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 Architecture / 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: **Not Applicable**

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:
Marshall, Benton, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	11/05/2019 13:40:26 PM
Division Approval	lwildes	11/05/2019 13:40:29 PM
Department Approval	lwildes	11/05/2019 13:40:33 PM
Contract Manager Approval	lwildes	11/05/2019 13:40:37 PM
Budget Analyst Approval	kshe1	11/06/2019 13:39:50 PM
BOE Agenda Approval	jrodrig9	11/13/2019 21:57:43 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: **22586**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: KITTRELL GARLOCK & ASSOCIATES
Agency Code: 082	Contractor Name: KITTRELL GARLOCK & ASSOCIATES
Appropriation Unit: 1558-61	Address: DBA KGA ARCHITECTURE 9075 W DIABLO DR FL 3
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89148-7604
If "No" please explain: Not Applicable	Contact/Phone: 702-367-6900
	Vendor No.: T80931708
	NV Business ID: NV19771007004

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.

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 #: 113077

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 210 days**

4. Type of contract: **Contract**

Contract description: **Arch/Engin**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Grant Sawyer Office Building Remodel CIP project to include advance planning through construction documents to remodel the interior spaces of the Grant Sawyer Office Building: CIP Project No. 19-P01; Contract No. 113077.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,612,500.00**

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: **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:
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:

Lewis, Wilfred Jr., Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	11/05/2019 12:45:52 PM
Division Approval	lwildes	11/05/2019 12:45:55 PM
Department Approval	lwildes	11/05/2019 12:45:59 PM
Contract Manager Approval	lwildes	11/05/2019 12:46:02 PM
Budget Analyst Approval	kshe1	11/06/2019 13:42:43 PM
BOE Agenda Approval	jrodrig9	11/13/2019 21:52:31 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: 21349	Amendment Number: 1	
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CORE CONSTRUCTION SERVICES OF Nevada, Inc.	Contractor Name: CORE CONSTRUCTION SERVICES OF Nevada, Inc.
Agency Code: 082	Address: 7150 CASCADE VALLEY CT.	
Appropriation Unit: 1577-33	City/State/Zip: LAS VEGAS, NV 89128-0455	
Is budget authority available?: Yes	Contact/Phone: 702-794-0500	
If "No" please explain: Not Applicable	Vendor No.: T81092744	
	NV Business ID: NV19861002524	

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 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 112171

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/15/2019**
Anticipated BOE meeting date 12/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **3 years and 166 days**

4. Type of contract: **Contract**

Contract description: **Owner-CMAR**

5. Purpose of contract:

This is the first amendment to the original contract which provides owner Construction Manager at Risk services for the Las Vegas National Guard Readiness Center CIP project: CIP Project No. 17-C05; SPWD Contract No. 112171. This amendment increases the maximum amount from \$32,121,999 to \$32,736,509 due to a design change that includes the addition of a septic system for the site.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$32,121,999.00	\$32,121,999.00	\$32,121,999.00	Yes - Action
2. Amount of current amendment (#1):	\$614,510.00	\$614,510.00	\$614,510.00	Yes - Action
3. New maximum contract amount:	\$32,736,509.00			

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 Owner Construction Manager at Risk (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: 11/12/2018 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	lwildes	11/05/2019 08:43:37 AM
Division Approval	lwildes	11/05/2019 08:43:41 AM
Department Approval	lwildes	11/05/2019 08:43:46 AM
Contract Manager Approval	lwildes	11/05/2019 08:43:52 AM
Budget Analyst Approval	kshe1	11/06/2019 13:45:18 PM
BOE Agenda Approval	jrodrig9	11/13/2019 21:46:05 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: **22525**

Agency Name: ADMIN - HEARINGS AND APPEALS DIVISION	Legal Entity Name: CARA L. BROWN, DBA CARA L. BROWN, ESQ.
Agency Code: 089	Contractor Name: CARA L. BROWN, DBA CARA L. BROWN, ESQ.
Appropriation Unit: 1015-04	Address: 3840 RUSSET FALLS STREET
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89129-7644
If "No" please explain: Not Applicable	Contact/Phone: 702-882-0226
	Vendor No.: T27038150
	NV Business ID: NV20151512744

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 % Workers Compensation/Charges for Services

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

The contractor was appointed by the Governor on October 2, 2019 for the term of 9/1/19 to 8/31/21.

3. Termination Date: **08/31/2021**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

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

Hearings and Appeal's does not have attorneys on staff.

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

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

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

Not Applicable

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

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

This contractor was appointed to this position by the Governor on October 2, 2019.

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:

This contractor has been contracted with the State since 2015 and 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 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:

Vanessa Curiel, AAIV Ph: 702-486-2741

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/31/2019 13:05:35 PM
Division Approval	ddav12	10/31/2019 13:05:39 PM
Department Approval	ddav12	10/31/2019 13:05:42 PM
Contract Manager Approval	ddav12	10/31/2019 13:05:46 PM
Budget Analyst Approval	cbrekken	11/05/2019 14:11:27 PM
BOE Agenda Approval	lfree1	11/06/2019 10:15:29 AM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Deonne E. Contine
Director

Robin Hager
Deputy Director

Michelle L. Morgando, Esq.
Senior Appeals Officer

Northern Nevada:
Hearing Office
1050 E. William St., Ste. 400
Carson City, Nevada 89701
(775) 687-8440 | Fax (775) 687-8441

Appeals Office
1050 E. William St., Ste. 450
Carson City, Nevada 89701
(775) 687-8420 | Fax (775) 687-8421

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Hearings Division
<http://hearings.nv.gov>

Southern Nevada:
Hearing Office
2200 S. Rancho Drive, Ste. 210
Las Vegas, Nevada 89102
(702) 486-2525 | Fax (702) 486-2879

Appeals Office
2200 S. Rancho Drive, Ste. 220
Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

MEMORANDUM

To: Contracts Unit

From: Michelle Morgando, Senior Appeals Officer 

Date: October 10, 2019

Subject: Justification for Retroactive Contract for Special Appeals Officers:
Cara Brown
Carolyn Broussard
Paul Lambolely
Victoria Oldenburg
Lorna Ward
Robert Zentz

Special Appeals Officers were reappointed on October 2, 2019 by the Governor as Special Appeals Officers for the Hearings Division. The Special Appeals Officers' reappointment is effective September 1, 2019 through August 31, 2019.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2019. No contract could have been initiated pending the Governor's appointment.

We are respectfully requesting a start date for this contract to be September 1, 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: **22527**

Agency Name: ADMIN - HEARINGS AND APPEALS DIVISION	Legal Entity Name: CAROLYN BROUSSARD
Agency Code: 089	Contractor Name: CAROLYN BROUSSARD
Appropriation Unit: 1015-04	Address: PO BOX 370844
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89137-0844
If "No" please explain: Not Applicable	Contact/Phone: 702-217-5109
	Vendor No.: T29022020A
	NV Business ID: NV20121383817

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 % Workers Compensation/Charges for Services

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

The contractor was appointed by the Governor on October 2, 2019 for the term of 9/1/19 to 8/31/21.

3. Termination Date: **08/31/2021**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

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

Hearings and Appeals does not have attorneys on staff

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

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

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

Not Applicable

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

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

This contractor was appointed to this position by the Governor on October 2, 2019.

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:

This contractor has been contracted with Hearings and Appeals and Foreclosure Mediation Program since 2009 and 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: 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:

Vanessa Curiel, AAIV Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/29/2019 08:13:37 AM
Division Approval	ddav12	10/29/2019 08:13:39 AM
Department Approval	ddav12	10/29/2019 08:13:42 AM
Contract Manager Approval	ddav12	10/29/2019 08:13:46 AM
Budget Analyst Approval	cbrekken	11/05/2019 13:34:22 PM
BOE Agenda Approval	lfree1	11/06/2019 10:13:26 AM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Deonne E. Contine
Director

Robin Hager
Deputy Director

Michelle L. Morgando, Esq.
Senior Appeals Officer

Northern Nevada:
Hearing Office
1050 E. William St., Ste. 400
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STATE OF NEVADA
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Hearings Division
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Las Vegas, Nevada 89102
(702) 486-2525 | Fax (702) 486-2879

Appeals Office
2200 S. Rancho Drive, Ste. 220
Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

MEMORANDUM

To: Contracts Unit

From: Michelle Morgando, Senior Appeals Officer 

Date: October 10, 2019

Subject: Justification for Retroactive Contract for Special Appeals Officers:
Cara Brown
Carolyn Broussard
Paul Lambolely
Victoria Oldenburg
Lorna Ward
Robert Zentz

Special Appeals Officers were reappointed on October 2, 2019 by the Governor as Special Appeals Officers for the Hearings Division. The Special Appeals Officers' reappointment is effective September 1, 2019 through August 31, 2019.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2019. No contract could have been initiated pending the Governor's appointment.

We are respectfully requesting a start date for this contract to be September 1, 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: **22520**

Agency Name: ADMIN - HEARINGS AND APPEALS DIVISION	Legal Entity Name: Ward Mediation Services, LLC
Agency Code: 089	Contractor Name: LORNA L. WARD
Appropriation Unit: 1015-04	Address: 75 LONESOME POLECAT LN
Is budget authority available?: Yes	City/State/Zip: WASHOE VALLEY, NV 89704-9590
If "No" please explain: Not Applicable	Contact/Phone: Lorna Ward 775-721-0470
	Vendor No.: T32005987
	NV Business ID: NV20171492613

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 % Workers Compensation/Charges for Services

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

The contractor was appointed by the Governor on October 2, 2019 for the term of 9/1/19 - 8/31/21.

3. Termination Date: **08/31/2021**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

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

Hearings and Appeal's does not have attorneys on staff.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

This contractor was appointed to this position by the Governor on October 2, 2019.

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 under contract with the Hearings and Appeals Division since 2017 and 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?

No b. If "No", please explain:

Ward Medication Services LLC is managed by Lorna Ward.

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:

Vanessa Curiel, AAIV Ph: 702-486-2741

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/29/2019 12:56:23 PM
Division Approval	ddav12	10/29/2019 12:56:29 PM
Department Approval	ddav12	10/29/2019 12:56:33 PM
Contract Manager Approval	ddav12	10/29/2019 12:56:38 PM
Budget Analyst Approval	cbrekken	11/05/2019 14:00:17 PM
BOE Agenda Approval	lfree1	11/06/2019 10:04:44 AM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Deonne E. Contine
Director

Robin Hager
Deputy Director

Michelle L. Morgando, Esq.
Senior Appeals Officer

Northern Nevada:
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STATE OF NEVADA
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(702) 486-2525 | Fax (702) 486-2879

Appeals Office
2200 S. Rancho Drive, Ste. 220
Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

MEMORANDUM

To: Contracts Unit

From: Michelle Morgando, Senior Appeals Officer 

Date: October 10, 2019

Subject: Justification for Retroactive Contract for Special Appeals Officers:
Cara Brown
Carolyn Broussard
Paul Lambolely
Victoria Oldenburg
Lorna Ward
Robert Zentz

Special Appeals Officers were reappointed on October 2, 2019 by the Governor as Special Appeals Officers for the Hearings Division. The Special Appeals Officers' reappointment is effective September 1, 2019 through August 31, 2019.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2019. No contract could have been initiated pending the Governor's appointment.

We are respectfully requesting a start date for this contract to be September 1, 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: **22550**

Agency Name: ADMIN - HEARINGS AND APPEALS DIVISION	Legal Entity Name: GENTILE LAW GROUP
Agency Code: 089	Contractor Name: MARK L. GENTILE
Appropriation Unit: 1015 - All Categories	Address: 4710 LOS RANCHEROS AVE.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89129-1815
If "No" please explain: Not Applicable	Contact/Phone: 702-523-2653
	Vendor No.: T27038165
	NV Business ID: NV20041510532

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 % Workers Compensation/Charges for Services

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2019**

Anticipated BOE meeting date **12/2020**

Retroactive? **Yes**

If "Yes", please explain

The contractor was appointed by the Governor on October 10, 2019 for the term of 9/1/19-8/31/21.

3. Termination Date: **08/31/2021**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422 Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

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

Hearings and Appeal's does not have attorneys on staff.

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

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

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

Not Applicable

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

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

This contractor was appointed to this position by the Governor on October 10, 2019.

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?

No b. If "No", please explain:

GENTILE LAW GROUP is owned by the contractor Mark Gentile.

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:

Curiel, Vanessa, Project Manager Ph: 702-486-2741

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/29/2019 14:50:32 PM
Division Approval	lwildes	10/29/2019 14:50:39 PM
Department Approval	lwildes	10/29/2019 14:50:45 PM
Contract Manager Approval	lwildes	10/29/2019 14:50:49 PM
Budget Analyst Approval	cbrekken	11/04/2019 16:17:13 PM
BOE Agenda Approval	tgreenam	11/05/2019 09:00:20 AM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Deonne E. Contine
Director

Robin Hager
Deputy Director

Michelle L. Morgando, Esq.
Senior Appeals Officer

Northern Nevada:
Hearing Office
1050 E. William St., Ste. 400
Carson City, Nevada 89701
(775) 687-8440 | Fax (775) 687-8441

Appeals Office
1050 E. William St., Ste. 450
Carson City, Nevada 89701
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STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Hearings Division

<http://hearings.nv.gov>

Southern Nevada:
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2200 S. Rancho Drive, Ste. 210
Las Vegas, Nevada 89102
(702) 486-2525 | Fax (702) 486-2879

Appeals Office
2200 S. Rancho Drive, Ste. 220
Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

MEMORANDUM

To: Contracts Unit

From: Michelle Morgando, Senior Appeals Officer *Michelle Morgando*

Date: October 21, 2019

Subject: Justification for Retroactive Contract for Special Appeals Officer:
Mark Gentile ✓

Special Appeals Officer Mark Gentile was reappointed on October 10, 2019 by the Governor as Special Appeals Officers for the Hearings Division. The Special Appeals Officers' reappointment is effective September 1, 2019 through August 31, 2019.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2019. No contract could have been initiated pending the Governor's appointment.

We are respectfully requesting a start date for this contract to be September 1, 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: **22504**

Agency Name:	ADMIN - HEARINGS AND APPEALS DIVISION	Legal Entity Name:	PAUL H. LAMBOLEY, DBA LAW OFFICES OF PAUL H. LAMBOLEY
Agency Code:	089	Contractor Name:	PAUL H. LAMBOLEY, DBA LAW OFFICES OF PAUL H. LAMBOLEY
Appropriation Unit:	1015-04	Address:	575 FOREST ST STE 200
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89509-1689
If "No" please explain:	Not Applicable	Contact/Phone:	775-786-8333
		Vendor No.:	T29022472
		NV Business ID:	NV20111621142

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 % Workers Compensation/Charges for Services

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

This contractor was appointed by the Governor on October 2, 2019 for a term of: 9/1/19 - 8/31/21.

3. Termination Date: **08/31/2021**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

This is a new contract to provides services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

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

Hearings and Appeals does not have attorneys on staff.

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

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

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

Not Applicable

b. Solicitation Waiver: **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:

This contractor has been in contract with the state since 2015 and 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 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:

Vanessa Curiel, AAIV Ph: 702-486-2741

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/17/2019 07:03:06 AM
Division Approval	ddav12	10/17/2019 07:03:09 AM
Department Approval	ddav12	10/17/2019 07:03:12 AM
Contract Manager Approval	ddav12	10/17/2019 07:03:15 AM
Budget Analyst Approval	cbrekken	10/23/2019 11:52:23 AM
BOE Agenda Approval	tgreenam	10/24/2019 12:47:47 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Deonne E. Contine
Director

Robin Hager
Deputy Director

Michelle L. Morgando, Esq.
Senior Appeals Officer

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Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

MEMORANDUM

To: Contracts Unit

From: Michelle Morgando, Senior Appeals Officer 

Date: October 10, 2019

Subject: Justification for Retroactive Contract for Special Appeals Officers:
Cara Brown
Carolyn Broussard
Paul Lambole
Victoria Oldenburg
Lorna Ward
Robert Zentz

Special Appeals Officers were reappointed on October 2, 2019 by the Governor as Special Appeals Officers for the Hearings Division. The Special Appeals Officers' reappointment is effective September 1, 2019 through August 31, 2019.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2019. No contract could have been initiated pending the Governor's appointment.

We are respectfully requesting a start date for this contract to be September 1, 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: **22502**

Agency Name:	ADMIN - HEARINGS AND APPEALS DIVISION	Legal Entity Name:	VICTORIA T. OLDENBURG, DBA OLDENBURG LAW OFFICE
Agency Code:	089	Contractor Name:	VICTORIA T. OLDENBURG, DBA OLDENBURG LAW OFFICE
Appropriation Unit:	1015-04	Address:	PO BOX 17422
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511-7422
If "No" please explain:	Not Applicable	Contact/Phone:	775-971-4245
		Vendor No.:	T29036037A
		NV Business ID:	NV20141536952

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 % Workers Compensation/Charges for Services

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

The contractor was appointed by the Governor on October 2, 2019 for the term of 9/1/19-8/31/21.

3. Termination Date: **08/31/2021**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

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

Hearings and Appeals does not have attorneys on staff.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **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:

This contractor has had a contract with Hearings and Appeals Division since March 2015 and 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 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:

Vanessa Curiel, AAIV Ph: 702-486-2741

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/29/2019 07:53:12 AM
Division Approval	ddav12	10/29/2019 07:53:15 AM
Department Approval	ddav12	10/29/2019 07:53:18 AM
Contract Manager Approval	ddav12	10/29/2019 07:53:21 AM
Budget Analyst Approval	cbrekken	11/04/2019 16:03:48 PM
BOE Agenda Approval	tgreenam	11/05/2019 09:00:00 AM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Deonne E. Contine
Director

Robin Hager
Deputy Director

Michelle L. Morgando, Esq.
Senior Appeals Officer

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Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

MEMORANDUM

To: Contracts Unit

From: Michelle Morgando, Senior Appeals Officer 

Date: October 10, 2019

Subject: Justification for Retroactive Contract for Special Appeals Officers:
Cara Brown
Carolyn Broussard
Paul Lambolely
Victoria Oldenburg
Lorna Ward
Robert Zentz

Special Appeals Officers were reappointed on October 2, 2019 by the Governor as Special Appeals Officers for the Hearings Division. The Special Appeals Officers' reappointment is effective September 1, 2019 through August 31, 2019.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2019. No contract could have been initiated pending the Governor's appointment.

We are respectfully requesting a start date for this contract to be September 1, 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: **22495**

Agency Name: ADMIN - HEARINGS AND APPEALS DIVISION	Legal Entity Name: ZENTZ & ZENTZ, LLC
Agency Code: 089	Contractor Name: ZENTZ & ZENTZ, LLC
Appropriation Unit: 1015-04	Address: 601 S 10TH ST STE 102
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89101-7027
If "No" please explain: Not Applicable	Contact/Phone: 702-228-0055
	Vendor No.: T29036742
	NV Business ID: NV20151063877

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 % Workers Compensation/Charges for Services

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

The contractor was appointed by the Governor on October 2, 2019 for a term of: 9/1/19-8/31/21.

3. Termination Date: **08/31/2021**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

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

Hearings and Appeals does not have attorneys on staff.

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

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

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

Not Applicable

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

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

This contractor was appointed to this position by the Governor on October 2, 2019.

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 under contract with the Hearings and Appeals Division since 2016 and 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:
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:
Vanessa Curiel, AA IV Ph: 702-486-2741

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/17/2019 07:02:10 AM
Division Approval	ddav12	10/17/2019 07:02:13 AM
Department Approval	ddav12	10/17/2019 07:02:16 AM
Contract Manager Approval	ddav12	10/17/2019 07:02:19 AM
Budget Analyst Approval	cbrekken	10/23/2019 11:51:39 AM
BOE Agenda Approval	tgreenam	10/24/2019 12:49:26 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Deonne E. Contine
Director

Robin Hager
Deputy Director

Michelle L. Morgando, Esq.
Senior Appeals Officer

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MEMORANDUM

To: Contracts Unit

From: Michelle Morgando, Senior Appeals Officer 

Date: October 10, 2019

Subject: Justification for Retroactive Contract for Special Appeals Officers:
Cara Brown
Carolyn Broussard
Paul Lambolely
Victoria Oldenburg
Lorna Ward
Robert Zentz

Special Appeals Officers were reappointed on October 2, 2019 by the Governor as Special Appeals Officers for the Hearings Division. The Special Appeals Officers' reappointment is effective September 1, 2019 through August 31, 2019.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2019. No contract could have been initiated pending the Governor's appointment.

We are respectfully requesting a start date for this contract to be September 1, 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: **22533**

Agency Name: **DEPARTMENT OF TAXATION**
Agency Code: **130**
Appropriation Unit: **2361-04**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **DIRAD TECHNOLOGIES, INC.**
Contractor Name: **DIRAD TECHNOLOGIES, INC.**
Address: **9 Corporate Drive**
City/State/Zip: **Clifton Park, NY 12065**
Contact/Phone: **John Michne 518-438-6000**
Vendor No.: **T32009070**
NV Business ID: **NV20191625489**

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.

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 #: **RFP # 13DAT-S773**

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/09/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Call Center**

5. Purpose of contract:

This is a new contract to provide ongoing hosted call center services in order to address taxpayer service needs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$325,537.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The 2009 Legislature funded the Taxation Call Center in recognition of the department's inability to satisfactorily address taxpayer service needs, particularly related to timely response to their calls and correspondence. The Call Center has enabled the department to successfully address these areas and meet taxpayer service needs.

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 or resources to develop and maintain the technology and software provided by a hosted call center provider. Other state agencies are unable to provide hosted call center services, including the ability to track call center statistics, generate a variety of reports, provide regular updates to the caller on his placement in the queue, provide agent/supervisor connectivity, provide automated caller distribution, and record calls and maintain copies for 90 days.

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 #13DAT-S773, 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 NOT registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

Info. to follow

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.

Info. to follow

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	10/30/2019 14:59:12 PM
Division Approval	lhunnewe	10/30/2019 14:59:22 PM
Department Approval	lhunnewe	10/30/2019 14:59:25 PM
Contract Manager Approval	jgiesle2	11/01/2019 13:11:34 PM
Budget Analyst Approval	dlenzner	11/13/2019 11:54:20 AM
BOE Agenda Approval	lfree1	11/14/2019 12:43:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18985	Amendment Number: 2
Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: JOBS FOR NEVADA GRADUATES, INC.
Agency Code: 300	Contractor Name: JOBS FOR NEVADA GRADUATES, INC.
Appropriation Unit: 2699-25	Address: 4050 S BUFFALO DR STE A101-128
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89145
If "No" please explain: Not Applicable	Contact/Phone: Rene Cantu 702/810-3068
	Vendor No.: T32002801A
	NV Business ID: NV20131697401

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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **NV JAG**

5. Purpose of contract:

This is the second amendment to the original contract which supports the Jobs for America's Graduates (JAG) program in Nevada for the 2017-2021 school years. This amendment increases the maximum amount from \$15,281,580 to \$15,894,080 to expand the number of sites and restore supportive services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,173,290.00	\$7,173,290.00	\$7,173,290.00	Yes - Action
a. Amendment 1:	\$8,108,290.00	\$8,108,290.00	\$8,108,290.00	Yes - Action
2. Amount of current amendment (#2):	\$612,500.00	\$612,500.00	\$612,500.00	Yes - Action
3. New maximum contract amount:	\$15,894,080.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Jobs for America's Graduates (JAG) is a state-based national non-profit organization dedicated to preventing dropouts among young people who are not at-risk. This contract will enable the Department of Education to fulfill its obligation to this program.

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

The Jobs for America's Graduates model requires the state to contract with a qualified non-profit organization to administer this program. Jobs for America's Graduates operates in school districts throughout the state and includes funding from private partnerships.

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 #: 170603

Approval Date: 07/13/2017

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. 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 Employment, Rehabilitation and Training - 7/1/14-6/30/15 - work was satisfactory
Department of Education CETS #15700 - 7/1/14-7/31/17 - 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 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	amccalla	10/14/2019 08:08:41 AM
Division Approval	amccalla	10/14/2019 08:08:45 AM
Department Approval	amccalla	10/14/2019 08:08:50 AM
Contract Manager Approval	amccalla	10/15/2019 07:42:49 AM
Budget Analyst Approval	cbrekken	10/23/2019 10:04:56 AM
BOE Agenda Approval	tgreenam	10/28/2019 11:47:22 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: **22577**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	EDULOKA LIMITED
Agency Code:	300	Contractor Name:	INLUMON
Appropriation Unit:	2705-08	Address:	5375 KIETZKE LANE, SUITE 150
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511
If "No" please explain:	Not Applicable	Contact/Phone:	KAVITHARAJ BASAVARAJ 775-240-6318
		Vendor No.:	T29034911
		NV Business ID:	NV20101126878

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 %	X	Fees	100.00 % Educator Licensure
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? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

Program staff did not act to renew this contract in a timely manner. In the future, exceptions won't be given for this contractor. This contract is necessary for the operations of the Department's Office of Educator Licensure, as it is for ongoing hosting, maintenance, and support of the OPAL system used to issue, renew and maintain educator licenses for teachers and other licensed personnel statewide.

3. Termination Date: **06/30/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **System maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance, hosting and support of the existing online educator licensure system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$576,000.00**

Other basis for payment: Upon receipt of invoices for completed services; \$144,000 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

Existing educator licensure system must be maintained and supported/updated in order to continue functioning properly over life of system.

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

The State does not have the resources or expertise to provide these services.

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

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

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

Not Applicable

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

Approval #: 190904

Approval Date: 09/13/2019

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

Vendor built and implemented the system currently in use and is uniquely qualified to support and maintain product.

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:

5/1/17-04/30/19 NV Department of Education; work 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?

No b. If "No", please explain:

Eduloka Limited is doing business as InLumon.

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	rsum	11/04/2019 08:50:13 AM
Division Approval	vrutledg	11/04/2019 09:34:29 AM
Department Approval	amccalla	11/04/2019 14:43:08 PM
Contract Manager Approval	amccalla	11/05/2019 10:13:03 AM
Budget Analyst Approval	cbrekken	11/08/2019 15:38:13 PM
BOE Agenda Approval	lfree1	11/13/2019 15:49:09 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

Deonne E. Contine
Director

Kevin D. Doty
Acting Administrator

Purchasing Use Only:	
Approval#:	190964

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency:	Nevada Department of Education	
	Contact Name and Title	Phone Number	Email Address
	Michael Arakawa – Program Officer III	(702) 668-4302	marakawa@doe.nv.gov

Vendor Information:	
Identify Vendor:	inLumon
Contact Name:	Kavitharaj Basavaraj
Address:	5375 Kietzke Lane, Suite 150, Reno, NV 89511
Telephone Number:	(775) 240-6318
Email Address:	raj@inlumon.com

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	
	Professional Service Exemption:	X

Contract Information:				
1d	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	07/01/2019	End Date:

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Fee funded using educator licensure fees (BA 2705)

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$576,000

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Ongoing maintenance, hosting and support for existing educator licensure system.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Nevada's educator licensure processes and business rules are complex, and the system was designed and built by inLumon specifically so that workflow and system functions conform to those processes and business rules. InLumon's development team would be able to move forward in a support and enhancement role with a full understanding of all parts of the business processes that drove system design. Other vendors would not have the same detailed understanding of these processes or of the design of system components, and system issues would likely result in disruption of service for licensure applicants and currently licensed educators while they are resolved by a different vendor.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>In addition to the considerations listed in question 3 above, the Department's budget for FY 20 and FY 21 was constructed and approved based upon an annual cost structure for hosting, maintenance provided by inLumon during the initial procurement process. Changing to another vendor at this juncture would require adjusting the agency's biennial budget, in addition to the time delays inherent in the RFP process.</i>

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>
	<i>Alternatives were evaluated during the initial procurement process (RFP 3279) and were determined to be less cost-effective than the hosting/maintenance/support component offered by inLumon.</i>
	b. <i>If not, why were alternatives not evaluated?</i>
	<i>N/A</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 ALL previous waivers MUST accompany this request.			Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>					
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>	
	<i>05/01/2017</i>	<i>04/30/2019</i>	<i>\$650,000.00</i>	<i>System development, implementation, hosting, maintenance, and support</i>	<i>RFP #3279</i>	

			\$		
			\$		
			\$		
			\$		

7 What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
Possible disruption of services to applicants for licensure during the procurement process. Availability of this system is integral to the Department's ability to issue and renew educator licenses. Adequate staffing is always an issue in many of Nevada's public schools, and an inability to issue licenses for a period of time would exacerbate this.

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?
Costs for these services were evaluated during the initial RFP process, and all alternatives considered from other vendors were found to be more expensive and/or less cost effective than inLumon's solution.

9 Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the instructions. Yes: X No:

a. *If yes, please provide details regarding future obligations or needs.*
It is the Department's intent to continue to use this vendor to provide the listed services for the functional life of the system.

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

Michael Arakawa, Program Officer III
Print Name of Agency Representative Initiating Request

09-09-19
Date


Signature of Agency Head Authorizing Request

FELICIA GONZALES, DEPUTY SUPERINTENDENT
Print Name of Agency Head Authorizing Request

9/9/19
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

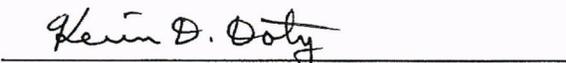
Print Name of Representative Providing Review

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:


Administrator, Purchasing Division or Designee

9/13/19
Date

Steve Sisolak
Governor

Jhone Ebert
Superintendent of
Public Instruction



Southern Nevada Office
9890 S. Maryland Parkway,
Suite 221
Las Vegas, Nevada 89183
(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 | Fax: (775) 687-9101

October 30, 2019

MEMORANDUM

TO: Susan Brown
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Catherine Brekken
Budget Analyst, Governor's Finance Office – Budget Division

FROM: Andrea Osborne 
Administrative Services Officer 3, Business and Support Services Division

SUBJECT: Request for Retroactive Contract with InLumon

This memorandum serves as a request for retroactive approval to July 1, 2019 on a contract with InLumon. Program staff did not act to renew this contract in a timely manner. In the future, exceptions won't be given for this contractor. This contract is necessary for the operations of the Department's Office of Educator Licensure, as it is for ongoing hosting, maintenance, and support of the OPAL system used to issue, renew and maintain educator licenses for teachers and other licensed personnel statewide. We appreciate 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: **22496**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	AGING AND DISABILITY SERVICES DIVISION
Agency Code:	403	Contractor Name:	AGING AND DISABILITY SERVICES DIVISION
Appropriation Unit:	3158-11	Address:	3416 GONI RD. BLDG. D, STE 132
Is budget authority available?:	Yes	City/State/Zip:	CARSON CITY, NV 89706
If "No" please explain:	Not Applicable	Contact/Phone:	Lisa Tuttle 775-687-4210
		Vendor No.:	
		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 %
X Federal Funds	100.00 %	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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **1 year and 180 days**

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

Contract description: **Medicaid Reimbs.**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Medicaid reimbursement for Medicaid Outreach and/or Medicaid Administrative duties for the following programs: Nevada Early Intervention Services, Autism Treatment Assistance Program, Adult Rights Specialists and National Core Indicators.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,250,000.00**

Payment for services will be made at the rate of \$875,000.00 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada residents within the targeted populations may be eligible for Medicaid services but unaware of services available. This contract will allow ADSD to facilitate community outreach to educate the public and will support the DHCFP in Medicaid Administrative Claiming and Cost Allocation. This contract allows DHCFP as the "single state agency" for Medicaid to receive and pass on federal funds for these services.

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

Adult Rights Specialists and other ADSD staff will be performing these duties.

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

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

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

Not Applicable

b. Solicitation Waiver: **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:

Existing contract with satisfactory performance.

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	vmilazz1	11/06/2019 13:20:35 PM
Division Approval	vmilazz1	11/06/2019 13:20:38 PM
Department Approval	mwinebar	11/06/2019 14:00:32 PM
Contract Manager Approval	rmille8	11/06/2019 14:47:54 PM
Budget Analyst Approval	laaron	11/12/2019 15:39:37 PM
BOE Agenda Approval	bwooldri	11/12/2019 16:08:45 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: **22445**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: JRW Consulting, LLC
Agency Code: 403	Contractor Name: JRW Consulting, LLC
Appropriation Unit: 3158-04	Address: 4368 Hidden Meadows Drive
Is budget authority available?: No	City/State/Zip: Carson City, NV 89701
If "No" please explain: C49251	Contact/Phone: 775-887-9699
	Vendor No.: T32007385
	NV Business ID: NV20181703518

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.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **211 days**

4. Type of contract: **Contract**

Contract description: **DHCFP Consulting**

5. Purpose of contract:

This is a new contract to provide analysis, review and documentation for budget and fiscal processes.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Payment for services will be made at the rate of \$125.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The majority of the DHCFP fiscal staff are new to the division and do not have historical knowledge of DHCFP's budgeting and projection methodologies and DHCFP operations. The analysis and review will continue the in depth analysis and review. Current staffing levels do not permit current staff to perform these functions and maintain day to day operations of the division.

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

Current staff do not have the experience that the contractor provides to complete a high-level analysis and review of division processes.

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

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

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

Not Applicable

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

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

[Empty text box]

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. 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?

Yes

See the attached Authorization to Contract form for details.

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:

He was contracted with the Governor's Finance Office and DHCFP, his performance was found to be 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	pcolegro	10/01/2019 13:07:38 PM
Division Approval	vmilazz1	10/02/2019 13:11:13 PM
Department Approval	mwinebar	10/03/2019 10:35:35 AM
Contract Manager Approval	dsisc1	10/03/2019 15:04:06 PM
Budget Analyst Approval	laaron	11/13/2019 15:55:13 PM
BOE Agenda Approval	bwooldri	11/13/2019 16:25:15 PM
BOE Final Approval	Pending	



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

MEMORANDUM

Date: September 30, 2019
TO: Susan Brown, Director, Governor's Finance Office
THROUGH: Richard Whitley, Director, Department of Health & Human Services
FROM: Budd Milazzo, Chief Financial Officer, Division of Health Care Financing and Policy 
RE: Authorization to Contract with a Former Employee – James Wells

Pursuant to NRS 333.705, subsection 1, the Division of Health Care Financing and Policy (DHCFP) is requesting authority to contract with a retired state employee, Mr. James Wells, to assist in the analysis and review of all financial processes, including budgeting and projections, and financial staff organization of DHCFP.

Mr. Wells has served as the Director of the Governor's Finance Office and during the current budget session as a contractor with the GFO. During that time Mr. Wells reviewed, in conjunction with DHCFP staff, and helped submit all DHCFP budget accounts for the Governor's recommended budget providing a unique understanding of the budget accounts. Additionally, Mr. Wells previously worked as the Director of the Public Employee Benefits Program and has an understanding of medical budgets, medical billing and drug rebate programs.

Upon approval of this request, Mr. Wells will work part-time for a maximum of 20 hours per week.

Please let me know if you have any questions or need additional information.



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:	James Wells
Former Employee ID Number:	10256
Former Job Title:	Director
Former Employee Agency:	Governor's Finance Office
Former Class and Grade:	Unclassified
Former Employment Dates:	January 1992 – July 13, 2018
Contracting Agency:	403 Division of Health Care Financing and Policy

Please check which of the following applies:

- Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-1 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-1 below.

a. Summarize scope of contract work.

- Analyze, review, and document budget tracking and submission spreadsheets, projection files, federal reporting documentation, and other spreadsheets identified by DHCFP.
- Analyze and review fiscal staff organization, structure, staffing levels, and work performance standards.
- Provide recommendations, enhancements, and document procedures for reports.
- Identify, analyze, and provide recommendations for operational and cross-organizational efficiencies.
- Assist in staff training as requested.

b. Document former job description.

Mr. Wells was responsible for collaborating with executive branch agencies to produce the Governor's Executive Budget as well as working in partnership with senior State leaders on budget guidelines based on the Governor's priorities. Additionally, he oversaw the day-to-day operations and management of the Budget and Internal Audit Divisions.

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?

Mr. Wells has knowledge of the State budgeting process and is a Certified Public Accountant.

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

The majority of the DHCFP's fiscal staff are new to the DHCFP and do not have the historical knowledge of the DHCFP's budgeting and projection methodologies. This ongoing analysis and review will be from the ground up. Current staffing levels do not permit staff to perform these functions while maintaining day-to-day operations of the Division.

- 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 Chief Financial Officer of the DHCFP will oversee the contractor and is not related to Mr. Wells.

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

\$125.00 per hour.

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

The Employee/Employer rate for the Administrative Services Officer IV position is \$115,090.56 with \$39,781 in benefits for a total of \$154,871.56 annually.

- 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?**

The current Master Services Contract rate for the former ASO IV is \$164.18 and Mr. Wells provides a wider breadth of knowledge.

- i. Document justification for hiring contractor.**

Current staff do not have the experience that the contractor provides for high-level analyses and review of Division processes.

- 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)**

From November 15, 2019 or upon approval of the Board, to June 30, 2020.

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

Part-time and no more than 20 hours a week.

Comments:

Suzanne Bierman

10/2/19

Contracting Agency Head's Signature and Date

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and 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: **22303**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: MYERS AND STAUFFER, LC
Agency Code: 403	Contractor Name: MYERS AND STAUFFER, LC
Appropriation Unit: 3158-04	Address: 4400 Cox Road, Suite 110
Is budget authority available?: Yes	City/State/Zip: Glen Allen, VA 23060
If "No" please explain: Not Applicable	Contact/Phone: Johanna Linkenhoker 804-270-2200
	Vendor No.: T81098965A
	NV Business ID: NV20001070243

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	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % County

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 12/2019

Retroactive? **Yes**

If "Yes", please explain

This contract between the Division of Health Care Financing and Policy (DHCFP) and Myers and Stauffer LC is requested to be retroactive to ensure the continued timely review of all cost reports submitted by governmental providers who certify public expenditures required for federal reimbursement. There were delays in working through the budget with DHCFP fiscal staff aligning contract authority with fiscal budget authority.

3. Termination Date: **09/30/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **CPE Audits,TCM,GEMT**

5. Purpose of contract:

This is a new contract to provide ongoing reviews of the cost allocation plans and cost reports submitted by governmental entities that provide such services as targeted case management, school based services and administrative services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,296,000.00**

Other basis for payment: Targeted Case Management and Adult Day Health - \$336,000; Fire District Emergency Transportation - \$792,000; School Medicaid Admin - \$168,000

II. JUSTIFICATION

7. What conditions require that this work be done?

Necessity to ensure accuracy in certified public expenditure (CPE) reimbursement to the counties for targeted case management, school based services, and administrative services among others.

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

DHCFP does not have the resources to conduct these reviews annually.

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:

Myers and Stauffer is a contracted vendor of DHCFP currently for this and other services, DHCFP is satisfied with the services provided.

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	vmilazz1	10/31/2019 15:01:06 PM
Division Approval	vmilazz1	10/31/2019 15:01:09 PM
Department Approval	mwinebar	11/05/2019 15:49:56 PM
Contract Manager Approval	rmille8	11/06/2019 14:50:11 PM
Budget Analyst Approval	laaron	11/14/2019 13:50:08 PM
BOE Agenda Approval	bwooldri	11/14/2019 15:00:35 PM
BOE Final Approval	Pending	

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

SUZANNE BIERMAN, JD, MPH
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

MEMORANDUM

Date: October 4, 2019
To: Lynette Aaron, Executive Branch Budget Officer I
Through: Richard Whitley, Director
From: Vincent Milazzo, DHCFP
Re: Myers and Stauffer LC

This contract between the Division of Health Care Financing and Policy (DHCFP) and Myers and Stauffer LC is requested to be retroactive to ensure the continued timely review of all cost reports submitted by governmental providers who certify public expenditures required for federal reimbursement. There were delays in working through the budget with DHCFP fiscal staff aligning contract authority with fiscal budget authority. DHCFP had requested additional information on the budget fiscal year to year.

In the future contract staff will work with fiscal earlier in the contracting process to reconcile contract and budgetary needs to avoid further contract delays.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22563**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: MYERS AND STAUFFER, LC
Agency Code: 403	Contractor Name: MYERS AND STAUFFER, LC
Appropriation Unit: 3158-23	Address: 1349 W. Peachtree Street
Is budget authority available?: No	City/State/Zip: Atlanta, GA 30009
If "No" please explain: Subject to approval of Work Program #49020	Contact/Phone: Jerry Dubberly, PharmD 404-524-0775
	Vendor No.: T81098965
	NV Business ID: NV20001070243

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 %
X Federal Funds	100.00 %	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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2021**

Contract term: **1 year and 120 days**

4. Type of contract: **Contract**

Contract description: **Substance Use Prev**

5. Purpose of contract:

This is a new contract to provide project management, analysis and assessment, technical assistance and actuarial services for the development of an opioid recovery and treatment program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$971,729.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

In order to receive CMS issued planning grant funds through the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, DHCFP is expected to develop and implement a substance use disorder (SUD) treatment and recovery program.

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

The State does not have the resources or expertise to perform this work.

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

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

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

Not Applicable

b. Solicitation Waiver: **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:

Currently in contract with the Division and 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	vmilazz1	10/31/2019 15:27:55 PM
Division Approval	vmilazz1	10/31/2019 15:28:59 PM
Department Approval	mwinebar	11/06/2019 14:09:33 PM
Contract Manager Approval	rmille8	11/06/2019 14:46:04 PM
Budget Analyst Approval	laaron	11/14/2019 16:11:29 PM
BOE Agenda Approval	bwooldri	11/14/2019 16:29:56 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: **22237**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Mercer Health and Benefits, LLC
Agency Code: 403	Contractor Name: Mercer Health and Benefits, LLC
Appropriation Unit: 3158-04	Address: 2325 E. Camelback Road Suite 600
Is budget authority available?: No	City/State/Zip: Phoenix, AZ 85016
If "No" please explain: C49251	Contact/Phone: Frederick Gibison 602-522-6526
	Vendor No.: T32007146
	NV Business ID: NV20041250294

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.

X General Funds	50.00 %	Fees	0.00 %
X Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP #40DHHs-S697

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: **Actuarial Services**

5. Purpose of contract:

This is a new contract to provide actuarial services to annually set actuarially sound rates for Medicaid Managed Care Organization payments, perform rate specific analysis and consult on the implementation of on-going and proposed rate methodologies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,085,000.00**

Payment for services will be made at the rate of \$990,000.00 per year

Other basis for payment: Ad Hoc rates per Cost Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal mandates for sound actuarial services pursuant to 42 CFR 438.6 for Medicaid payments made to Managed Care Organizations (MCO), Prepaid Inpatient Health Plan(PIHP) or Prepaid Ambulatory Health Plan (PAH)P.

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

State employees lack the skills and expertise for the complexity required to set actuarially sound rates.

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):

Optumas
Mercer
Milliman

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHs-S697 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: 07/17/2019 Anticipated re-bid date: 01/01/2023

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:

Mercer has provided good service to the Department of Health and Human Services and the Division of Public and Behavioral Health.

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	pcolegro	09/27/2019 08:45:08 AM
Division Approval	vmilazz1	10/01/2019 11:36:00 AM
Department Approval	mwinebar	10/03/2019 08:56:20 AM
Contract Manager Approval	cmoriart	10/03/2019 15:03:27 PM
Budget Analyst Approval	laaron	10/29/2019 15:22:27 PM
BOE Agenda Approval	bwooldri	11/14/2019 16:16:18 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: 11723	Amendment Number: 6
Agency Name: HEALTH CARE FINANCING & POLICY	Legal Entity Name: Milliman, Inc.
Agency Code: 403	Contractor Name: Milliman, Inc.
Appropriation Unit: 3158-04	Address: 1301 Fifth Avenue, Suite 3890
Is budget authority available?: No	City/State/Zip: Seattle, WA 98101
If "No" please explain: Contract is contingent upon approval of Work Program C49251 anticipated to be December 15, 2019.	Contact/Phone: Jennifer Gerstorff 206-613-8124
	Vendor No.: PUR0005194
	NV Business ID: NV20011420475

To what State Fiscal Year(s) will the contract be charged? **2011-2020**

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	50.00 %	Fees	0.00 %
X	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **403**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2010**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **9 years and 200 days**

4. Type of contract: **Contract**

Contract description: **Actuarial Services**

5. Purpose of contract:

This is the sixth amendment to the original contract which provides ongoing services to develop an actuarially sound methodology for capitated rates to be paid to Medicaid managed care organizations. This amendment extends the termination date from December 31, 2019 to June 30, 2020 and increases the maximum amount from \$5,795,877 to \$6,286,605 due to continued need for these services.

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:	\$1,188,365.00	\$1,188,365.00	\$1,188,365.00	Yes - Action
b. Amendment 2:	\$960,000.00	\$960,000.00	\$960,000.00	Yes - Action
c. Amendment 3:	\$539,017.00	\$539,017.00	\$539,017.00	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
e. Amendment 5:	\$2,408,495.00	\$2,408,495.00	\$2,408,495.00	Yes - Action
2. Amount of current amendment (#6):	\$490,728.00	\$490,728.00	\$490,728.00	Yes - Action

3. New maximum contract amount: \$6,286,605.00
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?

Federal mandates for sound actuarial service pursuant to 42 CFR 438.6

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

State employees lack the skills and expertise for the complexity required to establish actuarially sound rates.

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):

AON Consulting
Mercer Health & Benefits
Schramm/Raleigh

b. Solicitation Waiver: **Not Applicable**

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

The scoring system for technical and cost proposals placed Milliman on top.

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:

Existing contract with DHCFFP that will expire 12/31/19 with satisfactory performance.

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	pcolegro	11/01/2019 08:18:18 AM
Division Approval	vmilazz1	11/01/2019 13:47:01 PM
Department Approval	mwinebar	11/06/2019 14:04:32 PM
Contract Manager Approval	rmille8	11/06/2019 14:44:10 PM
Budget Analyst Approval	laaron	11/14/2019 16:15:22 PM
BOE Agenda Approval	bwooldri	11/14/2019 16:30:34 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22501**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	AGING AND DISABILITY SERVICES DIVISION
Agency Code:	403	Contractor Name:	AGING AND DISABILITY SERVICES DIVISION
Appropriation Unit:	3243-71	Address:	3416 GONI RD. BLDG. D STE 132
Is budget authority available?:	Yes	City/State/Zip:	CARSON CITY, NV 89706
If "No" please explain:	Not Applicable	Contact/Phone:	Lisa Tuttle 775-687-4210
		Vendor No.:	
		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 %
X Federal Funds	100.00 %	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 **10/01/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

This contract is retroactive due to a need to pay for services previously rendered by the vendor. This contract was delayed due to reconciliation issues with the licenses. In the future, DHC FP IT will prevent delays by maintaining records of license allocation by PCN.
--

3. Termination Date: **09/30/2021**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **MFP Rebalancing**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing support and maintenance for the Serious Occurrence Report database, case management system, emergency services for individuals with disabilities under the age of 60 and continuing an initiative to expand services to Medicaid eligible individuals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$102,756.87**

Other basis for payment: Serious Occurrence Report database: \$2,350; Case Management system: \$7,000; Aging and Disability Resource Centers - \$78,406.87; Community Advocate Program: \$15,000

II. JUSTIFICATION

7. What conditions require that this work be done?

All projects will enhance service delivery and expand access to Home and Community Based Services and build community infrastructure and capacity.
--

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

ADSD staff will be performing these duties.

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

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

Not Applicable

b. Solicitation Waiver: **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:

Existing contract with satisfactory performance.

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	pcolegro	10/30/2019 14:46:35 PM
Division Approval	vmilazz1	11/01/2019 10:39:25 AM
Department Approval	mwinebar	11/05/2019 16:38:12 PM
Contract Manager Approval	rmille8	11/06/2019 14:52:09 PM
Budget Analyst Approval	laaron	11/13/2019 14:18:16 PM
BOE Agenda Approval	bwooldri	11/13/2019 15:26:40 PM
BOE Final Approval	Pending	



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfnv.gov>

MEMORANDUM

Date: October 28th, 2019
To: Lynnette Aaron, Executive Branch Budget Officer I
Through: Richard Whitley, Director
From: Vincent Milazzo, DHCFP
Re: Aging and Disability Services Division – MFP Rebalancing

This contract requests retroactive approval due to ongoing services being provided by ADSD. This contract was delayed due to unexpected lengthy delays between reconciling the number of licenses needed against licenses currently allocated to staff located both at ADSD and DHCFP. In the future, license allocation will be maintained by DHCFP by tracking licenses via PCNs with updates based upon position requirements, thereby eliminating the cause for delay during this contract negotiation.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22328**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: City of Mesquite
Agency Code: 403	Contractor Name: City of Mesquite
Appropriation Unit: 3243-24	Address: Mesquite Fire & Rescue 10 East Mesquite Blvd. Mesquite, NV 89027
Is budget authority available?: Yes	City/State/Zip: Mesquite, NV 89027
If "No" please explain: Not Applicable	Contact/Phone: 702-346-2690
	Vendor No.: T80588100
	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 %
X Federal Funds	100.00 %	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 **07/01/2018**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

This contract is retroactive due to negotiations/discussions with the City to prepare their systems to a level that will meet the requirements for participation in this program. Since the Division of Health Care Financing and Policy can request federal reimbursement for up to eight quarters in arrears, the city has requested a start date of July 1, 2018 to maximize its reimbursement.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

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

Contract description: **CPE GEMT**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,483,779.00**

Other basis for payment: FY19: \$360,000; FY20: \$367,200; FY21: \$374,544; FY22: \$382,035

II. JUSTIFICATION

7. What conditions require that this work be done?

Fire Districts perform Medicaid Emergency Transportation services to Medicaid recipients. As a local governmental entity, the contractor is eligible to receive Certified Public Expenditures reimbursement methodology which allows the contractor to receive payment based on actual costs to provide services instead of the posted fee schedule. This reimbursement allows the state to maximize Medicaid federal funding for Nevada.

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

The State does not have the resources or expertise to provide these services.

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

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

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

Not Applicable

b. Solicitation Waiver: **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:

DHCFP has contracted with the City of Mesquite in the past for emergency transportation services which terminated 6/30/2018 and is satisfied with the relationship and services provided.

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	pcolegro	10/29/2019 09:47:49 AM
Division Approval	mwinebar	10/29/2019 15:39:35 PM
Department Approval	mwinebar	10/29/2019 15:39:39 PM
Contract Manager Approval	rmille8	11/06/2019 14:39:55 PM
Budget Analyst Approval	laaron	11/12/2019 14:34:41 PM
BOE Agenda Approval	bwooldri	11/12/2019 16:09:18 PM
BOE Final Approval	Pending	

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

SUZANNE BIERMAN, JD, MPH
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

MEMORANDUM

Date: October 24, 2019
To: Lynette Aaron, Executive Branch Budget Officer I
Through: Richard Whitley, Director
From: Vincent Milazzo, DHC FP
Re: City of Mesquite/ Mesquite Fire and Rescue

This contract is retroactive due to negotiations/discussions with the City to prepare their systems to a level that will meet the requirements for participation in this program. Since the Division of Health Care Financing and Policy can request federal reimbursement for up to eight quarters in arrears, the city has requested a start date of July 1, 2018 to maximize its reimbursement.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22565**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Problem Gambling Solutions, LLC
Agency Code:	406	Contractor Name:	Problem Gambling Solutions, LLC
Appropriation Unit:	3200-19	Address:	1602 SW. Westwood Dr.
Is budget authority available?:	Yes	City/State/Zip:	Portland, OR 97239
If "No" please explain:	Not Applicable	Contact/Phone:	Jeffrey Marotta 503-706-1197
		Vendor No.:	T27018160
		NV Business ID:	NV20101605733

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.

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 #: RFP 40DHHD-S870/C 17516

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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **3 years and 180 days**4. Type of contract: **Contract**Contract description: **Problem Gambling**

5. Purpose of contract:

This is a new contract to provide ongoing technical assistance to sub-recipients, the Bureau of Behavioral Health, Wellness and Prevention staff and Unit Advisory Committee on Problem Gambling with problem gambling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$245,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is required under NRS 458A which provides administrative structure for publicly funded problem gambling treatment and prevention programs.

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

State employees do not possess the necessary skills or experience to perform 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):

Problem Gambling Solutions, LLC.b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S870 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

The selected vendor submitted the only proposal.

d. Last bid date: 10/08/2019 Anticipated re-bid date: 06/15/2023

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:

Services provided to DHHS from 2014 to present - 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	rmorse	11/04/2019 07:57:21 AM
Division Approval	rmorse	11/04/2019 07:57:23 AM
Department Approval	mwinebar	11/05/2019 17:41:08 PM
Contract Manager Approval	rmorse	11/06/2019 10:42:21 AM
Budget Analyst Approval	afrantz	11/07/2019 10:56:17 AM
BOE Agenda Approval	bwooldri	11/14/2019 07:46:40 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: **22535**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH Agency Code: 406 Appropriation Unit: 3215-24 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: LIBERTY DENTAL PLAN OF NEVADA, INC. Contractor Name: LIBERTY DENTAL PLAN OF NEVADA, INC. Address: 6385 S. Rainbow Blvd. Ste. 200 City/State/Zip: Las Vegas, NV 89118 Contact/Phone: Amir Neshat, D.D.S. 949/223-8929 Vendor No.: T32009052 NV Business ID: NV20071098062
--	--

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 %
X Federal Funds	90.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	10.00 % Rebates

Agency Reference #: **RFP#40DHHS-S822/C 17500**

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **5 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Dental Services**

5. Purpose of contract:

This is a new contract to provide dental services to participants in the Ryan White Part B Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,100,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Oral Health Care was identified as a gap in health services as part of the Care and Prevention Integrated Treatment Plan submitted to the Health Resources and Services Administration (HRSA). Contracting with Liberty Dental will allow Ryan White Part B/ADAP to eliminate this gap for Ryan White Part B/ADAP clients.

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

State employees do not possess the knowledge or access to dental service plans to perform 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):

The Guardian Life Insurance Company of America
 Liberty Dental Plan Corp.
 HealthScope Benefits

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S822, 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: 08/27/2019 Anticipated re-bid date: 06/23/2023

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:

Vendor with DHCFP since 1/18 - 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	rmorse	10/24/2019 14:06:51 PM
Division Approval	rmorse	10/24/2019 14:06:54 PM
Department Approval	mwinebar	10/31/2019 08:07:00 AM
Contract Manager Approval	rmorse	10/31/2019 12:30:46 PM
Budget Analyst Approval	afrantz	11/06/2019 09:51:00 AM
BOE Agenda Approval	bwooldri	11/07/2019 12:07:10 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: **22273**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Board of Regents, NSHE, University of Nevada Reno
Agency Code: 406	Contractor Name: Board of Regents, NSHE, University of Nevada Reno
Appropriation Unit: 3218-22	Address: Nevada State Public Health Lab 1664 N. Virginia St. / MS 325
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89557-0325
If "No" please explain: Not Applicable	Contact/Phone: Stephanie Van Hooser 775-682-6205
	Vendor No.: D35000816
	NV Business ID: Governmental Entity

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 #: C 17361

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 12/2019

Retroactive? **Yes**

If "Yes", please explain

This contract was delayed because the program received federal notice that the Notice of Grant Award would be delayed, the vendor also required additional time to approve and sign the contract. Please see attached Authorization to Incur Costs from the Centers for Disease Control and Prevention.

3. Termination Date: **06/30/2024**

Contract term: **5 years and 1 day**

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

Contract description: **Laboratory Services**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing emergency preparedness laboratory services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,500,000.00**

Payment for services will be made at the rate of \$700,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The CDC-PHEP Cooperative Agreement requires growth in Domain 6: Strengthen Biosurveillance - the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public. This work is completed through the Nevada State Public Health Laboratory (NSPHL).

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 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

10%

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 perform services for each other - 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	09/23/2019 13:15:34 PM
Division Approval	rmorse	09/23/2019 13:15:37 PM
Department Approval	mwinebar	10/30/2019 17:57:08 PM
Contract Manager Approval	rmorse	10/31/2019 12:30:07 PM
Budget Analyst Approval	afrantz	11/04/2019 08:37:33 AM
BOE Agenda Approval	bwooldri	11/14/2019 16:18:50 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

MEMORANDUM

DATE: August 8, 2019

TO: Aaron Frantz
Budget Officer
Governor's Finance Office

THROUGH: Christina Hadwick
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Karen K. Beckley, M.P.A., M.S.
Bureau Chief
Bureau of Health Protection and Preparedness

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – C 17361 Nevada State Public Health Laboratory (CETS #22273)

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **Board of Regents, NSHE, University of Nevada Reno, Nevada State Public Health Laboratory (NSPHL)**
- Services to be provided: **Build upon the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor – through active and passive surveillance – threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.**
- Funding source and expenditure category: **BA# 3218 - CAT 22; Grant # 1 NU90TP922047-01-00**
- Requested start date of work: **July 1, 2019**
- Expected execution date of agreement: **December 10, 2019**
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely: **This contract was delayed because the program received federal notice that the Notice of Grant Award (NOGA) would be delayed. Please see attached Authorization to Incur Costs from the Centers for Disease Control and Prevention (CDC). The NOGA was received on July 8, 2019. The contract was further delayed pending review and signature from NSPHL. The approved contract was sent to NSPHL on 8/15/19 for signature. Any contracts with a value greater than 3 million require approval and signature from the NSHE Chancellor. The agreement was signed by the vendor on 9/16/2019, however, corrections to the budget were discovered in early October. The contract was further delayed due to staff illnesses in the DPBH Contract Unit.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **Delays in the NSPHL completing work under this funding will severely impact Nevada's ability to detect and respond to various chemical and biological threats to public health.**
 - Explain how the program/bureau will prevent future retroactive requests: **The program only seeks retroactive approval due to the delay in receiving the notice of award from the CDC after the start date of the award and will work with the vendor reduce the need for future retroactive requests.**

If you have any questions, please contact Malinda Southard at (775) 684-4039 or msouthard@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

Revised 8/19



Date: July 3, 2019

To: CDC-RFA-TP19-1901- Public Health Emergency Preparedness
Cooperative Agreement Department of Health and Human Services
Programs (PHEP)

Re: Authorization to Incur Costs

Dear Recipient,

This communication is in advance of your official Notice of Award and designed to update your organization regarding the status of your Application submitted via Grants.gov submitted on May 3, 2019. Your organization has been approved for funding under TP19-1901. The pending Notice of Award will be released no later than July 5, 2019, with a budget period reflecting July 1, 2019, to June 30, 2020.

Your organization is approved to incur costs up to 25% of the total funding amount as indicated on the funding table in the NOFO. These costs must be allowable, allocable, and reasonable only for TP19-1901 activities beginning on the budget period start date of **July 1, 2019**. The allowability of costs under specific CDC awards may be subject to other requirements specified in the program legislation, regulations, or the specific terms and conditions of the award. Cost for activities determined not applicable to TP19-1901 will be disallowed.

Your assigned PHEP project officers will forward your organization a detailed summary statement which outlines the strengths, weaknesses, and recommended budgetary restrictions. Please be advised that your organization cannot expend funds for items or activities in which funding has been restricted.

We trust this will allow you to move forward with activities approved for BP1 as planned. If you have any questions regarding this matter, please contact me at 770-488-2809, email address: IBQ7@cdc.gov

Best Regards,

*Shicann M.
Phillips*

Shicann M.
Phillips Team
Lead

Grants Management Officer
Office of the Director, Environmental, Occupational Health and Injury Prevention Branch CDC/Office of
Financial Resources (OFR)

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22195**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: PONDERA SOLUTIONS, LLC
Agency Code: 407	Contractor Name: PONDERA SOLUTIONS, LLC
Appropriation Unit: 3228-26	Address: 80 BLUE RAVINE RD STE 250
Is budget authority available?: Yes	City/State/Zip: FOLSOM, CA 95630-4721
If "No" please explain: Not Applicable	Contact/Phone: 916/389-7800
	Vendor No.: T27042221
	NV Business ID: NV20181019730

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.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	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 12/2019

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: **Fraud Detection**

5. Purpose of contract:

This is a new contract which continues to provide fraud detection software as a service.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$838,730.00**

Other basis for payment: Actual per invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

SNAP law and regulations require state agencies administering the program to maintain fraud prevention efforts and investigate program violations by SNAP participants.

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 resources or expertise to provide 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?

This system was previously purchased and is in use by DWSS.

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:

John Dekoekkoek, MA III Ph: 775-684-0568

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	07/25/2019 08:28:41 AM
Division Approval	bberry	10/08/2019 11:17:16 AM
Department Approval	mwinebar	10/23/2019 16:12:45 PM
Contract Manager Approval	sjon23	10/28/2019 11:17:52 AM
EITS Approval	tgalluzi	11/18/2019 08:24:12 AM
Budget Analyst Approval	bwooldri	11/18/2019 08:41:01 AM
BOE Agenda Approval	bwooldri	11/18/2019 08:41:05 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: 19963	Amendment Number: 1
Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Allpro Services, LLC
Agency Code: 409	Contractor Name: Allpro Services, LLC
Appropriation Unit: 3646-07	Address: 3674 N. Rancho Drive Ste. 101
Is budget authority available?: Yes	City/State/Zip: Las Vegas , NV 89130
If "No" please explain: Not Applicable	Contact/Phone: Mike Holden 702-550-4755
	Vendor No.: T27034427
	NV Business ID: NV20111339463

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.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Painting Services**

5. Purpose of contract:

This is the first amendment to the original contract to provide ongoing painting services. This amendment increases the maximum amount from \$80,000 to \$133,000 due to additional projects to support federal mandates.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$80,000.00	\$80,000.00	\$80,000.00	Yes - Action
2. Amount of current amendment (#1):	\$53,000.00	\$53,000.00	\$53,000.00	Yes - Action
3. New maximum contract amount:	\$133,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The importance of maintaining the finish, weather resistance and appearance of the buildings. Keeping the paint and stucco in good condition maintains the integrity of the buildings' structure. The agency also deals with destructive clients that periodically damage the walls of the agency owned buildings.

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

There isn't sufficient staff to maintain paint projects along with their current workload.

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):

All Valley Painters
Allpro Services
McMillan & McMillan Painting Contractors

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor to respond.

d. Last bid date: 03/15/2018 Anticipated re-bid date: 03/15/2022

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 has been under contract with the agency since 2014 and services were 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	prassie1	09/24/2019 16:06:41 PM
Division Approval	knielsen	10/08/2019 16:30:30 PM
Department Approval	sjohnso9	10/08/2019 16:31:23 PM
Contract Manager Approval	sknigge	10/08/2019 16:33:16 PM
Budget Analyst Approval	laaron	10/21/2019 16:10:39 PM
BOE Agenda Approval	bwooldri	10/22/2019 08:10:56 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: 21230	Amendment Number: 2	
	Legal Entity Name: CHARDONNAY DIALYSIS, INC.	
Agency Name: DEPARTMENT OF CORRECTIONS	Contractor Name: CHARDONNAY DIALYSIS, INC.	
Agency Code: 440	Address: 807 W FAIRCHILD STREET	
Appropriation Unit: 3706-50		
Is budget authority available?: Yes	City/State/Zip: DANVILLE, IL 61832-3708	
If "No" please explain: Not Applicable	Contact/Phone: JOE BURKE 217-477-1490	
	Vendor No.: T81009401	
	NV Business ID: NV19951062552	

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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.

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 #: **RFP #44DOC-S332-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Inmate Dialysis**

5. Purpose of contract:

This is the second amendment to the original contract to provide ongoing onsite hemodialysis services. This amendment increases the maximum amount from \$4,025,400 to \$4,422,960 to add two additional dialysis stations at the Southern Desert Correctional Center.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,000,000.00	\$4,000,000.00	\$4,000,000.00	Yes - Action
a. Amendment 1:	\$25,400.00	\$25,400.00	\$25,400.00	Yes - Info
2. Amount of current amendment (#2):	\$397,560.00	\$397,560.00	\$422,960.00	Yes - Action
3. New maximum contract amount:	\$4,422,960.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Corrections is required by Statute to provide medical care to incarcerated inmates.

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

The Department does not have the expertise and/or equipment necessary to perform hemodialysis treatments.

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 #44DOC-S332, 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: 09/18/2018 Anticipated re-bid date: 06/30/2023

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:

Nevada Department of Corrections from July 1, 2014 to present. They 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:
 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	amonro1	10/18/2019 11:01:07 AM
Division Approval	amonro1	10/18/2019 11:01:11 AM
Department Approval	sewart	10/18/2019 13:19:27 PM
Contract Manager Approval	aroma2	10/28/2019 09:40:58 AM
Budget Analyst Approval	kshe1	11/06/2019 13:50:48 PM
BOE Agenda Approval	jrodrig9	11/13/2019 21:37:52 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22548**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: RELX, INC. DBA LexisNexis
Agency Code: 440	Contractor Name: RELX, INC. DBA LexisNexis
Appropriation Unit: 3763 - All Categories	Address: 9443 Springboro Pike
Is budget authority available?: No	City/State/Zip: Miamisburg, OH 45342
If "No" please explain: Warm Springs Correctional Center Law Library will be short to fund the contract in state fiscal year (SFY) 2020. Work program C49382 will be submitted to fund this shortfall. A work program will also be required in SFY 2021 for all seven law libraries.	Contact/Phone: Kim Shields 573-673-4230
	Vendor No.: PUR0003527
	NV Business ID: NV20091408274

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 % Inmate Welfare Account

Agency Reference #: RFP # 44DOC-S784-AM

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 12/2019

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: **Legal research**

5. Purpose of contract:

This is a new contract to provide ongoing access to specific legal materials and references for inmate law libraries.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$357,350.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Corrections is obligated to maintain current legal materials and updates in all seven of their correctional institution law libraries.

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

Historically the Department has outsourced the legal resource research services to ensure prompt and current law library resources to incarcerated inmates.

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):

Hezel Associates
Complete Book & Media Supply, LLC

LexisNexis, a division of RELX Inc.
West, A Thomson Reuters Business

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #33DOC-S784, and in accordance with NRS 333, the selected vendor was the only vendor that submitted a proposal. An internal review was done by the Department of Corrections.

d. Last bid date: 08/12/2019 Anticipated re-bid date: 06/15/2023

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:

Hilary Reynolds, Management Analyst 3 Ph: 775-887-3144

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	11/07/2019 15:35:07 PM
Division Approval	amonro1	11/07/2019 15:44:46 PM
Department Approval	sewart	11/07/2019 16:18:11 PM
Contract Manager Approval	aroma2	11/07/2019 16:19:57 PM
Budget Analyst Approval	kshe1	11/08/2019 14:07:02 PM
BOE Agenda Approval	jrodrig9	11/13/2019 21:18:23 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: 17999	Amendment Number: 3
Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: Chinese Food Solutions, Inc. DBA Asian Food Solutions
Agency Code: 550	Contractor Name: Chinese Food Solutions, Inc. DBA Asian Food Solutions
Appropriation Unit: 1362-21	Address: 2572 W. State Road Suite 2016
Is budget authority available?: Yes	City/State/Zip: Oviedo, FL 32765
If "No" please explain: Not Applicable	Contact/Phone: Allan Lam 888-499-6888
	Vendor No.: T32004323
	NV Business ID: NV20161328865

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 %
X Federal Funds	100.00 %	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 **12/2019**

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 Foods Processin**

5. Purpose of contract:

This is the third amendment to the original contract which provides school districts the ability to purchase food for the National School Lunch and Breakfast programs using U.S. Department of Agriculture commodities as ingredients. This amendment increases the maximum amount from \$2,325,000 to \$2,527,143 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:	\$688,900.00	\$688,900.00	\$688,900.00	Yes - Action
a. Amendment 1:	\$361,100.00	\$361,100.00	\$361,100.00	Yes - Action
b. Amendment 2:	\$1,275,000.00	\$1,275,000.00	\$1,275,000.00	Yes - Action
2. Amount of current amendment (#3):	\$202,143.00	\$202,143.00	\$202,143.00	Yes - Action
3. New maximum contract amount:	\$2,527,143.00			

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: 01/01/2020

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?

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 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bbel1	10/15/2019 07:45:30 AM
Division Approval	bbel1	10/15/2019 07:45:33 AM
Department Approval	bbel1	10/15/2019 07:45:39 AM
Contract Manager Approval	melli2	10/15/2019 07:53:19 AM
Budget Analyst Approval	mtum1	11/12/2019 11:22:52 AM
BOE Agenda Approval	cmurph3	11/13/2019 09:31:22 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: **22573**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
Agency Code: 550	Contractor Name: CLEAN HARBORS ENVIRONMENTAL SERVICES, INC.
Appropriation Unit: 4545-22	Address: 42 Longwater Drive
Is budget authority available?: Yes	City/State/Zip: Norwell, MA 02185-9048
If "No" please explain: Not Applicable	Contact/Phone: Corey Harbart 775-848-5725
	Vendor No.: T27000924C
	NV Business ID: NV20021375471

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 %	X	Fees	100.00 % Pesticide
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 12/2019

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: **Pesticide Collection**

5. Purpose of contract:

This is a new contract to provide ongoing collection, removal and disposal services of unwanted pesticides from industrial and residential users in accordance with hazardous waste disposal requirements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$180,000.00**

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?

NRS 586.270 allows the department to collect a fee for the disposal of pesticides.

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

Department employees are not properly equipped or trained to perform this work. Also, it would not be cost effective. No other state agencies provides this 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):

Clean Harbors Environmental
Stericycle Environmental Solutions
H2O Environmental Services

b. Solicitation Waiver: **Not Applicable**

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

The selected vendor was the only company to provide a valid proposal.

d. Last bid date: 07/08/2019 Anticipated re-bid date: 07/07/2023

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bbel1	11/05/2019 13:58:07 PM
Division Approval	bbel1	11/05/2019 13:58:10 PM
Department Approval	bbel1	11/05/2019 13:58:12 PM
Contract Manager Approval	melli2	11/06/2019 14:48:38 PM
Budget Analyst Approval	mtum1	11/12/2019 10:50:13 AM
BOE Agenda Approval	cmurph3	11/14/2019 16:26:16 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: **22534**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: J&L
Agency Code: 550	Contractor Name: J&L
Appropriation Unit: 4554-07	Address: PO BOX 1694
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89505-1694
If "No" please explain: Not Applicable	Contact/Phone: 775/787-2192
	Vendor No.: T27022849A
	NV Business ID: NV20101116972
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 % Cost Allocation

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 12/2019

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: **Janitorial Sparks**

5. Purpose of contract:

This is a new contract to provide ongoing janitorial services for the northern Nevada headquarters and Consumer Equitability buildings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$160,000.00**

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?

The Northern Nevada headquarters and Weights and Measure buildings must be maintained to a minimum standard of cleanliness.

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

NDA does not employ full time janitorial staff at this location.

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):

Express Janitorial
Able Janitorial Service
J&L

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as they were the only company that provided a proposal.

d. Last bid date: 09/01/2019 Anticipated re-bid date: 01/31/2023

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

Other

NT7 Business License General Partnership

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	11/01/2019 08:18:47 AM
Division Approval	bbel1	11/01/2019 08:18:49 AM
Department Approval	bbel1	11/01/2019 08:18:52 AM
Contract Manager Approval	melli2	11/06/2019 14:48:57 PM
Budget Analyst Approval	mtum1	11/12/2019 11:34:45 AM
BOE Agenda Approval	cmurph3	11/13/2019 08:52:54 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: 15317	Amendment Number: 6
Agency Name: GCB - GAMING CONTROL BOARD	Legal Entity Name: CIBER INC
Agency Code: 611	Contractor Name: CIBER INC
Appropriation Unit: 4061-50	Address: STE 1400
Is budget authority available?: Yes	City/State/Zip: 6363 S FIDDLERS GREEN CIR GREENWOOD VILLAGE, CO 80111-5024
If "No" please explain: Not Applicable	Contact/Phone: Katie Reed 303/963-2189
	Vendor No.: T81099339
	NV Business ID: NV19991278894

To what State Fiscal Year(s) will the contract be charged? **2014-2022**

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.

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 #: **RFP #3081**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2014**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2022**

Contract term: **7 years and 192 days**

4. Type of contract: **Contract**

Contract description: **Application Develop**

5. Purpose of contract:

This is the sixth amendment to the original contract, which continues ongoing assistance in developing custom applications to replace the Board's current Digital Equipment Corp/Virtual Memory System as part of the multi-biennia Alpha Migration Project. This amendment increases the maximum amount from \$8,256,033 to \$15,474,731 and revises the termination date of the contract from March 31, 2022 to September 17, 2021 due to the continued need for these services within a shorter timeframe.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,472,147.00	\$1,472,147.00	\$1,472,147.00	Yes - Action
a. Amendment 1:	\$452,697.00	\$452,697.00	\$452,697.00	Yes - Action
b. Amendment 2:	\$3,375,217.00	\$3,375,217.00	\$3,375,217.00	Yes - Action
c. Amendment 3:	\$739,474.00	\$739,474.00	\$739,474.00	Yes - Action
d. Amendment 4:	\$2,216,498.00	\$2,216,498.00	\$2,216,498.00	Yes - Action
e. Amendment 5:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#6):	\$7,218,698.00	\$7,218,698.00	\$7,218,698.00	Yes - Action
3. New maximum contract amount:	\$15,474,731.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Boards existing DEC/VMS COBOL based system is out-dated as it was initially developed in 1982. The Boards system is in need of updating to a SQL Server or similar database platform in order to effectively manage the data and applications used by the Board to carry out its functions.

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

The Board does not have enough staff or resources to undertake a project of this magnitude.

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 #3081, 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: 10/23/2013 Anticipated re-bid date: 10/01/2017

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	11/12/2019 14:51:50 PM
Division Approval	klay0	11/12/2019 14:51:56 PM
Department Approval	klay0	11/12/2019 14:52:02 PM
Contract Manager Approval	klay0	11/12/2019 14:52:07 PM
EITS Approval	tgalluzi	11/14/2019 12:57:13 PM
Budget Analyst Approval	lfree1	11/14/2019 13:34:44 PM
BOE Agenda Approval	lfree1	11/14/2019 13:34:51 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: **22578**

Agency Name: DPS-PAROLE & PROBATION	Legal Entity Name: GEO REENTRY, INC.
Agency Code: 652	Contractor Name: GEO REENTRY, INC.
Appropriation Unit: 3740-04	Address: 4955 Technology Way
Is budget authority available?: Yes	City/State/Zip: Boca Raton, FL 33431
If "No" please explain: Not Applicable	Contact/Phone: Rachel Kienzler 619-204-8630
	Vendor No.: T27042372
	NV Business ID: NV20131077743
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.

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 #: **RFP # 65DPS-S838 PSMs Initials HM**

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **5 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Offender DRC**

5. Purpose of contract:

This is a new contract to provide Day Reporting Center services for select offenders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,400,283.60**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Day Reporting Center (DRC) is a facility where select Offenders, under the supervision of Nevada Parole and Probation (NPP), will receive a variety of services.

The key goal is to reduce recidivism and address criminogenic needs. This program will contribute to the participant's successful reintegration in becoming productive members in the community.

Participant's under NPP supervision will be monitored by both the vendor and NPP staff to develop individual goals to make positive changes in the Offenders' lives.

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

NPP employees and/or other State agency employees do not possess the credentials needed to provide the Offenders with the resources to promote a reduction in recidivism (i.e. reaching out to the partners in the Communities for assistance).

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):

Femfol Group Incorporated
Recovery Monitoring Solutions Corporation
Sentinel

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #65DPS-S838, 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: 09/01/2023

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:

Current vendor for provider agreements and the 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:

Tami Beauregard, MA II Ph: 775-684-2617

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pokeefe	11/04/2019 14:25:10 PM
Division Approval	cboegle	11/05/2019 15:42:25 PM
Department Approval	cboegle	11/05/2019 15:42:30 PM
Contract Manager Approval	cboegle	11/05/2019 15:42:35 PM
Budget Analyst Approval	jrodrig9	11/19/2019 16:08:31 PM
BOE Agenda Approval	jrodrig9	11/19/2019 16:08:35 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: **22416**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: J.F. GRIFFIN PUBLISHING, LLC
Agency Code: 702	Contractor Name: J.F. GRIFFIN PUBLISHING, LLC
Appropriation Unit: 4462-11	Address: 148 MAIN ST
Is budget authority available?: No	City/State/Zip: WILLIAMSTOWN, MA 01267-2604
If "No" please explain: Current authority exists in all three budget accounts, however companion work program #C49132 has been submitted for one budget account (December 2019 IFC) to cover the full year-end projected authority need.	Contact/Phone: 413/884-1001
	Vendor No.: PUR0005627
	NV Business ID: NV20141610564

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 %	X	Fees	100.00 % Sportsmen
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **72DOW-S792-AM**

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 **12/2019**

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: **Wildlife Publication**

5. Purpose of contract:

This is a new contract to provide ongoing design, production, publishing, printing and distribution of wildlife publications. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C49132.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will allow the Department of Wildlife's (NDOW) Conservation Education Division to print and maintain the necessary stock of regulatory annual publications for Nevada's hunters and anglers who rely on these publications to keep informed on current laws and regulations pertaining to hunting and fishing wildlife in Nevada.

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

The selected vendor offers services in professional printing, graphics, photography, editing and layout that is currently unavailable to the limited staff at NDOW.

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):

J.F. Griffin Publishing LLC
Hudson Printing
Taylor Corporation DBA Curtis 1000

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #72DOW-S792, 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: 08/07/2019 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?

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

Nevada Department of Wildlife & #65533; November 13, 2014-Present. They have been deemed 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:
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:

Beth Kenna, Public Information Officer 2 Ph: 775-688-1998

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	09/20/2019 11:03:15 AM
Division Approval	tdoucett	10/08/2019 13:23:11 PM
Department Approval	eobrien	10/10/2019 11:17:44 AM
Contract Manager Approval	nroble1	10/23/2019 15:51:25 PM
Budget Analyst Approval	mtum1	11/12/2019 10:29:58 AM
BOE Agenda Approval	cmurph3	11/12/2019 15:14:51 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18725	Amendment Number: 2
Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: BOARD OF REGENTS-NSHE OBO UNR
Agency Code: 709	Contractor Name: BOARD OF REGENTS-NSHE OBO UNR
Appropriation Unit: 3185-04	Address: OBO UNIVERSITY OF NEVADA RENO MAIL STOP 124
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89557
If "No" please explain: Not Applicable	Contact/Phone: Christopher Lynch 775-834-3687
	Vendor No.: D35000849
	NV Business ID: NV20161295653

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 %	X	Fees	100.00 % Permit
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP18-002**

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

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

Contract description: **Technical Assistance**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement which provides air quality related environmental regulatory assistance and outreach to small business with the jurisdiction of the agency and without the threat of regulatory intervention. This amendment extends the termination date from December 31, 2019 to June 30, 2021 and increases the maximum amount from \$378,000 to \$523,000 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:	\$73,000.00	\$73,000.00	\$73,000.00	Yes - Action
a. Amendment 1:	\$305,000.00	\$305,000.00	\$305,000.00	Yes - Action
2. Amount of current amendment (#2):	\$145,000.00	\$145,000.00	\$145,000.00	Yes - Action
3. New maximum contract amount:	\$523,000.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

Providing technical assistance to small businesses without risk of regulatory action/enforcement reduces the number of violations and threat to human health and to the environment.

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

NDEP does not have adequate resources to provide this outreach assistance.

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 - Intrastate 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?

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?

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	rbusto	10/30/2019 17:58:08 PM
Division Approval	ddragon1	10/31/2019 13:01:45 PM
Department Approval	ddragon1	10/31/2019 13:01:48 PM
Contract Manager Approval	mgowe1	11/13/2019 09:36:57 AM
Budget Analyst Approval	mlynn	11/14/2019 09:41:55 AM
BOE Agenda Approval	cmurph3	11/18/2019 10:05:54 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: **18367** Amendment Number: **1**
 Agency Name: **B&I - INSURANCE DIVISION** Legal Entity Name: **NEVADA ALTERNATIVE SOLUTIONS**
 Agency Code: **741** Contractor Name: **NEVADA ALTERNATIVE SOLUTIONS**
 Appropriation Unit: **3802-10** Address: **INC**
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89147**
 If "No" please explain: **Not Applicable** Contact/Phone: **Charles R. Nort 702/796-1333**
 Vendor No.: **T81042202A**
 NV Business ID: **NV19931097191**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Insolvency assessments

Agency Reference #: **WC - TPA**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2017**
 Anticipated BOE meeting date **12/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2019**
 Contract term: **4 years**

4. Type of contract: **Contract**
 Contract description: **WC Insolvency Assess**

5. Purpose of contract:
This is the first amendment to the original contract which provides administration of claims when a self-insured employer or association of self-insured employers becomes insolvent and consolidates administrative activity. This amendment extends the termination date from December 31, 2019 to December 31, 2020 and increases the maximum amount from \$49,999 to \$69,899 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:	\$49,999.00	\$49,999.00	\$49,999.00	Yes - Info
2. Amount of current amendment (#1):	\$19,900.00	\$19,900.00	\$69,899.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$69,899.00 12/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The administration of workers' compensation claims when self-insured employer or association of self-insured employers becomes insolvent.

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

The Self-Insured Workers' Compensation Section oversees these transactions and it would be a conflict of interest. The Division of Insurance does not have the expertise and the manpower to administer claims nor the facility for long-term record storage.

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):

CCMSI
Nevada Alternative Solutions
Gallagher Bassett

b. Solicitation Waiver: **Not Applicable**

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

This is the only vendor that responded to the solicitation.

d. Last bid date: 10/13/2016 Anticipated re-bid date: 05/04/2020

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:

Currently under contract with the Division of Insurance.
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:

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	jhanse4	11/07/2019 15:03:20 PM
Division Approval	jhanse4	11/07/2019 15:03:25 PM
Department Approval	jhanse4	11/07/2019 15:18:02 PM
Contract Manager Approval	tbouas	11/07/2019 16:19:28 PM
Budget Analyst Approval	stilley	11/12/2019 11:53:56 AM
BOE Agenda Approval	lfree1	11/13/2019 15:54:51 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: 20978	Amendment Number: 3	
	Legal Entity Name: BOARD OF REGENTS-UNR	
Agency Name: DETR - EMPLOYMENT SECURITY	Contractor Name: BOARD OF REGENTS-UNR	
Agency Code: 902	Address: CONTROLLERS - COOP EXTENSION	
Appropriation Unit: 4770-12	MAIL STOP 124	
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89557	
If "No" please explain: Not Applicable	Contact/Phone: Nate MacKinnon 7757843430	
	Vendor No.: D35000848	
	NV Business ID: Government 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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Career Enhancement Program

Agency Reference #: 3258-20-RA

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2018**
 Anticipated BOE meeting date 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2019**
 Contract term: **2 years and 84 days**

4. Type of contract: **Interlocal Agreement**
 Contract description: **Nursing Program**

5. Purpose of contract:
This is the third amendment to the original interlocal agreement which provides training in the healthcare field for recipients via the NV HOPE project. This amendment extends the termination date from December 31, 2019 to December 31, 2020 and increases the maximum amount from \$239,250 to \$551,475 due the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$239,250.00	\$239,250.00	\$239,250.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$312,225.00	\$312,225.00	\$312,225.00	Yes - Action
3. New maximum contract amount:	\$551,475.00			
and/or the termination date of the original contract has changed to:	12/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency does not have the skills set or expertise to provide services.

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

Agency does not have the skills set or expertise to provide 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 Agency

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?

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	jbende2	10/21/2019 09:37:43 AM
Division Approval	mjohns43	11/05/2019 08:39:22 AM
Department Approval	mjohns43	11/05/2019 08:39:26 AM
Contract Manager Approval	mjohns43	11/05/2019 08:39:31 AM
Budget Analyst Approval	dbaughn	11/15/2019 12:55:31 PM
BOE Agenda Approval	lfree1	11/15/2019 12:57:54 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: 15941	Amendment Number: 5
Agency Name: PUBLIC EMPLOYEES' BENEFITS	Legal Entity Name: MORNEAU SHEPELL, LTD
Agency Code: 950	Contractor Name: MORNEAU SHEPELL, LTD
Appropriation Unit: 1338-04	Address: SEVEN PARKWAY CENTER
Is budget authority available?: Yes	City/State/Zip: PITTSBURGH, PA 15220-3508
If "No" please explain: Not Applicable	Contact/Phone: 412/919-4800
	Vendor No.: T27014505
	NV Business ID: NV20081471722

To what State Fiscal Year(s) will the contract be charged? **2015-2024**

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 % 67% State Subsidy/ 33% Premium Revenue

Agency Reference #: RFP # 3075

2. Contract start date:

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

Anticipated BOE meeting date 11/2019

Retroactive? **Yes**

If "Yes", please explain

This amendment is retroactive because the vendor offered to reduce PPM fees immediately during vendor performance discussions in August and the next time the contract amendment could be added to a PEBP Board agenda to be ratified was not until the September 26, 2019 meeting.

3. Previously Approved Termination Date: **12/31/2023**

Contract term: **9 years and 1 day**

4. Type of contract: **Contract**

Contract description: **E & E**

5. Purpose of contract:

This is the fifth amendment to the original contract to provide enrollment and eligibility services. This amendment decreases the maximum amount from \$9,000,584 to \$8,623,789 due to a reduction in Per Person Per Month (PPM) fees from \$1.78 PPM to \$1.50 PPM effective September 1, 2019 through the term of the contract. The effective rate will become \$1.69 PPM.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$7,198,250.00	\$7,198,250.00	\$7,198,250.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$1,802,334.00	\$1,802,334.00	\$1,802,334.00	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#5):	-\$376,795.00	-\$376,795.00	-\$376,795.00	Yes - Action
3. New maximum contract amount:	\$8,623,789.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

PEBP requires a system to maintain and administer enrollment, eligibility and premium billing for the participants of the PEBP plans.

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

PEBP has determined that it is more cost effective to outsource this service to a vendor whose area of expertise is to provide the program software and system support and system support for enrollment, eligibility and premium billing 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?

Pursuant to RFP # 3075, 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: 07/01/2013 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?

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:

Morneau Shepell is PEBP's current eligibility and enrollment vendor. PEBP is satisfied by the services that Morneau has provided to PEBP and the

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

ceaton

09/25/2019 13:43:20 PM

Division Approval	ceaton	09/25/2019 13:43:26 PM
Department Approval	ceaton	09/25/2019 13:43:33 PM
Contract Manager Approval	ceaton	09/25/2019 13:43:43 PM
Budget Analyst Approval	lfree1	11/13/2019 18:02:28 PM
BOE Agenda Approval	lfree1	11/13/2019 18:04:40 PM



STEVE SISOLAK
Governor

PATRICK CATES
Board Chairman



STATE OF NEVADA

PUBLIC EMPLOYEES' BENEFITS PROGRAM

901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701

Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028

www.pebp.state.nv.us



ACCREDITED

CORE
Expires 04/01/2021

DAMON HAYCOCK
Executive Officer

DATE: September 27, 2019
TO: Laura Freed, Budget Analyst
FROM: Cari Eaton, Chief Financial Officer
SUBJECT: Morneau Shepell Contract 15941 Amendment #5

Laura,

Please find attached three copies of retroactive Contract 15941 Amendment #5 for Board of Examiners Approval. This amendment reduces the contract max and reduced the monthly PPPM fees effective September 2019. The PEBP Board ratified this amendment on September 26, 2019. This amendment is retroactive because the vendor offered to reduce PPPM fees immediately during vendor performance discussions in August and the next time the contract amendment could be added to a PEBP Board agenda to be ratified was not until the September 2019 meeting. Please feel free to contact me with any questions that you may have regarding this amendment.

Please call me at 775-684-7006 when this contract is ready for pick-up.

Thank you.

Please let me know if you have any questions, I can be reached at 684-7006 or ceaton@peb.state.nv.us.

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: **22601**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Robinson, Sharp, Sullivan & Brust
Agency Code: BDC	Contractor Name: Robinson, Sharp, Sullivan & Brust
Appropriation Unit: B015 - All Categories	Address: 71 Washington Street
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89503
If "No" please explain: Not Applicable	Contact/Phone: Michael E. Sullivan, Esq. 775-329-3151
	Vendor No.:
	NV Business ID: NV19811008051

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 %	X	Fees	100.00 % Licensure
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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/30/2020**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract to provide legal services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Payment for services will be made at the rate of \$290.00 per hour

Other basis for payment: Invoiced monthly

II. JUSTIFICATION

7. What conditions require that this work be done?

In certain situations it is necessary to engage independent legal counsel to represent the Board.

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

The contractor is a subject matter expert in complex civil litigation.

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	5522	11/14/2019 15:02:41 PM
Division Approval	5522	11/14/2019 15:02:45 PM
Department Approval	5522	11/14/2019 15:02:49 PM
Contract Manager Approval	5522	11/14/2019 15:02:53 PM
Budget Analyst Approval	lfree1	11/14/2019 15:06:33 PM
BOE Agenda Approval	lfree1	11/14/2019 15:06:36 PM
BOE Final Approval	Pending	

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	Contract Description:	VARIOUS STATE AGENCIES	AT NIGHTINGALES, LLC	OTHER: VARIOUS AGENCIES	\$450,000	
		This is a new contract to provide assisted living and adult group care services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22571		
2.	Contract Description:	VARIOUS STATE AGENCIES	COLLABORATIVE TECHNOLOGY SOLUTIONS, LLC	OTHER: VARIOUS AGENCIES	\$250,000	
		This is a new contract to provide counseling and assessment services for newly blind or low vision patients statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22169		
3.	Contract Description:	VARIOUS STATE AGENCIES	HEROS	OTHER: VARIOUS AGENCIES	\$500,000	
		This is a new contract to provide behavioral health and community-based services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22560		
4.	Contract Description:	VARIOUS STATE AGENCIES	MD DEVELOPMENTAL AGENCY, LLC	OTHER: VARIOUS AGENCIES	\$400,000	
		This is a new contract to provide early childhood development services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22517		
5.	Contract Description:	VARIOUS STATE AGENCIES	MP FORESTRY, INC.	OTHER: VARIOUS AGENCIES	\$9,062,500	
		This is a new contract to provide statewide vegetation and forest management services and equipment.				
	Term of Contract:		12/11/2019 - 05/31/2021	Contract # 22544		
6.	Contract Description:	VARIOUS STATE AGENCIES	MERLEEN GROVER, APRN, CNM, LLC	OTHER: VARIOUS AGENCIES	\$150,000	
		This is a new contract to provide women's health and other clinical healthcare services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22574		
7.	Contract Description:	VARIOUS STATE AGENCIES	ODYSSEY WELLNESS, INC.	OTHER: VARIOUS AGENCIES	\$500,000	
		This is a new contract to provide psychological testing and therapy services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22515		
8.	Contract Description:	VARIOUS STATE AGENCIES	ONE FOR ALL, LLC	OTHER: VARIOUS AGENCIES	\$300,000	
		This is a new contract to provide psychiatry and counseling services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22557		
9.	Contract Description:	VARIOUS STATE AGENCIES	PROJECT MIND, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
		This is a new contract to provide applied behavior analysis services statewide.				
	Term of Contract:		Upon Approval - 06/30/2022	Contract # 22572		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.		VARIOUS STATE AGENCIES	RENO PSYCHOLOGICAL SERVICES	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide psychological testing, assessment and therapy services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22538		
11.		VARIOUS STATE AGENCIES	THE CHOICE GROUP, LLC	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide job development services statewide including pre-employment services, such as job seeking skills, resume development, job search assistance, etc.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22370		
12.		VARIOUS STATE AGENCIES	VISTA CARE NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$150,000	
	Contract Description:	This is a new contract to provide services to those with intellectual and developmental disabilities statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22489		
13.		VARIOUS STATE AGENCIES	WANDA NIXON	OTHER: VARIOUS AGENCIES	\$150,000	FORMER EMPLOYEE
	Contract Description:	This is a new contract to provide tuberculosis case management services statewide. Relates to Agenda Item #5A #4.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22516		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22571**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: At Nightingales, LLC
Agency Code: MSA	Contractor Name: At Nightingales, LLC
Appropriation Unit: 9999 - All Categories	Address: 813 Fairway Dr.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89107
If "No" please explain: Not Applicable	Contact/Phone: Anne Espinueva 702-334-5518
	Vendor No.: T32008879
	NV Business ID: NV20181813444

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide assisted living and adult group care services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$450,000.00**

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 assisted living and adult group care 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 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	11/01/2019 11:57:26 AM
Division Approval	jthom17	11/01/2019 11:57:29 AM
Department Approval	ldeloach	11/01/2019 13:05:09 PM
Contract Manager Approval	cphipp1	11/01/2019 13:26:02 PM
Budget Analyst Approval	stilley	11/07/2019 11:42:01 AM
BOE Agenda Approval	lfree1	11/08/2019 09:27:40 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: **22169**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Collaborative Technology Solutions, LLC
Agency Code: MSA	Contractor Name: Collaborative Technology Solutions, LLC
Appropriation Unit: 9999 - All Categories	Address: 1489 W Warm Springs RD STE 110
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89014
If "No" please explain: Not Applicable	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 #: 167-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide counseling and assessment services for newly blind or low vision patients 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 solicitation to provide behavioral and community based and 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 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	11/05/2019 15:44:26 PM
Division Approval	jthom17	11/05/2019 15:44:29 PM
Department Approval	ldeloach	11/05/2019 15:51:35 PM
Contract Manager Approval	rvradenb	11/05/2019 15:56:08 PM
Budget Analyst Approval	stilley	11/07/2019 11:31:15 AM
BOE Agenda Approval	lfree1	11/08/2019 09:36:27 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: **22560**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: HEROS
Agency Code: MSA	Contractor Name: HEROS
Appropriation Unit: 9999 - All Categories	Address: 2950 E. Flamingo Rd Ste. B
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89121
If "No" please explain: Not Applicable	Contact/Phone: Semaj White 702-586-9674
	Vendor No.: T27043155
	NV Business ID: NV20171186034

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 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 services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

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 health 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 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	10/29/2019 12:08:49 PM
Division Approval	jthom17	10/29/2019 12:08:52 PM
Department Approval	ldeloach	10/29/2019 13:04:57 PM
Contract Manager Approval	chipp1	10/29/2019 14:06:25 PM
Budget Analyst Approval	stilley	11/08/2019 15:36:58 PM
BOE Agenda Approval	lfree1	11/13/2019 14:24:44 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: **22517**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MD Developmental Agency, LLC
Agency Code: MSA	Contractor Name: MD Developmental Agency, LLC
Appropriation Unit: 9999 - All Categories	Address: 2520 St. Rose Parkway
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89074
If "No" please explain: Not Applicable	Contact/Phone: Monique Robinson 773-407-7558
	Vendor No.: T32008619
	NV Business ID: NV20191306565

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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide early childhood 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? 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 early childhood development 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 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	10/15/2019 15:49:07 PM
Division Approval	jthom17	10/15/2019 15:49:11 PM
Department Approval	ldeloach	10/16/2019 11:39:48 AM
Contract Manager Approval	cphipp1	10/16/2019 13:03:27 PM
Budget Analyst Approval	stilley	10/29/2019 10:00:10 AM
BOE Agenda Approval	lfree1	11/04/2019 08:05:41 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: **22544**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MP FORESTRY, INC.
Agency Code: MSA	Contractor Name: MP FORESTRY, INC.
Appropriation Unit: 9999 - All Categories	Address: 2941 CRATER LAKE AVE
Is budget authority available?: Yes	City/State/Zip: MEDFORD, OR 97504-4751
If "No" please explain: Not Applicable	Contact/Phone: Maclovio Moreno 541/646-8695
	Vendor No.: T32009140A
	NV Business ID: NV20171339207

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 % Various Agencies

Agency Reference #: **RFQ 3282 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2021**

Contract term: **1 year and 171 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide statewide vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,062,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfire, fuels reduction must be completed in various locations through out the state.

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

This contract provides fuels reduction services for agencies that do not have the capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

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

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

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

**Battle Born Tree Services
Bordges Timber Inc.
CTL Forest Management Inc.**

b. Solicitation Waiver: **Not Applicable**

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

This RFQ was awarded to 20 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/22/2021

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:
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:

Nancy Feser, Purchasing Officer Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	10/28/2019 15:47:43 PM
Division Approval	jthom17	10/28/2019 15:47:46 PM
Department Approval	ldeloach	10/29/2019 09:22:07 AM
Contract Manager Approval	gdavi6	11/07/2019 11:27:21 AM
Budget Analyst Approval	stilley	11/07/2019 11:36:11 AM
BOE Agenda Approval	lfree1	11/14/2019 16:46:52 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: **22574**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Merleen Grover, APRN, CNM, LLC
Agency Code:	MSA	Contractor Name:	Merleen Grover, APRN, CNM, LLC
Appropriation Unit:	9999 - All Categories	Address:	802 Elburz Rd., Unit 11
Is budget authority available?:	Yes	City/State/Zip:	Elko, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	Merleen Grover 775-385-1410
		Vendor No.:	T32008790
		NV Business ID:	NV20181617401

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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide women's health and other clinical healthcare services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

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 women's health, clinic healthcare 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 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	11/01/2019 11:28:13 AM
Division Approval	jthom17	11/01/2019 11:28:17 AM
Department Approval	ldeloach	11/01/2019 13:11:35 PM
Contract Manager Approval	cphipp1	11/01/2019 13:26:50 PM
Budget Analyst Approval	stilley	11/07/2019 11:39:01 AM
BOE Agenda Approval	lfree1	11/08/2019 09:33:04 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: **22515**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Odyssey Wellness, Inc.
Agency Code: MSA	Contractor Name: Odyssey Wellness, Inc.
Appropriation Unit: 9999 - All Categories	Address: 3067 E. Warm Springs Rd Ste 100
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89120
If "No" please explain: Not Applicable	Contact/Phone: Sarah Ahmad 702-202-0000
	Vendor No.: T27041335
	NV Business ID: NV20151176682

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide psychological testing and therapy services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

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 Psychological testing and therapy.

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?

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:

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	10/16/2019 09:16:19 AM
Division Approval	jthom17	10/16/2019 09:16:22 AM
Department Approval	ldeloach	10/16/2019 11:48:46 AM
Contract Manager Approval	cphipp1	10/16/2019 13:04:41 PM
Budget Analyst Approval	stilley	11/07/2019 13:29:59 PM
BOE Agenda Approval	lfree1	11/08/2019 09:26:32 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: **22557**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: One For All, LLC
Agency Code: MSA	Contractor Name: One For All, LLC
Appropriation Unit: 9999 - All Categories	Address: 6415 S. Fort Apache Rd #185-200
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89148
If "No" please explain: Not Applicable	Contact/Phone: Ernest Tinnin 702-960-5484
	Vendor No.: T27043161
	NV Business ID: NV20191310957

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychiatry and counseling 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 services to provide psychiatry and counseling 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 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	10/29/2019 12:09:37 PM
Division Approval	jthom17	10/29/2019 12:09:40 PM
Department Approval	ldeloach	10/29/2019 13:08:16 PM
Contract Manager Approval	cphipp1	10/29/2019 13:57:58 PM
Budget Analyst Approval	stilley	11/07/2019 15:20:34 PM
BOE Agenda Approval	lfree1	11/08/2019 09:24:21 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: **22572**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Project MIND, Inc.
Agency Code: MSA	Contractor Name: Project MIND, Inc.
Appropriation Unit: 9999 - All Categories	Address: 3850 West Ann Rd. Ste. 120
Is budget authority available?: Yes	City/State/Zip: North Las Vegas, NV 89031
If "No" please explain: Not Applicable	Contact/Phone: Nathan Munteer 702-323-6555
	Vendor No.: T32008992
	NV Business ID: NV20191249762

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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide applied behavior analysis 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-S167 for behavioral and community based related services to provide applied behavior analysis service.

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:

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	11/01/2019 11:54:13 AM
Division Approval	jthom17	11/01/2019 11:54:16 AM
Department Approval	ldeloach	11/01/2019 13:15:07 PM
Contract Manager Approval	cphipp1	11/01/2019 13:25:32 PM
Budget Analyst Approval	stilley	11/07/2019 11:35:16 AM
BOE Agenda Approval	lfree1	11/08/2019 09:35:07 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22538**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Reno Psychological Services
Agency Code: MSA	Contractor Name: Reno Psychological Services
Appropriation Unit: 9999 - All Categories	Address: 645 Plumas Ave
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: John Crum 775-657-9597
	Vendor No.: T27043184
	NV Business ID: NV20191570480

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide psychological testing, assessment and therapy 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 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 psychological testing, assessment and therapy.

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 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	10/21/2019 08:27:17 AM
Division Approval	jthom17	10/21/2019 08:27:20 AM
Department Approval	ldeloach	10/21/2019 09:36:05 AM
Contract Manager Approval	cphipp1	10/21/2019 09:38:41 AM
Budget Analyst Approval	stilley	11/07/2019 14:43:00 PM
BOE Agenda Approval	lfree1	11/08/2019 09:25:16 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: **22370**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: The Choice Group, LLC
Agency Code: MSA	Contractor Name: The Choice Group, LLC
Appropriation Unit: 9999 - All Categories	Address: 2920 South Jones Ste 110 B
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89146
If "No" please explain: Not Applicable	Contact/Phone: Phillip Stafford 702-754-9063
	Vendor No.: T32006040
	NV Business ID: NV20171803707

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 #: **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 including pre-employment services, such as job seeking skills, resume development, job search assistance, etc.

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.

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:

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	09/10/2019 14:45:14 PM
Division Approval	jthom17	09/10/2019 14:45:18 PM
Department Approval	ldeloach	09/10/2019 16:01:38 PM
Contract Manager Approval	cphipp1	09/10/2019 16:26:21 PM
Budget Analyst Approval	stilly	10/10/2019 14:13:45 PM
BOE Agenda Approval	lfree1	11/13/2019 14:18:40 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: **22489**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Vista Care Nevada, LLC
Agency Code: MSA	Contractor Name: Vista Care Nevada, LLC
Appropriation Unit: 9999 - All Categories	Address: 708 Erie Ave., Ste 201
Is budget authority available?: Yes	City/State/Zip: Sheboygan, WI 53081
If "No" please explain: Not Applicable	Contact/Phone: Robert Bachicha 920-694-1111
	Vendor No.: T27043200
	NV Business ID: NV20191069858

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 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide services to those with intellectual and developmental disabilities statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

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 intellectual and developmental disabilities 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 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	11/07/2019 15:53:43 PM
Division Approval	jthom17	11/07/2019 15:53:47 PM
Department Approval	ldeloach	11/07/2019 16:28:48 PM
Contract Manager Approval	rvradenb	11/07/2019 16:33:33 PM
Budget Analyst Approval	stilley	11/08/2019 15:39:33 PM
BOE Agenda Approval	lfree1	11/13/2019 14:21:40 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: **22516**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Wanda Nixon
Agency Code: MSA	Contractor Name: Wanda Nixon
Appropriation Unit: 9999 - All Categories	Address: P.O. Box 2073
Is budget authority available?: Yes	City/State/Zip: Hawthorne, NV 89415
If "No" please explain: Not Applicable	Contact/Phone: Wanda Nixon 775-761-2965
	Vendor No.: T29026162
	NV Business ID: NV20191527646

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 211 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide tuberculosis case management services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

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 tuberculosis case management.

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?

Yes

See the attached Authorization to Contract form for details.

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	10/16/2019 11:50:27 AM
Division Approval	jthom17	10/16/2019 11:50:31 AM
Department Approval	ldeloach	10/16/2019 12:19:50 PM
Contract Manager Approval	cphipp1	10/16/2019 13:05:16 PM
Budget Analyst Approval	stilley	11/08/2019 16:19:17 PM
BOE Agenda Approval	lfree1	11/13/2019 14:04:41 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

Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Wanda Nixon, RN
Former Employee ID Number:	40947
Former Job Title:	Community Health Nurse 2
Former Employee Agency:	Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH), Community Health Services (CHS)
Former Class and Grade:	10.377, Grade 39, Step 10
Former Employment Dates:	03/24/2008 through 05/10/19
Contracting Agency:	Contractor Service Agreement with State of Nevada
Please check which of the following applies:	
<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.	
a. Summarize scope of contract work.	
<p>Tuberculosis (TB) is a complex and contagious disease with significant health consequences to individuals and the communities. To meet the intent of the Memorandum of Understanding (MOU) the subject matter expert has extensive specialized training, knowledge, skills, and abilities to manage the requirements outlined:</p> <ul style="list-style-type: none"> *Identify, track, and report all individuals with suspected or confirmed active tuberculosis (TB) and latent tuberculosis infection (LBTI) in children less than 5 years of age *care management and referrals for follow up and treatment; contact investigations, screenings, diagnoses and treatment *Monitor positive sputum cultures to verify conversion within 60 days *Physician consultation for treatment of multi-drug resistant or complex laboratory cases *Respond to 100% of individuals detained or traveling in Nevada from states who border Mexico within 48 Hours *Comply with all international and binational TB quarantine efforts *Cohort reviews *Maintain electronic reports of a verified case of tuberculosis (RVCT) in National Electronic Disease Surveillance Based System (NBS) *Collaborate with Nevada State Public Health Laboratory to ensure genotyping of at least one isolate from each person with culture positive TB *Immigrant and refugee examinations, screening, and treatment *Education and outreach on the identification of high-risk groups, reporting requirements, updates on testing and treatments *Provide training and education to state staff, providers, and community partners to increase knowledge regarding diagnosis, treatment, and management of tuberculosis for prevention, early identification, and containment of the infectious disease *Coordinate referrals and follow up for treatment including direct observation therapy (DOT), quarantine activities, etc. 	
b. Document in-depth job description.	
<p>Community Health Registered Nurses are an integral part of the communities served and provide education and outreach and direct services to promote health, wellness, and disease prevention; public and population health activities; participation and coordination in Local Emergency Preparedness and Board of Health meetings; Family Planning and reproductive health services; and adult and childhood immunizations. They function independently with excellent communication, critical thinking, organizational, and technical skills. Job duties include Public Health Science; Analysis and Assessment; Policy Development and Program Planning; Community Dimensions of Practice; Communication and Cultural Competency; Planning and Management; Leadership; Professional Conduct; HIPAA and Safety; and other duties as assigned.</p>	

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

Yes, in the previous employee's former role there was specialized knowledge and training for the management of TB cases. Part of the scope of work includes training and education to other state staff over the next year.

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

There has been 6 out of 9 RN positions or 67% turnover in the Community Health Services program which serves the rural and frontier areas of Nevada. RN positions are typically difficult to recruit and even more difficult in rural and frontier areas of Nevada and all positions are not filled. The 3 remaining seasoned nurses are having to provide training and orientation to newly hired nurses and cover other specialty duties such as laboratory liaison, immunization liaison, OSHA coordinator, and review and revision of protocols and policies. Tuberculosis is a complex and contagious disease with significant health consequences to individuals and the communities. To meet the intent of the Memorandum of Understanding (MOU) the subject matter expert has extensive specialized training, knowledge, skills, and abilities to manage the requirements outlined. Out of 9 Community Health Nurse positions, 4 nurses are new to the positions and learning expectations and job duties in the clinics and there are still 2 vacancies.

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.

There are no familial relationships.

f. List contractor's hourly rate.

RN consultant for statewide TB oversight and management 10 hrs per week @ \$45/hr; contractual oversight and billing 4 hrs/week @ \$26/hr.

g. List the range of comparable State employee rates.

Employee/Employer Pay Contribution Plan Grade 39 Step 10 \$42.48/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?

Previous contract rate through a temp. medical agency was \$65/hour. Cost includes RN consultation; contractual oversight and billing.

i. Document justification for hiring contractor.

The previous employee has had in depth specialized training and expertise of tuberculosis and knowledge of the program requirements.

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)

09/01/19 through 08/31/20

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

Part-time, 10 hours per week.

Comments:

Kevin D. Doty 9/26/19

Contracting Agency Head's Signature and Date

Sharon Kelley 11-8-19

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE - GOVERNOR'S OFFICE OF FINANCE - SPECIAL APPROPRIATIONS	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	GENERAL	\$18,500	
	Contract Description:	This is a new interlocal agreement to employ a graduate assistant to provide support for the 2020 Census including data collection, analysis and reporting.				
		Term of Contract:	10/31/2019 - 08/30/2020	Contract # 22526		
2.	018	GOVERNOR'S OFFICE OF WORKFORCE INNOVATION - NEVADA P20 WORKFORCE REPORTING	EDULOKA LIMITED DBA INLUMON	FEDERAL	\$23,600	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing operation and maintenance to support the Statewide Longitudinal Data System known as Nevada P20 to Workforce Reporting (NPWR). NPWR provides information to Nevada educators and policymakers while enabling the State to meet reporting requirements. This amendment increases the maximum amount from \$2,024,771 to \$2,048,371 due to the addition of material services to the scope of work.				
		Term of Contract:	09/12/2017 - 06/30/2021	Contract # 19107		
3.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	MARQUIS AURBACH COFFING, PC	GENERAL	\$10,000	Professional Service
	Contract Description:	This is a new contract to provide special counsel in case number A-18-785818-W for preparation and deposition.				
		Term of Contract:	10/16/2019 - 12/31/2019	Contract # 22536		
4.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	SOROKAC LAW OFFICE, PLLC	GENERAL	\$10,000	Professional Service
	Contract Description:	This is a new contract to provide outside counsel for representation in conjunction with deposition preparation, deposition attendance and response to request for records related to an employee of the Department of Taxation.				
		Term of Contract:	10/01/2019 - 12/31/2019	Contract # 22537		
5.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	ASHCRAFT & BARR, LLP	OTHER: TORT CLAIM FUNDS	\$30,000	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.				
		Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22542		
6.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	ROBSON FORENSIC, INC.	OTHER: TORT CLAIM FUNDS	\$20,000	Professional Service
	Contract Description:	This is a new contract to provide expert witness services in support of an active case.				
		Term of Contract:	11/01/2019 - 12/31/2020	Contract # 22505		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	DISTIL NETWORKS	GENERAL	\$49,500	Sole Source
	Contract Description:	This is a new contract to provide ongoing automated services for bot migration, defense against malicious bots and daily log features. The defensive service polices and mitigates against malicious automation software on the Internet.				
	Term of Contract:	01/01/2020 - 06/30/2021	Contract # 22567			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CASHMAN EQUIPMENT	OTHER: BUILDING RENTAL INCOME	\$23,090	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair to all automatic transfer switches, generators and fire pumps located at various state-owned buildings in southern Nevada.				
	Term of Contract:	11/08/2019 - 10/01/2023	Contract # 22460			
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CUMMINS SALES AND SERVICE	OTHER: BUILDING RENT INCOME	\$26,734	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair to all automatic transfer switches, generators and fire pumps located at various state-owned buildings in southern Nevada.				
	Term of Contract:	11/14/2019 - 10/01/2023	Contract # 22457			
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	HENDERSON ELECTRIC MOTORS, INC.	OTHER: BUILDING RENT INCOME	\$17,800	
	Contract Description:	This is a new contract to provide ongoing repair and maintenance for industrial pumps, motors and all associated equipment for all state-owned buildings in southern Nevada.				
	Term of Contract:	11/08/2019 - 10/31/2023	Contract # 22472			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RELIABLE PUMP INC. DBA RELIABLE PUMP & MOTOR, INC.	OTHER: BUILDING RENT INCOME	\$19,205	
	Contract Description:	This is a new contract to provide ongoing repair and maintenance for industrial pumps, motors and all associated equipment for all state-owned buildings in southern Nevada.				
	Term of Contract:	11/08/2019 - 10/31/2023	Contract # 22474			
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	GENERAL	\$24,250	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Lobby Remodel - Building 1391 at the Desert Regional Center in Las Vegas, project will include redesigning the lobby entrance areas to include a barrier from the interior office workstations and provide more security: SPWD Project No. 19-C10; Contract No. 112933.				
	Term of Contract:	11/14/2019 - 06/30/2023	Contract # 22597			
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ENGINEERING AND PLANNING	IWORQ SYSTEMS, INC.	OTHER: INSPECTION FEES	\$33,000	Professional Service
	Contract Description:	This is a new contract to provide professional commissioning, surveying and miscellaneous services for IWORQ software upgrade, project will include community development package, portal home, training, support, user and updates, premium data package and onsite backup: SPWD Project No. 266007				
	Term of Contract:	11/14/2019 - 06/30/2021	Contract # 22605			
14.	082	ADMINISTRATION - STATE PUBLIC WORKS DIVISION	RESOURCE CONCEPTS, INC.	OTHER: AGENCY FUNDED CIP	\$15,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the repair site drainage system at the Nevada State Railroad Museum in Carson City project and will include survey, design and construction administration for site drainage repairs: SPWD Project No. 20-A001; Contract No. 112952.				
	Term of Contract:	11/08/2019 - 06/30/2024	Contract # 22556			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	ALTERNATIVE CARE, LC	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$17,800	
	Contract Description:	This is a new contract to provide services to increase admissions at the Southern Nevada State Veterans Home.				
		Term of Contract:	11/07/2019 - 10/09/2020	Contract # 22523		
16.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	ALTERNATIVE CARE LC	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$24,999	
	Contract Description:	This is a new contract to provide marketing/business development services for the Southern Nevada State Veterans Home.				
		Term of Contract:	11/07/2019 - 10/11/2020	Contract # 22524		
17.	300	DEPARTMENT OF EDUCATION - CAREER AND TECHNICAL EDUCATION	WESTED	OTHER: PRIVATE GRANT	\$49,919	
	Contract Description:	This is a new interlocal agreement to provide data visualization tools and regional trainings to help local education leaders and practitioners use program and student level data for pathway development and planning related to the federal Perkins V Comprehensive Local Needs Assessment and program improvement.				
		Term of Contract:	11/08/2019 - 03/31/2020	Contract # 22450		
18.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	FEDERAL EDUCATION GROUP, PLLC	FEDERAL	\$17,000	
	Contract Description:	This is a new contract to provide written guidance and training on federal time and effort and administrative funds standards in order to ensure efficiency and compliance with federal grants.				
		Term of Contract:	11/04/2019 - 06/30/2020	Contract # 22385		
19.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	ALARMCO, INC.	GENERAL	\$24,000	
	Contract Description:	This is a new contract to provide ongoing services including monitoring and maintenance to existing alarm systems.				
		Term of Contract:	11/08/2019 - 10/31/2021	Contract # 22401		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	AIRBORNE WILDLIFE CONTROL SERVICE, LLC	GENERAL	\$32,000	
21.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	UNITED LOCK AND SECURITY, INC.	GENERAL	\$49,800	
22.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL	\$15,498	Exempt
23.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	JTD COUNSELING AND CONSULTING, LLC	GENERAL 64% FEDERAL 36%	\$24,000	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	JEANNE MORGAN	GENERAL 25% FEDERAL 75%	\$45,000	
	Contract Description:	This is a new contract to provide investigative services to complete diligent searches for and identify missing biological fathers, putative fathers, relatives or fictive kin as potential permanent placements or lifelong support to the child.				
		Term of Contract:	10/28/2019 - 06/30/2023	Contract # 22494		
25.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	MLJ ADOPTIONS INTERNATIONAL	GENERAL 64% FEDERAL 36%	\$24,000	
	Contract Description:	This is a new contract to provide federally mandated monthly visits for children placed outside of Nevada in a residential facility.				
		Term of Contract:	10/01/2019 - 09/30/2023	Contract # 22464		
26.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	DESERT BOILERS & CONTROLS, INC.	GENERAL	\$11,400	
	Contract Description:	This is a new contract to provide repair and testing of the boiler located in the vocational building at the Nevada Youth Training Center.				
		Term of Contract:	10/21/2019 - 06/30/2020	Contract # 22387		
27.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	REGIONAL TRANSPORTATION	GENERAL 54.4% FEDERAL 45.6%	\$16,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide bus passes to clients that are uninsured, underinsured or on Medicaid.				
		Term of Contract:	11/15/2019 - 06/30/2023	Contract # 22306		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	431	OFFICE OF THE MILITARY	SHAW ENGINEERING, LTD	GENERAL 25% FEDERAL 75%	\$14,000	Professional Service
	Contract Description:	This is a new contract to provide engineering services for an existing wastewater treatment facility at the Carlin Nevada National Guard facility.				
	Term of Contract:	10/28/2019 - 09/30/2020	Contract # 22452			
29.	440	DEPARTMENT OF CORRECTIONS - OFFENDERS' STORE FUND	TUFF SHED, INC.	GENERAL	\$23,762	
	Contract Description:	This is a new contract to provide labor and materials to install storage sheds for Commissary and the Access Package Program at Lovelock Correctional Center and High Desert State Prison.				
	Term of Contract:	11/12/2019 - 06/30/2020	Contract # 22443			
30.	440	DEPARTMENT OF CORRECTIONS - PIOCHE CONSERVATION CAMP	OFLAHERTY PLUMBING & HEATING	GENERAL	\$15,215	
	Contract Description:	This is a new contract to provide labor and materials required to remove the existing water heater and install new water heater at Pioche Conservation Camp.				
	Term of Contract:	11/04/2019 - 03/31/2020	Contract # 22512			
31.	500	DIVISION OF MINERAL RESOURCES	THS VISUALS MOTION PICTURES, LLC	FEE: MINING CLAIMS	\$40,000	
	Contract Description:	This is a new contract to provide an updated production of the Dangers of Abandoned Mines informational video.				
	Term of Contract:	11/12/2019 - 06/30/2020	Contract # 22576			
32.	660	DEPARTMENT OF PUBLIC SAFETY - PAROLE BOARD	MARK J. MOUNTAINES	GENERAL	\$23,153	
	Contract Description:	This is a new contract to provide installation of video conferencing equipment and recording software in the Parole Board's hearing rooms located in Carson City and Las Vegas.				
	Term of Contract:	11/08/2019 - 06/30/2020	Contract # 22433			
33.	702	DEPARTMENT OF WILDLIFE - WILDLIFE CIP - NON-EXEC	SHAW ENGINEERING, LTD	FEE: SPORTSMEN 50% BONDS 50%	\$15,000	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides civil engineering services in the southern, eastern and western regions of the state. This amendment increases the maximum amount from \$240,000 to \$255,000 due to an increased need for these services.				
	Term of Contract:	03/15/2016 - 09/30/2020	Contract # 17541			
34.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	TRUCKEE MEADOWS PARKS FOUNDATION	OTHER: LICENSE PLATE	\$47,500	
	Contract Description:	This is a new contract to provide supervision and mentoring of volunteers who will support wildlife education services.				
	Term of Contract:	10/29/2019 - 06/30/2020	Contract # 22231			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	702	DEPARTMENT OF WILDLIFE - FISHERIES MANAGEMENT	STATE OF ARIZONA	FEE: SPORTSMEN 25% FEDERAL 75%	\$21,000	
	Contract Description:	This is a new interlocal agreement to provide health laboratory services to run disease testing on fish from fish hatchery facilities.				
		Term of Contract:	10/29/2019 - 03/01/2024	Contract # 21578		
36.	702	DEPARTMENT OF WILDLIFE - HABITAT	OPEN RANGE CONSULTING	FEE: SPORTSMEN AND HABITAT CONSERVATION 63% FEDERAL 37%	\$45,000	
	Contract Description:	This is a new contract to provide remote sensing services to identify the extent of invasive annuals, evaluate current treatments of invasive species and quantify the success of treatments of healthy or threatened sagebrush ecosystems.				
		Term of Contract:	10/29/2019 - 09/30/2021	Contract # 22373		
37.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	TAY AND JARRADS LLC DBA TAHOE VENDING	OTHER: REVENUE	\$45,000	
	Contract Description:	This is a new revenue contract to provide temporary operations of vending routes and micro markets in northern Nevada, when not assigned to blind or visually impaired operators.				
		Term of Contract:	10/21/2019 - 12/31/2023	Contract # 22440		
38.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	DEPARTMENT OF MOTOR VEHICLES	FEDERAL	\$14,448	
	Contract Description:	This is a new interlocal agreement to provide a monthly data file from the Department of Motor Vehicles (DMV) to compare Unemployment claimant data with data from the DMV.				
		Term of Contract:	11/05/2019 - 10/31/2023	Contract # 22272		
39.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	CASHMAN EQUIPMENT COMPANY	OTHER: FEDERAL, GENERAL FUND, P & I	\$10,000	
	Contract Description:	This is a new contract that provides ongoing scheduled UPS maintenance services for the Carson City office.				
		Term of Contract:	11/01/2019 - 09/30/2021	Contract # 22426		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	960	SILVER STATE HEALTH INSURANCE EXCHANGE - SILVER STATE HEALTH INSURANCE EXCHANGE ADMINISTRATION	DIVISION OF WELFARE AND SUPPORTIVE SERVICES	FEE: CARRIER PREMIUM	\$42,180	
	Contract Description:	This is a new interlocal agreement to provide appeals hearings and expedited appeal hearings for health insurance consumers.				
		Term of Contract:	11/01/2019 - 06/30/2021	Contract # 22531		
41.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	ENCORE EVENT TECHNOLOGIES, INC.	FEE: LICENSURE	\$24,999	
	Contract Description:	This is a new contract to provide audio and video conferencing equipment and services for the Board's meeting in Las Vegas.				
		Term of Contract:	12/01/2019 - 12/31/2019	Contract # 22603		
42.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	GERALYNN PATELLARO	FEE: LICENSURE	\$24,999	
	Contract Description:	This is a new contract for workplace investigation services.				
		Term of Contract:	10/09/2019 - 10/09/2020	Contract # 22532		
43.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	SCHROEDER WORKPLACE INVESTIGATIONS, PLLC	FEE: LICENSURE	\$24,999	
	Contract Description:	This is a new contract for workplace investigation services.				
		Term of Contract:	10/31/2019 - 10/31/2020	Contract # 22591		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22526**

Agency Name: GOVERNOR'S FINANCE OFFICE Agency Code: 015 Appropriation Unit: 1301-37 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: BOARD OF REGENTS-UNR UNIVERSITY OF NEVADA-RENO Contractor Name: BOARD OF REGENTS-UNR UNIVERSITY OF NEVADA-RENO Address: UNR CONTROLLERS OFFICE MAIL STOP 1124 City/State/Zip: RENO, NV 89557-0124 Contact/Phone: JASMINE STANLEY, MBA, MA 775-682-9146 Vendor No.: D35000816 NV Business ID: GOVERNMENTAL ENTITY To what State Fiscal Year(s) will the contract be charged? 2020-2021
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What is the source of funds that 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 #: **ASD 2833256**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/31/2019**
 Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2020**

Contract term: **304 days**

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

Contract description: **Census data**

5. Purpose of contract:

This is a new interlocal agreement to employ a Graduate Assistant to provide support for the 2020 census including data collection, analysis, and reporting.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,500.00**

Other basis for payment: **\$1,850 per/month**

II. JUSTIFICATION

7. What conditions require that this work be done?

The federal government uses census data to allocate 675 billion dollars to states for various services. The Census is completed every 10 years. The census will be completed during the fiscal year 2020. It is imperative that Nevada has a complete count of all residents to ensure an equitable allocation of funding from the federal government. Support staff is needed to aide the state Demographer and Statewide Coordinator in their efforts to ensure a complete count of Nevada residents and provide data to the federal census bureau.

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

This is a time-sensitive project of short duration that requires a large amount of data collection and analysis. Currently, there is one state position performing these duties and the added workload necessitates part-time assistance to complete duties in the required time-frames.

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):

Ethan Grumstrap
Jasmine Stanley
Sankar Mukhopadhyay

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 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:

Catherine Bartlett, Executive Branch Officer 1 Ph: 684-0239

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/30/2019 16:01:21 PM
Division Approval	ssands	10/30/2019 16:01:24 PM
Department Approval	ssands	10/30/2019 16:01:28 PM
Contract Manager Approval	ssands	10/30/2019 16:01:32 PM
Budget Analyst Approval	dbaughn	10/31/2019 13:14:19 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19107** Amendment Number: **2**
 Agency Name: **OFFICE OF WORKFORCE INNOVATION** Legal Entity Name: **EDULOKA LIMITED DBA INLUMON**
 Agency Code: **018** Contractor Name: **EDULOKA LIMITED DBA INLUMON**
 Appropriation Unit: **3270-25** Address: **9645 GATEWAY DR STE A**
 Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89521**
 If "No" please explain: **Not Applicable** Contact/Phone: **Kavitharaj Basavaraj 800/546-0541**
 Vendor No.: **T29034911**
 NV Business ID: **NV20101126878**

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2017**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 292 days**

4. Type of contract: **Contract**

Contract description: **NPWR O&M**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing operation and maintenance to support the Statewide Longitudinal Data System known as Nevada P20 to Workforce Reporting (NPWR). NPWR provides information to Nevada educators and policymakers while enabling the State to meet reporting requirements. This amendment increases the maximum amount from \$ 2,024,771 to \$2,048,371 due to the addition of material services to the scope of work

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,787,116.00	\$1,787,116.00	\$1,787,116.00	Yes - Action
a. Amendment 1:	\$237,655.00	\$237,655.00	\$237,655.00	Yes - Action
2. Amount of current amendment (#2):	\$23,600.00	\$23,600.00	\$23,600.00	Yes - Info
3. New maximum contract amount:	\$2,048,371.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for the ongoing operation and maintenance support of the NPWR system. The NPWR system provides information to various state entities that enables the State of Nevada to meet federal and state reporting requirements.

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, experience or resources to perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: 170705

Approval Date: 07/27/2017

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

This vendor's existing knowledge and understanding of the physical servers, switch and firewall as well as the production test and development environments, VLANS, virtual machines, makes them uniquely positioned to maintain the application and physical infrastructure.

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	ssands	10/23/2019 11:51:32 AM
Division Approval	ssands	10/23/2019 11:51:37 AM
Department Approval	ssands	10/23/2019 11:51:42 AM
Contract Manager Approval	ssands	10/23/2019 14:19:21 PM

EITS Approval
Budget Analyst Approval

tgalluzi
dbaughn

10/24/2019 09:08:42 AM
10/28/2019 09:07:36 AM

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#:	170705

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency: <i>Office of Workforce Innovation (OWINN)</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Alexa Marangi, DoA, ASD Contract Manager</i>	<i>775-684-0241</i>	<i>aemarangi@admin.nv.gov</i>
	<i>Zachary Heit, OWINN, Contract Monitor</i>	<i>702-486-8080</i>	<i>zheit@gov.nv.gov</i>

Vendor Information:	
1b	Identify Vendor: <i>Eduloka Limited DBA inDatum</i>
	Contact Name: <i>Kavithara Basavara</i>
	Address: <i>9645 Gateway Drive, Suite A, Reno NV 89521</i>
	Telephone Number: <i>800-246-0541</i>
	Email Address: <i>kavithara.basavara@indatum.net</i>

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

Contract Information:			
1d	Is this a new Contract?	Yes	<input checked="" type="checkbox"/> No
	Amendment:	#	
	CETS:	<i>#16801 – previous contract w/ CIT</i>	

1e Term:			
One (1) Time Purchase:			
Contract:	Start Date:	<i>07/01/2017</i>	End Date: <i>06/30/2021</i>

1f Funding:	
State Appropriated:	<i>100%</i>
Federal Funds:	
Grant Funds:	
Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	<i>\$1,708,676.00</i>

Provide a description of work/services to be performed or commodity/good to be purchased:

Four (4) years ago, the NV Dept of Education (NDE) applied for and was awarded a Federal grant for a Statewide Longitudinal Data System (SLDS) also known as Nevada P20 to Workforce Reporting (NPWR). This grant was awarded to NDE to add higher education and workforce data tracking to the SLDS. This system is utilized to track Nevada K-12, Higher Education, and Workforce data. This data is essential to the State as it provides agencies with information to build legally mandated reports and is also utilized as an economic forecasting tool.

2 *CIT, in partnership with DBDriven, developed, built, implemented, and customized the NPWR database system so that tracking and reporting data could be shared between NV Dept of Education (NDE), Nevada System of Higher Education (NSHE) and Dept of Rehabilitation (DETR) for each agency's reporting purposes. Since CIT is a technology firm that specializes in the development and manufacturing of technology systems, their services were completed as of June 30, 2017, as the system now only requires operation and maintenance.*

As a result of this past legislative session, the NPWR system resides under the Office of Workforce Innovation (OWINN). OWINN is requesting to contract with Eduloka DBA inDatum for operation and maintenance (O&M) in order to sustain this system. O&M services also include hosting and support. Eduloka DBA inDatum is now and has also been in partnership with DBDriven, and together they are ready to provide O&M services for the NPWR system.

What are the unique features/qualifications required for this service or good that are not available from any other vendor:

3 *Since inception of the NPWR system, key DBDriven resources have been utilized in the development, design, build, and customization of the NPWR system. Their understanding of the NPWR components, which include workflow, web portal, data matching, reporting, web services, and database architecture, is unique in this domain.*

inDatum in partnership with DBDriven as the system developer, has unparalleled knowledge of the infrastructure on which the NPWR system resides. Their knowledge and understanding of the physical servers, switch and firewall as well as the production, test and development environments, VLANS, virtual machines, makes them uniquely positioned to maintain the application and physical infrastructure.

As the original software developer and infrastructure designer of NPWR system, DBDriven has been able to gain an intimate understanding of the data and systems for the NDE, NSHE, and DETR agencies who have been required to operate and maintain this system. inDatum is able to leverage economies of scale that would not be realized by Nevada through any other vendor.

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

4 *The highly customized data matching process and annual reporting updating cycle that the current NPWR system provides, begins in June of each year. Given the short notice from CIT to discontinue their contract with the State, and the reporting cycle process, there is not enough time to retrain a new vendor on infrastructure, matching, and reporting to complete the required report updates in a timely manner. The three participating agencies would not have the personnel resources to provide training to the new vendor and be able to put in the same amount of effort as during the initial SLDS implementation. DBDriven has developed a deep understanding of the three participating agencies, their applications, and the program. Replacing DBDriven's knowledge of the NPWR processes and code would be difficult and cost prohibitive.*

5	Were alternative services or commodities evaluated? Check One. Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>
	b. <i>If not, why were alternatives not evaluated?</i> <i>Nevada has made a significant investment in this system worth approximately \$4 million dollars. It would be impractical to try and design, development, build and implement a new system. The current NPWR system was highly customized to fit Nevada's specific needs and specifications. A do-over would not be a fiscally responsible action.</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 ALL previous waivers MUST accompany this request. 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>																														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Term</th> <th style="width: 15%;">Start and End Dates</th> <th style="width: 15%;">Value</th> <th style="width: 30%;">Short Description</th> <th style="width: 25%;">Type of Procurement (RFP#, RFO#, Waiver #)</th> </tr> </thead> <tbody> <tr> <td>4/2014</td> <td>9/2014</td> <td>\$2.1MIL</td> <td>Purchasing A. Morfin facilitated RFP for NDE</td> <td>RFP #2046</td> </tr> <tr> <td>8/11/15</td> <td>6/30/17</td> <td>\$1,414,736</td> <td>System Maintenance (w/ CIT)</td> <td>Per Purchasing, exempt from a solicitation waiver (see email attached)</td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>\$</td> <td></td> <td></td> </tr> </tbody> </table>	Term	Start and End Dates	Value	Short Description	Type of Procurement (RFP#, RFO#, Waiver #)	4/2014	9/2014	\$2.1MIL	Purchasing A. Morfin facilitated RFP for NDE	RFP #2046	8/11/15	6/30/17	\$1,414,736	System Maintenance (w/ CIT)	Per Purchasing, exempt from a solicitation waiver (see email attached)			\$					\$					\$		
	Term	Start and End Dates	Value	Short Description	Type of Procurement (RFP#, RFO#, Waiver #)																										
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		\$																													
		\$																													
		\$																													

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<ul style="list-style-type: none"> • Nevada has made a significant investment in this statewide system worth \$4 million dollars. It would be impractical to try and design, develop and build a new system. The current NPWR system was highly customized to fit Nevada's specific needs and specifications. A do-over would not be a fiscally responsible action. • Considering the timeframe required for a competitive bid to process, and the federally mandated deadlines in which each agency has to submit their reports (June – September), reporting deadlines would be missed. • Additionally, a key component of the current NPWR system, and a critical automated feature for the participating agencies, is the data matching process. If this system were to be suspended during the bidding process, agencies would have to spend hundreds of hours matching data manually in order to generate their reports. This could potentially lead to inaccurate, unreliable and untimely reporting.

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?
----------	---

Taking into consideration the complexity of the program requirements, CIT in partnership with DBDriven initially provided the best value for functionality and services requested by the State. They were able to build a highly customized system, which also included several modifications essential and unique to the State's needs. This system has now become an essential statewide system that requires operation and maintenance to be performed by an entity that has experience and knowledge of federated statewide longitudinal data systems. We believe that inDatum in partnership with DBDriven is the most qualified entity to perform O&M of the NPWR system for the costs they have provided. DBDriven in partnership with CIT was the system developer and has unparalleled knowledge of the infrastructure on which the NPWR system resides. Their knowledge and understanding of the physical servers, switch and firewall as well as the production, test and development environments, VLANS, virtual machines, makes them uniquely positioned to maintain the application and physical infrastructure.

Moving to another vendor at this point could impact the performance of the system, reporting quality, and substantially increase costs for Nevada.

	<p>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></p>	Yes:	X	No:	
9	<p><i>a. If yes, please provide details regarding future obligations or needs.</i> <i>Due to the heavily modified/customized NPWR system, and the requirements to operate and maintain this system, this will indeed obligate the State to inDatum in partnership with DBDriven for services in the future.</i></p>				

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.

Zachary Heit
Agency Representative Initiating Request

Zachary Heit 7-25-17
Print Name of Agency Representative Initiating Request Date

Mannich Lamarre
Signature of Agency Head Authorizing Request

Manny Lamarre 7-25-17
Print Name of Agency Head Authorizing Request Date

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

* Please include copy of TIR approval letter in CETS *

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] 7-27-2017
Administrator, Purchasing Division or Designee Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22536**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: MARQUIS AURBACH COFFING
Agency Code: 030	Contractor Name: MARQUIS AURBACH COFFING
Appropriation Unit: 1030-04	Address: 10001 PARK RUN DRIVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89145-8857
If "No" please explain: Not Applicable	Contact/Phone: 702/942-2126
	Vendor No.: T81035998
	NV Business ID: NV19721001853

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 %

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 **12/2019**

Retroactive? **Yes**

If "Yes", please explain

We are requesting a retroactive approval to October 16, 2019 due to immediate need for services and preparation to meet the deposition scheduled for October 21, 2019.

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

Contract term: **76 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

This is a new contract to provide special counsel in case number A-18-785818-W for preparation and deposition.

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?

Preparation and accompaniment to a videotaped deposition.

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 needed for this matter.

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 in contract with Marquis Aurbach Coffing and their 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:
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:

Rachel Anderson, General Counsel Ph: 702-486-3192

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	10/22/2019 12:59:56 PM
Division Approval	cschon1	10/22/2019 12:59:58 PM
Department Approval	cschon1	10/22/2019 13:00:00 PM
Contract Manager Approval	cschon1	10/22/2019 13:00:02 PM
Budget Analyst Approval	hfield	10/24/2019 16:39:31 PM

AARON D. FORD
Attorney General

KYLE E N GEORGE
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: October 18, 2019

To: Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract # 22536 Marquis Aurbach
Coffing

We are requesting a retroactive approval to October 16, 2019 due to immediate need for services and preparation to meet the deposition scheduled for October 21, 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: **22537**

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: **SOROKAC LAW OFFICE PLLC**
Contractor Name: **SOROKAC LAW OFFICE PLLC**
Address: **8965 SOUTH EASTERN AVE STE 382**
City/State/Zip: **LAS VEGAS, NV 89123**
Contact/Phone: **JOSH REISMAN 702-727-6258**
Vendor No.: **T27043222**
NV Business ID: **NV20091355427**

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **Yes**

If "Yes", please explain

We are requesting a retroactive approval to October 1, 2019 due to immediate need for services and preparation to meet the deposition scheduled for October 9, 2019.

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

Contract term: **91 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

This is a new contract to provide outside counsel for representation in conjunction with deposition preparation, deposition attendance, and response to request for records related to an employee of the Department of Taxation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: see Scope of Work

II. JUSTIFICATION

7. What conditions require that this work be done?

Preparation and accompaniment to a videotaped deposition.

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 for this matter

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:

Rachel Anderson , General Counsel Ph: 702-486-3192

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	10/28/2019 09:39:40 AM
Division Approval	cschon1	10/28/2019 09:39:42 AM
Department Approval	cschon1	10/28/2019 09:39:44 AM
Contract Manager Approval	cschon1	10/28/2019 09:39:47 AM
Budget Analyst Approval	hfield	10/31/2019 14:32:24 PM

AARON D. FORD
Attorney General

KYLE E.N. GEORGE
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: October 23, 2019

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

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract # 22537 for Sorokac Law Office

We are requesting a retroactive approval to October 1, 2019 due to immediate need for services and preparation to meet the deposition scheduled for October 9, 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: **22542**

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: **ASHCRAFT & BARR LLP**
Contractor Name: **ASHCRAFT & BARR LLP**
Address: **2300 W SAHARA AVE STE 800**
City/State/Zip: **LAS VEGAS, NV 89102-4397**
Contact/Phone: **702/631-7555**
Vendor No.: **T27038679**
NV Business ID: **NV20131625877**

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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Tort claim funds

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 **12/2019**

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 counsel for the defense of legal proceedings filed against the Department of Corrections.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

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 OAG litigating these cases alone to fully protect the State's interests.

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 required for this matter

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 services provided by Ashcraft & Barr, LLP and is satisfied with their 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:

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	cschon1	10/24/2019 13:40:13 PM
Division Approval	cschon1	10/24/2019 13:40:15 PM
Department Approval	cschon1	10/24/2019 13:40:17 PM
Contract Manager Approval	cschon1	10/24/2019 13:40:20 PM
Budget Analyst Approval	hfield	10/31/2019 14:13:35 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: **22505**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: ROBSON FORENSIC
Agency Code: 030	Contractor Name: ROBSON FORENSIC
Appropriation Unit: 1348-15	Address: PO BOX 4847
Is budget authority available?: Yes	City/State/Zip: LANCASTER, PA 17604-4847
If "No" please explain: Not Applicable	Contact/Phone: 717/293-9050
	Vendor No.: T32006136A
	NV Business ID: NV20131198256

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 %	<input checked="" type="checkbox"/> Other funding	100.00 % TORT CLAIM FUNDS

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 61 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide expert witness services in support of an active case.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The state is involved in ongoing litigation that requires services from an expert witness.

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 needed for this matter

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:
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:

Nancy Katafias, TORT CLAIMS MANAGER Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	10/31/2019 11:16:00 AM
Division Approval	cschon1	10/31/2019 11:16:02 AM
Department Approval	cschon1	10/31/2019 11:16:05 AM
Contract Manager Approval	cschon1	10/31/2019 11:16:07 AM
Budget Analyst Approval	hfield	11/01/2019 16:10:23 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: **22567**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: Distil Networks
Agency Code: 040	Contractor Name: Distil Networks
Appropriation Unit: 1050-26	Address: 4501 N Fairfax Dr
Is budget authority available?: Yes	Ste 200
If "No" please explain: Not Applicable	City/State/Zip: Arlington, VA 22203
	Contact/Phone: Richard Peterson 415-671-6842
	Vendor No.:
	NV Business ID: NV20181469038

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **1 year and 180 days**

4. Type of contract: **Contract**

Contract description: **Bot Services**

5. Purpose of contract:

This is a new contract to provide ongoing automated services for bot migration, defense against malicious bots and daily log features. The defensive service polices and mitigates against malicious automation software on the Internet.

6. NEW CONTRACT

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

Other basis for payment: Invoice and payment in full for entire term of contract

II. JUSTIFICATION

7. What conditions require that this work be done?

Distil Networks is the only vendor that specializes in BOT protection for a Content Delivery Network. They have very granular controls of which the Nevada Secretary of State requires for white-listing automated processes by our Private Sector Business Partners.

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 expertise in this specific area.

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 #: 180601

Approval Date: 06/01/2018

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? 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	svaldez	11/05/2019 08:11:41 AM
Division Approval	svaldez	11/05/2019 08:11:43 AM
Department Approval	svaldez	11/05/2019 08:11:46 AM
Contract Manager Approval	adale	11/05/2019 08:14:09 AM
EITS Approval	tgalluzi	11/05/2019 14:12:46 PM
Budget Analyst Approval	dlenzner	11/08/2019 14:31:20 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#:	180601

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
State Agency:		Secretary of State	
1a	Contact Name and Title	Phone Number	Email Address
	William Allen • IT Manager III	(775) 684-7103	wallen@sos.nv.gov

Vendor Information:	
1b	Identify Vendor: Distil Networks
	Contact Name: Taylor Lemmon
	Address: 115 Sansome Street • Suite 600 • San Francisco CA 94104
	Telephone Number: (415) 423-0831
	Email Address: taylor.lemmon@distilnetworks.com

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

Contract Information:			
1d	Is this a new Contract?	Yes	<input checked="" type="checkbox"/> X
	Amendment:	#	
	CETS:	#	

Term:					
1e	One (1) Time Purchase:				
	Contract:	Start Date:	6/13/2018	End Date:	6/30/2022

Funding:	
1f	State Appropriated: <input checked="" type="checkbox"/> X
	Federal Funds: <input type="checkbox"/>
	Grant Funds: <input type="checkbox"/>
	Other (Explain): <input type="checkbox"/>

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$120,000
2	Provide a description of work/services to be performed or commodity/good to be purchased:
	Service for automated bot mitigation.

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	Distil Networks - Prevents Account Takeover, Web Scraping, Denial of Service, and Fraud. Distil Networks are the Global Industry leaders and pioneered bot detection. Distil Networks gives us complete visibility and control over human, good bot, and bad bot website traffic, enabling us to block 99.9% of malicious bots without impacting legitimate users. Distil Networks automatically filters out bot traffic in front of cloud applications without requiring software modifications to web sites or cloud interfaces. Distil Networks uses machine learning to predict when a connection is going to be malicious, and intercepts that traffic. Distil's unique more holistic approach provides a vigilant service, superior technology, and the industry expertise needed for full visibility and control over human, good bot, and bad bot traffic. Reports showing CAPTCHAs served, attempted, and failed. Easy to manage ACLs.

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	Distil Networks is the only vendor that specializes in Bot protection for a Content Delivery Network. They have very granular controls, of which the Nevada Secretary of State requires for white-listing automate process by our Private Sector Business Partners.

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input 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.	Akamai Technologies, Amazon CloudFront, and Azure CDN services were researched and none of these Content Delivery Networks specialize in bot protection, nor have the amount of control that Distil provides.			
	b. <u>If not</u>, why were alternatives not evaluated?				

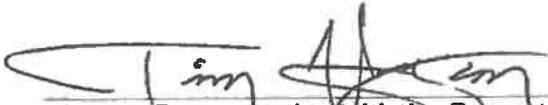
Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.		Yes:		No:	X
a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>					
6	<i>Term Start and End Dates</i>	<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>	
		\$			
		\$			
		\$			
		\$			
		\$			

What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?	
7	Automated web scraping and other attacks on the SOS websites have been prevalent for some time. We have suffered service outages in the past due to systems being overloaded with automated traffic. This may happen during a critical time, such as an election, when our site activity is extra high. Bot protection will stop automated site hits, and allow humans to get through. This will greatly reduce our resource load. From our tests of this product, we saw a 2/3ds drop in traffic, and our servers much more responsive. Without bot protection we may incur more service outages for the public.

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?	
8	Research on features provided by other content delivery networks, implementation difficulties, price, and specific bot protection. While all Content delivery networks offer some small level of bot protection, they do not specialize in that service. Content delivery Networks are intended to speed up access to sites, so the specialty service from Distil is more in line with what this agency was looking for.

Will this purchase obligate the State to this vendor for future purchases? <i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i>		Yes:	X	No:	
a. <i>If yes, please provide details regarding future obligations or needs.</i>					
This is a subscription based service. Also, due to the unknowns of the future, or changes due to legislative session, it could be possible we would need to use this vendor in the future.					

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

5-17-18
Date


Signature of Agency Head Authorizing Request

Craig S. Kozeniesky
Print Name of Agency Head Authorizing Request

5/17/18
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

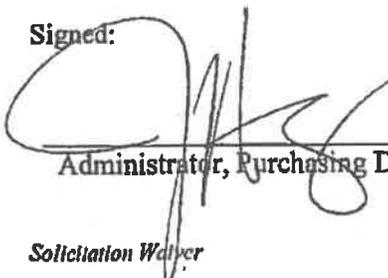
Print Name of Representative Providing Review

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

6-1-2018
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: **22460**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CASHMAN EQUIPMENT
Agency Code: 082	Contractor Name: CASHMAN EQUIPMENT
Appropriation Unit: 1349-12	Address: FILE 56751
Is budget authority available?: Yes	City/State/Zip: LOS ANGELES, CA 90074-6751
If "No" please explain: Not Applicable	Contact/Phone: 702-540-5347
	Vendor No.: T81095707
	NV Business ID: NV19601000406
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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Building Rental Income Revenue

Agency Reference #: **ASD 2833128**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2019**
 Anticipated BOE meeting date **11/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/01/2023**
 Contract term: **3 years and 327 days**

4. Type of contract: **Contract**
 Contract description: **Generator repair**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and repair to all automatic transfer switches, generators and fire pumps located at various state-owned buildings in southern Nevada. Please see Attachment CC for a complete rate sheet.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,089.62**

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'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 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):

WW Williams
Cashman Equipment
Cummins Inc

b. Solicitation Waiver: **Not Applicable**

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

This is one of several vendors for the same type of service per SAM0338.0 each contractor will be contacted to submit bids on projects

d. Last bid date: 09/01/2019 Anticipated re-bid date: 09/01/2023

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:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/31/2019 09:29:47 AM
Division Approval	ssands	10/31/2019 09:29:49 AM
Department Approval	ssands	10/31/2019 09:29:52 AM
Contract Manager Approval	ssands	10/31/2019 09:30:51 AM
Budget Analyst Approval	kshe1	11/08/2019 11:34:37 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: **22457**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: Cummins Sales and Service
Agency Code: 082	Contractor Name: Cummins Sales and Service
Appropriation Unit: 1349-12	Address: 2807 E. Alexander Road
Is budget authority available?: Yes	City/State/Zip: N. Las Vegas, NV 89030
If "No" please explain: Not Applicable	Contact/Phone: 702-294-5272
	Vendor No.: T27042459
	NV Business ID: NV20171009441

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 % Building Rent Income Revenue

Agency Reference #: **ASD 2833129**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2019**

Anticipated BOE meeting date **11/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/01/2023**

Contract term: **3 years and 321 days**

4. Type of contract: **Contract**

Contract description: **Generator Maintenanc**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and repair to all automatic transfer switches, generators and fire pumps located at various state-owned buildings in southern Nevada. Please see Attachment CC for a complete rate sheet. Mileage and/or fuel is not reimbursable. The amount of this contract is an estimate; there is no guarantee of volume of work.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,734.36**

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�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 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):

WW Williams
Cummins Inc
Cashman

b. Solicitation Waiver: **Not Applicable**

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

This is one of several of the same vendor and per SAM0338.0 each contractor will be contacted to submit bids on projects

d. Last bid date: 09/01/2019 Anticipated re-bid date: 09/01/2023

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: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	11/06/2019 12:03:04 PM
Division Approval	ssands	11/06/2019 12:03:07 PM
Department Approval	ssands	11/06/2019 12:03:10 PM
Contract Manager Approval	ssands	11/06/2019 12:03:13 PM
Budget Analyst Approval	kshe1	11/14/2019 09:56:53 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: **22472**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HENDERSON ELECTRIC MOTORS, INC.
Agency Code: 082	Contractor Name: HENDERSON ELECTRIC MOTORS, INC.
Appropriation Unit: 1349-12	Address: 2043 PABCO ROAD
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89011-2500
If "No" please explain: Not Applicable	Contact/Phone: 702-564-5575
	Vendor No.: T27043129
	NV Business ID: NV19781000420

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 % Building Rent Income Revenue

Agency Reference #: **ASD 2833159**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2023**

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

4. Type of contract: **Contract**

Contract description: **Pump Repair**

5. Purpose of contract:

This is a new contract to provide ongoing repair and maintenance for industrial pumps, motors, and all associated equipment on an as-needed basis for all state-owned buildings in southern Nevada. Mileage and/or fuel is not reimbursable. The amount of this contract is an estimate; there is no guarantee of volume of work. In-shop hourly rate is \$95/per hour for motor and pump repair; In-Field motor, pump repair is \$95/per hour. See Attachment CC for complete rate listing.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,799.64**

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):

Reliable Pump
Henderson Electric Motors
Precision Pump

b. Solicitation Waiver: **Not Applicable**

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

This is one of several of the same type vendor and per SAM0338.0 each contractor will be contacted to submit bids on projects.

d. Last bid date: 09/01/2019 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:
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:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/31/2019 09:09:02 AM
Division Approval	ssands	10/31/2019 09:09:14 AM
Department Approval	ssands	10/31/2019 09:09:17 AM
Contract Manager Approval	ssands	10/31/2019 09:09:20 AM
Budget Analyst Approval	kshe1	11/08/2019 11:31:36 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22474**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: RELIABLE PUMP & MOTOR, INC.
Agency Code: 082	Contractor Name: RELIABLE PUMP & MOTOR, INC.
Appropriation Unit: 1349-12	Address: 4105 W. BELL DRIVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: 702-243-5116
	Vendor No.: T27007656
	NV Business ID: NV20001484286
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 % Building Rent Income Revenue

Agency Reference #: **ASD 2833158**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2023**

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

4. Type of contract: **Contract**

Contract description: **Pump repair**

5. Purpose of contract:

This is a new contract to provide ongoing repair and maintenance for industrial pumps, motors, and all associated equipment on an as-needed basis for all state-owned buildings in southern Nevada. Mileage and/or fuel is not reimbursable. The amount of this contract is an estimate; there is no guarantee of volume of work. in-shop hourly rate is \$95/per hour; In-Field repair is \$102/per hour. See Attachment CC for complete rate listing.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,204.87**

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? **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 the same vendor and per SAM0338.0 each contractor will be contacted to submit bids on projects

d. Last bid date: 09/01/2019 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:
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:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/31/2019 10:02:33 AM
Division Approval	ssands	10/31/2019 10:02:36 AM
Department Approval	ssands	10/31/2019 10:02:39 AM
Contract Manager Approval	ssands	10/31/2019 10:02:42 AM
Budget Analyst Approval	kshe1	11/08/2019 11:40:45 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22597**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CARPENTER SELLERS DEL GATTO
Agency Code: 082	Contractor Name: CARPENTER SELLERS DEL GATTO
Appropriation Unit: 1535-44	Address: ARCHITECTS PC
Is budget authority available?: Yes	8882 SPANISH RIDGE AVE.
If "No" please explain: Not Applicable	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? **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.

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

Agency Reference #: **112933**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2019**

Anticipated BOE meeting date **12/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **3 years and 228 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 Lobby Remodel - Building 1391 at the Desert Regional Center in Las Vegas, project will include redesigning the lobby entrance areas to include a barrier from the interior office workstations and provide more security: SPWD Project No. 19-C10; Contract No. 112933.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,250.00**

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:
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	11/07/2019 12:37:09 PM
Division Approval	lwildes	11/07/2019 12:37:12 PM
Department Approval	lwildes	11/07/2019 12:37:15 PM
Contract Manager Approval	lwildes	11/07/2019 12:37:18 PM
Budget Analyst Approval	kshe1	11/14/2019 09:59:44 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22605**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: IWORQ SYSTEMS, INC
Agency Code: 082	Contractor Name: IWORQ SYSTEMS, INC
Appropriation Unit: 1562-26	Address: PO BOX 3784
Is budget authority available?: Yes	City/State/Zip: LOGAN, UT 84321
If "No" please explain: Not Applicable	Contact/Phone: 435-755-5126
	Vendor No.: T32008878
	NV Business ID: none

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 %

Agency Reference #: 266007

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2019**

Anticipated BOE meeting date 12/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **1 year and 228 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 IWORQ software upgrade, project will include Community Development Package, Portal Home, Training, Support, User, and Updates, Premium Data Package, and Onsite Backup: SPWD Project No. 266007

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Current software is incompatible and will be useless after the windows 10 update.

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 because the legal entity is a:

Other

Vendor is out of state, and not coming to the state Nevada. all training and updates will be concluded off site.

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:

Smith, Jameson, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	11/12/2019 08:34:59 AM
Division Approval	lwildes	11/12/2019 08:35:03 AM
Department Approval	lwildes	11/12/2019 08:35:07 AM
Contract Manager Approval	lwildes	11/12/2019 08:35:12 AM
Budget Analyst Approval	kshe1	11/14/2019 10:14:29 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22556**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: RESOURCE CONCEPTS INC
Agency Code: 082	Contractor Name: RESOURCE CONCEPTS INC
Appropriation Unit: All Appropriations	Address: 340 N. MINNESOTA ST.
Is budget authority available?: No	City/State/Zip: CARSON CITY, NV 89703-4152
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 _____, expenditure category _____.	Contact/Phone: 775-883-1600

Vendor No.: T12785100
 NV Business ID: NV19781005208

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 % Agency Funded CIP

Agency Reference #: 112952

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2019**

Anticipated BOE meeting date 12/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **4 years and 235 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 Repair Site Drainage System, at the Nevada State Railroad Museum in Carson City project and will include Survey, Design and Construction administration for site drainage repairs: SPWD Project No. 20-A001; Contract No. 112952.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2020 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:

McEntee, Markus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	10/28/2019 15:04:38 PM
Division Approval	lwildes	10/28/2019 15:04:41 PM
Department Approval	lwildes	10/28/2019 15:04:43 PM
Contract Manager Approval	lwildes	10/28/2019 15:04:46 PM
Budget Analyst Approval	kshe1	11/08/2019 11:43:54 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: **22523**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: Alternative Care LC
Agency Code: 240	Contractor Name: Alternative Care LC
Appropriation Unit: 2561-04	Address: d.b.a. Always Better Care 6950 W. Via Olivero, #B-4
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89117
If "No" please explain: Not Applicable	Contact/Phone: Kelly Snowball 801-397-4002
	Vendor No.: T27043133
	NV Business ID: NV20141697663

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 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/07/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/09/2020**

Contract term: **336 days**

4. Type of contract: **Contract**

Contract description: **Admissions**

5. Purpose of contract:

This is a new contract to provide services to increase admissions at the Southern Nevada State Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,800.00**

Other basis for payment: As outlined in the Scope of Work to be paid monthly upon submission of an approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The goal of this contract is to increase the efficiency and streamline the admissions process 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:

With the increase of the number of skilled nursing facilities in the surrounding Henderson/Boulder City area, the referral of admissions from participating hospitals is more competitive. This vendor has specific expertise in the area of admissions and has established relationships with referring entities. This vendor will work closely with SNSVH staff to maintain at least 95% occupancy of the SNSVH.

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):

PureCare Living
Avalon Care LLC
Alternative Care LC

b. Solicitation Waiver: **Not Applicable**

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

Vendor presented with the expertise required to meet the objective and at the most reasonable price.

d. Last bid date: 08/07/2019 Anticipated re-bid date: 07/30/2020

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:
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	10/18/2019 16:07:54 PM
Division Approval	agarland	10/18/2019 16:07:57 PM
Department Approval	agarland	10/18/2019 16:08:00 PM
Contract Manager Approval	agarland	10/18/2019 16:08:22 PM
Budget Analyst Approval	bmacke1	11/07/2019 14:18:18 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22524**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: Alternative Care LC
Agency Code: 240	Contractor Name: Alternative Care LC
Appropriation Unit: 2561-04	Address: d.b.a. Always Better Care 6950 W. Via Olivero, #B-4
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89117
If "No" please explain: Not Applicable	Contact/Phone: Kelly Snowball 801-397-4002
	Vendor No.: T27043133
	NV Business ID: NV20141697663

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 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/07/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/11/2020**

Contract term: **338 days**

4. Type of contract: **Contract**

Contract description: **Marketing**

5. Purpose of contract:

This is a new contract to provide marketing/business development services for the Southern Nevada State Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Other basis for payment: **Payable upon submission of approved monthly invoice.**

II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of this contract is to increase the communities knowledge about the Southern Nevada State Veterans Home and the services that are offered to veterans.

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

There are no State employees available with the skills and expertise required to achieve the desired outcome. Vendor has the expertise and knowledge of state veterans homes and has a strong presence in the community.

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):

Alternative Care LC
Avalon Care LLC
PureCare Living

b. Solicitation Waiver: **Not Applicable**

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

Vendor has specific knowledge of the operations of State Veterans Homes and the services they provide. Vendor also had the best price.

d. Last bid date: 08/05/2019 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:

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	10/18/2019 16:09:41 PM
Division Approval	agarland	10/18/2019 16:09:44 PM
Department Approval	agarland	10/18/2019 16:09:47 PM
Contract Manager Approval	agarland	10/18/2019 16:09:50 PM
Budget Analyst Approval	bmacke1	11/07/2019 15:13:40 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22450**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: WESTED
Agency Code: 300	Contractor Name: WESTED
Appropriation Unit: 2676-50	Address: 730 Harrison Street
Is budget authority available?: Yes	City/State/Zip: San Francisco, CA 94107-1242
If "No" please explain: Not Applicable	Contact/Phone: Randal Tillery 209-505-3965
	Vendor No.: T81012500
	NV Business ID: NV20111743662

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 % Private New Skills For Youth Grant

Agency Reference #: **300**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2019**

Anticipated BOE meeting date **10/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2020**

Contract term: **143 days**

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

Contract description: **WestED Crosswalk**

5. Purpose of contract:

This is a new interlocal agreement to provide data visualization tools and regional trainings to help local education leaders and practitioners use program and student level data for pathway development and planning related to the federal Perkins V Comprehensive Local Needs Assessment and program improvement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,919.00**

Other basis for payment: **Per Itemized Invoice, travel to not exceed GSA rates.**

II. JUSTIFICATION

7. What conditions require that this work be done?

New Skills for Youth Grant requires that the state scale pathways. This work will support and create stronger linkages between k12 career education programs and their sector and occupational counterpart programs. As we move into the sustainability phase of our work, providing technical assistance and developing visualizations and data tools for our k12 and postsecondary leaders and practitioners will help them effectively develop, using program and student level data sets, of their Perkins V CLNA planning process, as federally required for funding.

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

We do not have the capacity to facilitate; it is common practice that outside entities conducts and evaluates this type of project.

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:

WestEd has provided technical support and research for our agency, quality of service provided has always 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

NT7 Business License - California Government Code Joint Power Act - government entity exemption

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	10/23/2019 10:32:32 AM
Division Approval	amccalla	10/23/2019 10:32:34 AM
Department Approval	amccalla	10/23/2019 10:32:37 AM
Contract Manager Approval	amccalla	10/23/2019 10:32:40 AM
Budget Analyst Approval	cbrekken	11/08/2019 09:39:58 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: **22385**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: Federal Education Group, PLLC
Agency Code: 300	Contractor Name: Federal Education Group, PLLC
Appropriation Unit: 2712-04	Address: 1455 Pennsylvania Ave NW Suite 400
Is budget authority available?: Yes	City/State/Zip: Washington, DC 20004
If "No" please explain: Not Applicable	Contact/Phone: Sheara Krvaric 202-731-0699
	Vendor No.: T29042516
	NV Business ID: NV20191551821

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 %
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 **11/04/2019**

Anticipated BOE meeting date **09/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **238 days**

4. Type of contract: **Contract**

Contract description: **Guidance Document**

5. Purpose of contract:

This is a new contract to provide written guidance and training on federal time and effort and administrative funds standards in order to ensure efficiency and compliance with federal grants.

6. NEW CONTRACT

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

Other basis for payment: **Paid within 30 days upon receipt of invoice.**

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to the flexibilities under ESSA, NDE wants to make sure we are in compliance with EDGAR.

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 at the federal level to provide this information.

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):

**Law offices of Steven J. Klearman & Associates
Federal Education Group, PLLC
Brustien & Manasevit, PLLC**

b. Solicitation Waiver: **Not Applicable**

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

The contractor was selected as the best solution by the evaluation based on per-determined evaluation criteria.

d. Last bid date: 06/07/2019 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 11:35:10 AM
Division Approval	amccalla	09/13/2019 11:35:13 AM
Department Approval	amccalla	09/13/2019 11:35:15 AM
Contract Manager Approval	amccalla	09/13/2019 11:35:18 AM
Budget Analyst Approval	cbrekken	11/04/2019 10:36:39 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: **22401**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: ALARMCO INC
Agency Code: 406	Contractor Name: ALARMCO INC
Appropriation Unit: 3161-07	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: LYN ANDRADE 702/382-5000
	Vendor No.: PUR0004868
	NV Business ID: NV19641000258

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.

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

Agency Reference #: **C 17472**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2019**

Anticipated BOE meeting date **11/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2021**

Contract term: **1 year and 357 days**

4. Type of contract: **Contract**

Contract description: **Alarm System Service**

5. Purpose of contract:

This is a new contract to provide ongoing services including monitoring and maintenance to existing alarm systems.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$770.00 per Month

Other basis for payment: Alarm System Upgrade for East Las Vegas Outpatient Clinic \$1,995.00. Contingency and emergencies not to exceed \$3,525.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract provides fire and theft protection of the facilities to ensure life, health and safety of both patients and staff.

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

The agency does not have staff qualified or available to monitor 24/7 alarms and the alarm equipment is proprietary to Alarmco who trains their own 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):

Brantley Security Systems
Alarmco, Inc
Master Installers

b. Solicitation Waiver: **Not Applicable**

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

This vendor was awarded by an informal selection committee in compliance with NRS and NAC 333.

d. Last bid date: 02/13/2019 Anticipated re-bid date: 04/01/2021

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:

Vendor with Public and Behavioral Health since 2014 - 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:

Brett Phillips, Facility Manager Ph: 702-486-5135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	09/19/2019 09:13:37 AM
Division Approval	rmorse	09/19/2019 09:13:40 AM
Department Approval	mwinebar	11/07/2019 08:10:14 AM
Contract Manager Approval	rmorse	11/07/2019 15:27:21 PM
Budget Analyst Approval	afrantz	11/08/2019 08:28:21 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22397**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Airborne Wildlife Control Service, LLC
Agency Code: 406	Contractor Name: Airborne Wildlife Control Service, LLC
Appropriation Unit: 3161-07	Address: dba Nevada Pigeon Control 3651 LINDELL RD STE D498
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89103-1254
If "No" please explain: Not Applicable	Contact/Phone: CIVON GEWELBER 562-201-5454
	Vendor No.: T29039576
	NV Business ID: NV20171232484

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.

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 #: **C 17474**

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 **12/2019**

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: **Pigeon Control**

5. Purpose of contract:

This is a new contract to provide ongoing pigeon abatement and clean up services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

Payment for services will be made at the rate of \$540.00 per Month

Other basis for payment: \$1520 contingency cost per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The over population of pigeons is a health issue to clients and staff. The pigeon nesting, breeding and dropping waste in public areas is deemed unacceptable by NRS 555.100 and NRS 555.110.

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

The agency does not have staff with the skills, knowledge, education or equipment necessary to safely remove the pigeons and their waste.

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):

Red Rock Pest Control
Airborne Wildlife Control
Western Exterminators

b. Solicitation Waiver: **Not Applicable**

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

Per NRS 333 the vendor was selected by an informal selection committee based on their proposal.

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?

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 with Southern Nevada Adult Mental Health Services since 10/2012. They have 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:

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:

Brett Phillips, Facility Manager Ph: 702-486-5135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	11/04/2019 13:29:52 PM
Division Approval	rmorse	11/04/2019 13:29:54 PM
Department Approval	mwinebar	11/07/2019 08:16:17 AM
Contract Manager Approval	rmorse	11/07/2019 15:48:26 PM
Budget Analyst Approval	afrantz	11/12/2019 11:17:01 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21983**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: UNITED LOCK AND SECURITY INC
Agency Code: 406	Contractor Name: UNITED LOCK AND SECURITY INC
Appropriation Unit: 3161-07	Address: 8170 W. Sahara Ave., Suite 102
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89117
If "No" please explain: Not Applicable	Contact/Phone: Peter Levy 702/258-5625
	Vendor No.: PUR0005649
	NV Business ID: NV20061039362

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.

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

Agency Reference #: **C 17196**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/07/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **1 year and 235 days**

4. Type of contract: **Contract**

Contract description: **Specialty doors**

5. Purpose of contract:

This is a new contract to provide ongoing services for maintenance to specialty doors, exit devices, electromagnetic locking systems, door closers and smoke seals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To protect the safety and welfare of consumers and visitors at the facility, these doors and mechanisms ensure secure and fluid passage between unit and area doors while meeting Joint Commission, CMS and Life Safety standards.

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

Current State employees do not have the necessary knowledge, skill and training in the area of electromagnetic door and locking systems.

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):

Vegas Valley Locking
United Lock and Security
Western States Door

b. Solicitation Waiver: **Not Applicable**

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

Per NRS 333 the vendor was selected by an informal selection committee based on their proposal.

d. Last bid date: 05/06/2019 Anticipated re-bid date: 04/01/2021

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 been providing services to DPBH since 4/17 - 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	rmorse	09/09/2019 14:17:31 PM
Division Approval	rmorse	09/09/2019 14:17:34 PM
Department Approval	mwinebar	11/05/2019 18:09:22 PM
Contract Manager Approval	rmorse	11/07/2019 12:13:09 PM
Budget Analyst Approval	afrantz	11/07/2019 15:20:07 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22456**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Board of Regents - UNLV
Agency Code: 409	Contractor Name: Board of Regents - UNLV
Appropriation Unit: 3145-14	Address: Office of the Controller 4505 S. Maryland Pkwy. MS 1005
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89154-1005
If "No" please explain: Not Applicable	Contact/Phone: Amanda Haboush 702-895-2657
	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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

Services began before the contract was approved due to the immediate need for the Clark County Children's Mental Health Consortia 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: **Interlocal Agreement**

Contract description: **Consortia Support**

5. Purpose of contract:

This is a new interlocal agreement to provide support to the Clark County Children's Mental Health Consortium.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,498.00**

Payment for services will be made at the rate of \$7,749.00 per year

Other basis for payment: \$14,350 - Direct Cost; \$1,148 - Indirect Cost

II. JUSTIFICATION

7. What conditions require that this work be done?

The work to be contacted by each of the Regional Consortia is in NRS 433B.333. Each body needs administrative/professional assistance 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? **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?

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?

Yes If "Yes", please explain

Interlocal Agreement with NSHE.

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:

UNLV has been under contract with the Division in the past (CETS #21688). Services 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 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:

Kristen Rivas, Clinical Program Planner 2 Ph: 775-688-3764

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	10/07/2019 13:57:10 PM
Division Approval	knielsen	11/01/2019 17:26:06 PM
Department Approval	mwinebar	11/05/2019 18:20:39 PM
Contract Manager Approval	sknigge	11/06/2019 14:59:33 PM
Budget Analyst Approval	laaron	11/13/2019 14:46:36 PM

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
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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 22456 -- UNLV/NICRP, 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 University of Las Vegas, Nevada Institute for Children's Research and Policy (UNLV/NIRP) 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.

*Nevada Department of Health and Human Services
Helping People -- It's Who We Are And What We Do*

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22514**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: JTD COUNSELING AND CONSULTING, LLC
Agency Code: 409	Contractor Name: JTD COUNSELING AND CONSULTING, LLC
Appropriation Unit: 3229-13	Address: 4722 E. BLACKTHORNE LN.
Is budget authority available?: Yes	City/State/Zip: SPRINGFIELD, MO 65809-1132
If "No" please explain: Not Applicable	Contact/Phone: Todd Duncan 417-880-1454
	Vendor No.: T29039970
	NV Business ID: Out of State Services

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.

<input checked="" type="checkbox"/> General Funds	64.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	36.00 %	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 **12/2019**

Retroactive? **Yes**

If "Yes", please explain

The retroactive date is requested due to the need for placement outside of Nevada and the federal requirement to provide monthly face-to-face visits with the child/children.

3. Termination Date: **06/30/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Out of State Visits**

5. Purpose of contract:

This is a new contract to provide federally mandated monthly visits for a child (or children) placed outside of Nevada in a residential facility.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$500.00 per Month Per Child

II. JUSTIFICATION

7. What conditions require that this work be done?

Per federal mandate a contract worker must have a face to face visitation with children placed out-of-state in residential facilities. These visits must be completed every calendar month and the Division must receive a completed monthly report no later than the 3rd of the month following the visit.

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

The State does not have positions that perform these duties for children placed in Missouri or Arkansas.

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):

JTD Counseling & Consulting LLC
ABI Missouri
MBach Children & Family Ministries
Lutheran Family & Children's Service

b. Solicitation Waiver: **Not Applicable**

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

This was the lowest responsible vendor to respond.

d. Last bid date: 06/03/2019 Anticipated re-bid date: 05/29/2023

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

LLC

All services to be performed out of state.

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.

All services to be performed out of state.

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.

All services to be performed out of state.

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	10/17/2019 17:44:35 PM
Division Approval	knielsen	10/17/2019 17:44:37 PM
Department Approval	mwinebar	10/21/2019 16:37:47 PM
Contract Manager Approval	knielsen	10/24/2019 11:04:40 AM
Budget Analyst Approval	laaron	10/24/2019 14:48:31 PM



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
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<http://dcfs.nv.gov>

MEMORANDUM

Date: October 14, 2019

To: Lynnette Aaron, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Through: Mark Winebarger, Administrative Services Officer IV
Department of Health and Human Services, Director's Office

From: Katrina Nielsen, Administrative Services Officer IV
Division of Child and Family Services

Re: Retroactive Start Date Request for CETS #22514 – JTD Counseling & Consulting, LLC

A retroactive effective date of July 1, 2019 is requested for the contract between the Division of Child and Family Services (DCFS) and JTD Counseling & Consulting, LLC in order to remain in compliance with federal mandates. We currently have a child placed at a Residential Treatment Center in Missouri and will require their services immediately. JTD Counseling & Consulting, LLC will provide the federally mandated monthly visits for a child (or children) placed outside of the State of Nevada.

Since these are unique services outside of Nevada that the Division of Child and Family Services (DCFS) requires, they have been determined by the Purchasing Division to not fall under the statewide RFQ. In addition, the contract value does not meet the minimum value set by the Purchasing Division for MSA Contracts.

Once initial contracts are in place, they will be renewed on an as needed basis. If you have any further questions please contact Maria Hickey at 775-684-1975.

Child welfare agencies in Nevada believe families are the primary providers for children's needs. The safety and well-being of children is dependent upon the safety and well-being of all family members. Children, youth and families are best served when staff actively listens to them and invite participation in decision-making. We support full implementation of family centered practice by engaging families in child and family teams and offering individualized services to build upon strengths and meet the identified needs of the family.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22494**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Jeanne Morgan
Agency Code: 409	Contractor Name: Jeanne Morgan
Appropriation Unit: 3229-44	Address: 1677 Quail Lane
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701-9304
If "No" please explain: Not Applicable	Contact/Phone: Jeanne Morgan 775-691-6188
	Vendor No.: T32008035
	NV Business ID: NV20191565481

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.

<input checked="" type="checkbox"/> General Funds	25.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	75.00 %	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 **10/28/2019**
Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**
Contract term: **3 years and 246 days**

4. Type of contract: **Contract**
Contract description: **Investigative Svcs.**

5. Purpose of contract:

This is a new contract to provide investigative services to complete diligent searches for and identify missing biological fathers, putative fathers, relatives or fictive kin as potential permanent placements or lifelong support to the child.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**
Payment for services will be made at the rate of \$50.00 per hour
Other basis for payment: Not to Exceed \$1,000 per child

II. JUSTIFICATION

7. What conditions require that this work be done?

Existing law requires courts, agencies which provide child welfare services and others to give preference to relatives within the third degree of consanguinity when placing a child in the custody of a person other than a parent.

Adoption and Safe Families Act of 1997 (ASFA)
Fostering Connections to Success and Increasing Adoptions Act of 2008, P.L. 110-351
Indian Child Welfare Act of 1978 (ICWA) {25 U.S.C}
Social Security Act, 471 {42 U.S.C � 671 (a)}
Preventing Sex Trafficking and Strengthening Families Act of 2014, P.L. 113-183
NRS 126; .051; 126.0210; .610; 128.110; 432B.390; 3905; 425; 470; 457; 520; 550

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

The State does not have positions that perform these specific duties; it takes expertise, training and years of experience to be successful in diligent searches.

- 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):

Jeanne Morgan
ADH Investigations
Grate Detections
American Process Services & Investigators

b. Solicitation Waiver: **Not Applicable**

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

This was the lowest responsible vendor to respond.

d. Last bid date: 09/23/2019 Anticipated re-bid date: 08/21/2023

- 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 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:

Maria Hickey, Social Service Program Spec. 3 Ph: 775-684-1975

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgalli	10/10/2019 16:03:43 PM
Division Approval	mgalli	10/10/2019 16:03:48 PM
Department Approval	mwinebar	10/24/2019 13:15:42 PM
Contract Manager Approval	knielsen	10/24/2019 13:45:51 PM
Budget Analyst Approval	laaron	10/28/2019 09:47:28 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: **22464**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: MLJ Adoptions International
Agency Code: 409	Contractor Name: MLJ Adoptions International
Appropriation Unit: 3229-13	Address: 6323 S. East Street
Is budget authority available?: Yes	City/State/Zip: Indianapolis, IN 46227-7107
If "No" please explain: Not Applicable	Contact/Phone: Julie Conner 317-875-0058
	Vendor No.: T27043185
	NV Business ID: Out of State Services

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.

<input checked="" type="checkbox"/> General Funds	64.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	36.00 %	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 **10/01/2019**
 Anticipated BOE meeting date **12/2019**

Retroactive? **Yes**

If "Yes", please explain

The retroactive date is requested due to the need for placement outside of Nevada and the federal requirement to provide monthly face-to-face visits with the child/children.

3. Termination Date: **09/30/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Out of State Visits**

5. Purpose of contract:

This is a new contract to provide federally mandated monthly visits for a child (or children) placed outside of Nevada in a residential facility.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$500.00 per Child per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

Per federal mandate a contract worker must have face to face visitation with children placed in out-of-state residential facilities. These visits must be completed every calendar month and the Division must receive a completed monthly report no later than the 3rd of the month following the visit.

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

The State does not have positions that perform these specific duties for children placed in Indiana.

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):

Adoption Support Center
Kidsfirst Adoption Services
MLJ Adoptions

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor to respond and agree to the Division's visitation terms.

d. Last bid date: 09/16/2019 Anticipated re-bid date: 08/28/2023

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

Non-profit Corporation

All services to be provided in Indiana.

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?

No b. If "NO", please explain.

All services to be provided in Indiana.

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Program Specialist 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	10/15/2019 15:44:31 PM
Division Approval	mgalli	10/15/2019 16:54:45 PM
Department Approval	mwinebar	10/21/2019 16:32:04 PM
Contract Manager Approval	sknigge	10/21/2019 18:02:53 PM
Budget Analyst Approval	laaron	10/24/2019 14:53:14 PM



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
2533 North Carson St., Suite 100
Carson City, NV 89706
Telephone 775-684-1930 • Fax 775-687-4903
<http://dcfs.nv.gov>

MEMORANDUM

Date: October 14, 2019

To: Lynnette Aaron, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Through: Mark Winebarger, Administrative Services Officer IV
Department of Health and Human Services, Director's Office

From: Mandi Davis, Deputy Administrator
Division of Child and Family Services

Re: Retroactive Start Date Request for CETS #22464 – MLJ Adoption of Indiana

A retroactive effective date of October 1, 2019 is requested for the contract between the Division of Child and Family Services (DCFS) and MLJ Adoptions in order to remain in compliance with federal mandates that require in-person visits at least monthly for children in the division's custody. We currently have a child placed at a residential treatment center in Indiana and will require their services immediately. MLJ Adoptions will provide the federally-mandated monthly visits for a child (or children) placed outside of the State of Nevada.

Since these are unique services outside of Nevada that the Division of Child and Family Services (DCFS) requires, the Purchasing Division has determined that they do not fall under the statewide Requests for Quotations (RFQ). In addition, the contract value does not meet the minimum value set by the Purchasing Division for Master Service Agreement (MSA) Contracts.

Once initial contracts are in place, they will be renewed on an as-needed basis. If you have any further questions, please contact Maria Hickey at (775) 684-1975.

Child welfare agencies in Nevada believe families are the primary providers for children's needs. The safety and well-being of children is dependent upon the safety and well-being of all family members. Children, youth and families are best served when staff actively listens to them and invite participation in decision-making. We support full implementation of family centered practice by engaging families in child and family teams and offering individualized services to build upon strengths and meet the identified needs of the family.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22387**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: DESERT BOILERS & CONTROLS, INC.
Agency Code: 409	Contractor Name: DESERT BOILERS & CONTROLS, INC.
Appropriation Unit: 3259-07	Address: 305 W. SAINT LOUIS AVE.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89102
If "No" please explain: Not Applicable	Contact/Phone: Dennis Simpson 702-631-7780
	Vendor No.: PUR0001437
	NV Business ID: NV19971189711

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 %

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 11/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **253 days**

4. Type of contract: **Contract**

Contract description: **Boiler Repair**

5. Purpose of contract:

This is a new contract to provide repair and testing of the boiler located in the vocational building at the Nevada Youth Training Center in Elko.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,400.00**

Payment for services will be made at the rate of \$11,400.00 per complete project

Other basis for payment: \$8,000 Labor and Subsistence; \$1,000 Inspector Fee; \$2,400 Code Package Fee

II. JUSTIFICATION

7. What conditions require that this work be done?

The boiler in the vocational building of the Nevada Youth Training Center has developed a crack resulting in it being shut down, without hot water and heat this has become a life safety issue.

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

No State employee or State agency with the necessary expertise.

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):

KAP Mechanical
Desert Boilers & Controls, Inc.
Core International

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor to 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?

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:

Lance Marshall, Facility Supervisor Ph: 775-748-6255

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	09/11/2019 15:39:45 PM
Division Approval	mgalli	10/14/2019 11:15:57 AM
Department Approval	mwinebar	10/16/2019 08:41:52 AM
Contract Manager Approval	sknigge	10/21/2019 11:55:30 AM
Budget Analyst Approval	laaron	10/21/2019 12:42:06 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22306**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	REGIONAL TRANSPORTATION
Agency Code:	409	Contractor Name:	REGIONAL TRANSPORTATION
Appropriation Unit:	3646-04	Address:	RTC OF SOUTHERN NEVADA 600 S GRAND CENTRAL PKWY #350
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89106-4512
If "No" please explain:	Not Applicable	Contact/Phone:	702-676-1670
		Vendor No.:	T29032694
		NV Business ID:	Governmental Entity

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.

<input checked="" type="checkbox"/>	General Funds	54.40 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	45.60 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2019**

Anticipated BOE meeting date **10/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **3 years and 227 days**

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

Contract description: **Bus Passes**

5. Purpose of contract:

This is a new interlocal agreement to provide bus passes to clients that are uninsured, underinsured, or on Medicaid.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$250.00 per book of 100 passes

II. JUSTIFICATION

7. What conditions require that this work be done?

It's the agency's goal to ensure that clients are able to receive the mental health services they require. As some of the agency's clients do not have the means or the funding for transportation, this Interlocal agreement would provide the agency the ability to purchase bus passes for its clients.

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

The agency is not staffed to be able to provide transportation for clients and their families to attend their medical appointments. Bus passes are the most economical and efficient way to achieve the goal of transporting clients to their treatment locations.

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:

The RTC has been under contract with the Division of Health Care, Financing and Policy, the Welfare Division, Aging and Disability Services Division and the Department of Employment, Training & Rehabilitation and the 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:

Rick Rassier, ASO III Ph: 702-486-4335

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	08/20/2019 14:18:32 PM
Division Approval	mgalli	10/15/2019 16:59:31 PM
Department Approval	mwinebar	11/06/2019 08:14:30 AM
Contract Manager Approval	sknigge	11/06/2019 14:53:24 PM
Budget Analyst Approval	laaron	11/15/2019 11:05:09 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: **22452**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: SHAW ENGINEERING, LTD
Agency Code: 431	Contractor Name: SHAW ENGINEERING, LTD
Appropriation Unit: 3650-19	Address: 20 VINE ST.
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89503-5520
If "No" please explain: Not Applicable	Contact/Phone: Cody Black 775-329-5559
	Vendor No.: T29002238
	NV Business ID: NV19951060977

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.

<input checked="" type="checkbox"/> General Funds	25.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	75.00 %	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 **10/28/2019**

Anticipated BOE meeting date 11/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2020**

Contract term: **338 days**

4. Type of contract: **Contract**

Contract description: **Engineering Services**

5. Purpose of contract:

This is a new contract to provide engineering services for an existing waste water treatment facility at the Carlin Nevada National Guard facility. The contracted vendor will provide an engineering review and inventory of the current wastewater infrastructure, an analysis of the system's current functional capacity and sustained viability, and recommendations, with prioritized alternatives if required, for system improvements necessary to support the full operations of the Nevada Youth Challenge Program at its peak student caseload projections: 300 student plus support staff.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Office of the Military has determined that having a contract with an engineering firm will expedite construction and renovation projects, allowing for timely completion of future armory and facility projects.

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

State employees do not possess the certifications to provide these professional 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: **Professional Service (As defined in NAC 333.150)**

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

This vendor has the skillset and schematics of the facilities for the Office of the Military.

d. Last bid date: 08/01/2019 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:

The contractor has been in contract with Corrections and Wildlife since 2015 and is in good standing.

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	10/02/2019 15:10:41 PM
Division Approval	ctyle1	10/02/2019 15:10:43 PM
Department Approval	ctyle1	10/02/2019 15:10:47 PM
Contract Manager Approval	twollan1	10/02/2019 15:23:26 PM
Budget Analyst Approval	jrodrig9	10/28/2019 00:12:06 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: **22443**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Tuff Shed Inc
Agency Code: 440	Contractor Name: Tuff Shed Inc
Appropriation Unit: 3708-05	Address: 1390 N. Eagleson Road
Is budget authority available?: Yes	City/State/Zip: Boise, ID 83706-1204
If "No" please explain: Not Applicable	Contact/Phone: Laura Sutton/Todd Hargrove 775-303-6785
	Vendor No.: PUR0000951
	NV Business ID: NV19901036111

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 %

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/12/2019**

Anticipated BOE meeting date **11/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **230 days**

4. Type of contract: **Contract**

Contract description: **Install Storage Shed**

5. Purpose of contract:

This is a new contract to provide labor and materials to install storage sheds for Commissary and the Access Package Program at Lovelock Correctional Center and High Desert State Prison.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,761.81**

Other basis for payment: Shed for LCC: 3708 CAT 05 G/L7060 ~\$11,868.81 - Shed for HDSP: 3708 CAT 05 G/L 7060 ~\$11,893.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Commissary will be unable to provide enough storage space for the Access Package Program, causing inmate issues.

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

Sheds will need to be built from the ground up and require additional tools and permits. NDOC facilities do not have the staff available for this work and 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):

Grainger
Lowe's
Home Depot
Tuff Shed

b. Solicitation Waiver: **Not Applicable**

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

This vendor provided the lowest and most responsive bid as the manufacturer.

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	10/04/2019 14:21:56 PM
Division Approval	amonro1	10/04/2019 15:51:50 PM
Department Approval	sewart	10/07/2019 09:16:02 AM
Contract Manager Approval	aroma2	11/08/2019 10:54:11 AM
Budget Analyst Approval	kshe1	11/12/2019 14:21:05 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: **22512**

Agency Name: **DEPARTMENT OF CORRECTIONS**
 Agency Code: **440**
 Appropriation Unit: **3723-07**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **OFLAHERTY PLUMBING & HEATING**
 Contractor Name: **OFLAHERTY PLUMBING & HEATING**
 Address: **965 PIOCHE HWY**
 City/State/Zip: **ELY, NV 89301-3135**
 Contact/Phone: **John O'Flaherty, President 775-289-2801**
 Vendor No.: **PUR0002815**
 NV Business ID: **NV19781000068**

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.

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

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2019**
 Anticipated BOE meeting date **10/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2020**

Contract term: **147 days**

4. Type of contract: **Contract**

Contract description: **Install Water Heater**

5. Purpose of contract:

This is a new contract to provide labor and materials required to remove the existing water heater and install new water heater at Pioche Conservation Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,215.00**

Other basis for payment: **3723 CAT07 \$10,215.00 and 3710 CAT09 \$5,000.00.**

II. JUSTIFICATION

7. What conditions require that this work be done?

There is no operable backup water heater/ boiler at PCC. If the currently operable unit fails, NDOC will be unable to provide hot water for inmates or employees and will no longer be in compliance.

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

Boiler units are required to be installed by a certified installer with Nevada State Mechanical Compliance. No NDOC employee has the training or certification to perform this work. No other State agency performs this work.

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

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

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

Not Applicable

b. Solicitation Waiver: **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?

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	bweisent	10/15/2019 13:39:15 PM
Division Approval	amonro1	10/16/2019 13:39:58 PM
Department Approval	sewart	10/16/2019 14:23:46 PM
Contract Manager Approval	aroma2	10/28/2019 09:55:48 AM
Budget Analyst Approval	kshe1	11/04/2019 16:08:59 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: **22576**

Agency Name: COMMISSION ON MINERAL RESOURCE	Legal Entity Name: THS VISUALS MOTION PICTURES
Agency Code: 500	Contractor Name: THS VISUALS MOTION PICTURES
Appropriation Unit: 4219-09	Address: LLC
Is budget authority available?: Yes	PO BOX 2192
If "No" please explain: Not Applicable	City/State/Zip: STATELINE, NV 89449-2192
	Contact/Phone: 775/588-6976
	Vendor No.: T29039063
	NV Business ID: NV20141542440

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 %	X	Fees	100.00 %	Mining Claims
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **RFP # 50COMR-S806**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/12/2019**

Anticipated BOE meeting date **11/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **230 days**

4. Type of contract: **Contract**

Contract description: **AML Video**

5. Purpose of contract:

This is a new contract to provide an updated production of the Dangers of Abandoned Mines informational video.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Out of date videos with poor resolution

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):

**Orangetree
Frequency Pictures
MessageMakers**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #50COMR-S806, 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: 10/04/2019 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:

6/2017 � 3/2018
NV Div of State Parks
11/2013 � 4/2015
NV Dept. of Tourism & Cultural Affairs

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:

Wake, Garrett, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dvisher	11/01/2019 11:52:51 AM
Division Approval	dvisher	11/01/2019 11:52:55 AM
Department Approval	dvisher	11/01/2019 11:52:58 AM
Contract Manager Approval	rghiglie	11/01/2019 11:53:39 AM
Budget Analyst Approval	cmurph3	11/12/2019 11:17:07 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22433**Agency Name: **DPS-PAROLE BOARD**Agency Code: **660**Appropriation Unit: **3800-16**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **MOUNTAINTESS, MARK J**Contractor Name: **MOUNTAINTESS, MARK J**Address: **3525 N PING RD**City/State/Zip: **POST FALLS, ID 83854-6686**Contact/Phone: **MARK MOUNTAINTESS 208/446-9756**Vendor No.: **T32006598**NV Business ID: **NV20131527911**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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2019**Anticipated BOE meeting date **11/2019**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **234 days**4. Type of contract: **Contract**Contract description: **Video/Audio Install**

5. Purpose of contract:

This is a new contract to provide installation of video conferencing equipment and recording software in the Parole Board's hearing rooms located in Carson City and Las Vegas. Reconfiguration of wiring in four video conference rooms and provide training for the upgraded recording software.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,153.00**Other basis for payment: **lump sum upon successful completion****II. JUSTIFICATION**

7. What conditions require that this work be done?

SB471 of the 2007 Legislative Session provides that all Parole Board hearings are quasi-judicial. Inmates must have the opportunity to be present, speak on their behalf or have a representative speak on their behalf. To comply with this legislation, the Parole Board records all parole hearings as well as provides video conferencing capability. Due to the migration to Windows 10, as well as the operating performance of the system, certain components require replacement and software upgrades are required.

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

The specialized new video conferencing equipment and recording software must also be interfaced with existing equipment. State employees do not have the expertise or ability 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):

Sound Planning Distributors Inc.
Mark Mountaintes
BT Conferencing Video, Inc.

b. Solicitation Waiver: **Not Applicable**

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

This vendor was the only bidder with knowledge and expertise for the installation and configuration of For The Record (FTR) recording software. This vendor was the only bidder that addressed all software and equipment listed in the informal solicitation.

d. Last bid date: 09/19/2019 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:

Mark Mountaintes previously installed video/audio equipment and software for the Parole Board and 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 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)?

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Kathi Baker, Management Analyst III Ph: 775-687-6566

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbaker	09/26/2019 09:39:44 AM
Division Approval	kbaker	09/26/2019 09:39:57 AM
Department Approval	cboegle	10/16/2019 16:36:03 PM
Contract Manager Approval	cboegle	10/16/2019 16:36:07 PM
EITS Approval	tgalluzi	10/21/2019 16:09:39 PM
Budget Analyst Approval	kshe1	11/08/2019 11:12:00 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17541** Amendment Number: **3**
 Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **Shaw Engineering, LTD**
 Agency Code: **702** Contractor Name: **Shaw Engineering, LTD**
 Appropriation Unit: **1511-91** Address: **20 Vine Street**
 Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89503**
 If "No" please explain: **Not Applicable** Contact/Phone: **775-329-5559**
 Vendor No.: **T27036374**
 NV Business ID: **NV19951060977**

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

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

General Funds	0.00 %	<input checked="" type="checkbox"/>	Fees	50.00 %	Sportsmen
Federal Funds	0.00 %	<input checked="" type="checkbox"/>	Bonds	50.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 16-44

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/15/2016**

Anticipated BOE meeting date 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2020**

Contract term: **4 years and 200 days**

4. Type of contract: **Contract**

Contract description: **Shaw as needed**

5. Purpose of contract:

This is the third amendment to the original contract which provides civil engineering services in the southern, eastern, and western regions of the state. This amendment increases the maximum amount from \$240,000 to \$255,000 due to an increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,999.00	\$49,999.00	\$49,999.00	Yes - Info
a. Amendment 1:	\$74,760.00	\$74,760.00	\$124,759.00	Yes - Action
b. Amendment 2:	\$115,241.00	\$115,241.00	\$115,241.00	Yes - Action
2. Amount of current amendment (#3):	\$15,000.00	\$15,000.00	\$15,000.00	Yes - Info
3. New maximum contract amount:	\$255,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Various projects requiring civil engineering needs in the southern, eastern and western regions of the state.

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

Requires specialized knowledge and equipment. Proximity to the project are not cost effective.

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?
PER NAC 333.150 this is a professional service 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?

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:

NDOW, DPS and SPWD - 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 15:52:32 PM
Division Approval	tdoucett	09/13/2019 16:08:53 PM
Department Approval	eobrien	10/01/2019 10:47:53 AM
Contract Manager Approval	nroble1	10/21/2019 10:24:14 AM
Budget Analyst Approval	mtum1	10/29/2019 11:17:33 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: **22231**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: Truckee Meadows Parks Foundation
Agency Code: 702	Contractor Name: Truckee Meadows Parks Foundation
Appropriation Unit: 4462-12	Address: 50 Cowan Drive
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: Heidi Anderson 775-410-1702
	Vendor No.:
	NV Business ID: NV20121181070

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 % License Plate

Agency Reference #: **20-04**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **245 days**

4. Type of contract: **Contract**

Contract description: **Americorps WL Ed**

5. Purpose of contract:

This is a new contract to supervise and mentor five full-time AmeriCorps volunteers who will provide wildlife education programming and volunteer services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

The opportunity to foster a strong partnership with a well-known organization within our communities, as well as build a program to offer young professionals an opportunity to grow, learn, and give back to the wildlife field.

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

State employees cannot do this work due to a limited amount of staff and the Americorps program is a national volunteer program.

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):

**Truckee Meadows Parks Foundation
Great Basin Institute
Nevada Outdoor School**

b. Solicitation Waiver: **Not Applicable**

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

Americorps program is a national volunteer 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 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:

Julie Watson, Staff Conservation Educator Ph: 775-688-1406

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	07/26/2019 13:30:08 PM
Division Approval	tdoucett	08/13/2019 11:19:23 AM
Department Approval	eobrien	08/26/2019 15:01:14 PM
Contract Manager Approval	nroble1	08/28/2019 13:13:00 PM
Budget Analyst Approval	mtum1	10/29/2019 09:39:57 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: **21578**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: State of Arizona
Agency Code: 702	Contractor Name: State of Arizona
Appropriation Unit: 4465-18	Address: Arizona Game & Fish Department
Is budget authority available?: Yes	5000 W Carefree Highway
If "No" please explain: Not Applicable	Phoenix, AZ 85086-5000
	Contact/Phone: 623-236-7524
	Vendor No.:
	NV Business ID: Government Entity

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 %	<input checked="" type="checkbox"/>	Fees	25.00 %	Sportsmen
<input checked="" type="checkbox"/> Federal Funds	75.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 19-43

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/01/2024**

Contract term: **4 years and 125 days**

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

Contract description: **Fish Disease Testing**

5. Purpose of contract:

This is a new interlocal agreement to provide health laboratory services to run disease testing on fish from fish hatchery facilities.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW is federally mandated to test for fish disease's on its hatchery facilities yearly.

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

NDOW and the State of Nevada does not have a fish diagnostic/disease lab.

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 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:

Pat Kelly, Wildlife Staff Specialist Ph: 775-688-1536

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	02/28/2019 11:04:51 AM
Division Approval	tdoucett	03/06/2019 08:52:49 AM
Department Approval	eobrien	09/24/2019 16:22:03 PM
Contract Manager Approval	nroble1	10/21/2019 10:24:33 AM
Budget Analyst Approval	mtum1	10/29/2019 10:43:09 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: **22373**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: Open Range Consulting
Agency Code: 702	Contractor Name: Open Range Consulting
Appropriation Unit: 4467-13	Address: 6315 Snowview Drive
Is budget authority available?: Yes	City/State/Zip: Park City, UT 84098
If "No" please explain: Not Applicable	Contact/Phone: Timothy Bateman 801-809-5255
	Vendor No.:
	NV Business ID: NV20191554390

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 %	<input checked="" type="checkbox"/>	Fees	63.00 %	Sportsmen and Habitat Conservation
<input checked="" type="checkbox"/> Federal Funds	37.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 20-13

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2021**

Contract term: **1 year and 337 days**

4. Type of contract: **Contract**

Contract description: **Remote Sensing**

5. Purpose of contract:

This is a new contract to provide remote sensing services to identify the extent of invasive annuals, evaluate current treatments of invasive species, and quantify the success of treatments of healthy or threatened sagebrush ecosystems.

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?

Remote sensing services provide for a cost effect way of identifying high risk habitats and areas to prioritize NDOWs monetary investment towards rehabilitation and restoration efforts.

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

Remote Sensing requires the use of specialized equipment (satellites and drones) and specialized training (college degrees) that the State of Nevada employees currently do not possess. Further, practitioners of remote sensing have developed proprietary methods to analyze images to achieve desired outcomes. The state would not have access to these methods.

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):

L3 Harris Corporation
Land Info Worldwide Mapping, LLC
Open Range Consulting

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:
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:

Caleb McAdoo, Supervising Habitat Biologist Ph: 775-388-1914

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	09/10/2019 09:32:55 AM
Division Approval	tdoucett	09/13/2019 15:59:35 PM
Department Approval	eobrien	09/18/2019 13:27:59 PM
Contract Manager Approval	nroble1	10/21/2019 10:24:46 AM
Budget Analyst Approval	mtum1	10/29/2019 10:21:56 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: **22440**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Tay and Jarrads LLC dba
Agency Code: 901	Contractor Name: Tay and Jarrads LLC dba
Appropriation Unit: 3253-10	Address: Tahoe Vending
Is budget authority available?: Yes	986 Spice Island Dr.
If "No" please explain: Not Applicable	City/State/Zip: Sparks, NV 89431-6548
	Contact/Phone: Jarrad Duxbury 775-800-6296
	Vendor No.: T32007002
	NV Business ID: NV2018395156

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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Revenue

Agency Reference #: **3347-24-BEN**

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 **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **4 years and 72 days**

4. Type of contract: **Revenue Contract**

Contract description: **Tahoe Vending**

5. Purpose of contract:

This is a new revenue contract to provide temporary operations of vending routes and micro markets in N. Nevada, when not assigned to blind or visually impaired operators.

6. NEW CONTRACT

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

Other basis for payment: 15% commission of gross revenues received by the vendor for the temporary vending sites shall be paid to the contracting agency by the 20th of each month following the month where the revenue was generated. A late payment penalty of 15% or \$50.00, whichever is greater, shall be applied if payment has not been received by the 20th of each month. The contract not to exceed \$45,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 426.630 through NRS 426.720 agency must establish and maintain the operation of retail vending stands on public property for blind and visually impaired operators. During periods when operators have passed away, are too ill to operate the sites or quit the program, the stands must be operated until the assigned operator can resume control or a new operator is assigned to the location.

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

Pursuant to NRS 426.630 through NRS 426.720 and the Randolph Sheppard Act; priority rights for the operation of vending services in public locations go to Operators licensed through Business Enterprises of Nevada.

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):

Alpenglow Vending
Tahoe Vending
Sacramento Vending
Skytop Vending

b. Solicitation Waiver: **Not Applicable**

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

Only qualified proposal received

d. Last bid date: 09/17/2019 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:

Kevin Horigan, BEO I Ph: 775-687-6879

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aallen	10/09/2019 08:44:00 AM
Division Approval	kdesoci1	10/17/2019 15:09:04 PM
Department Approval	kdesoci1	10/17/2019 15:09:08 PM
Contract Manager Approval	mjohns43	10/17/2019 15:16:15 PM
Budget Analyst Approval	dbaughn	10/21/2019 14:55:26 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: **22272**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: MOTOR VEHICLES, DEPARTMENT OF
Agency Code: 902	Contractor Name: MOTOR VEHICLES, DEPARTMENT OF
Appropriation Unit: 4772-04	Address: 555 WRIGHT ST
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89711
If "No" please explain: Not Applicable	Contact/Phone: Noel Lopez 775/684-4504
	Vendor No.: D81000000
	NV Business ID: Government Entity

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 #: **3338-23-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/05/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2023**

Contract term: **3 years and 360 days**

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

Contract description: **DMV Data Share**

5. Purpose of contract:

This is a new interlocal agreement to provide a monthly data file from the Department of Motor Vehicles (DMV) to compare Unemployment claimant data with data from the DMV; if inaccuracies occur, claimant will be required to provide secondary information to verify claimant's identity. Payment of \$301.00 per month for 48 months and contract will not exceed \$14,448.00.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,448.00**

Payment for services will be made at the rate of \$301.00 per month

Other basis for payment: Payment of \$301.00 per month for 48 months and contract will not exceed \$14,448.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The information is necessary to prevent fraudulent unemployment claims.

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

DETR/ESD does not have this information in their data, however, the DMV does.

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 agency that can provide the information necessary to help prevent fraudulent unemployment claims.

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 Department of Motor Vehicles has contracted with the State of Nevada and 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 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	jbende2	10/09/2019 10:47:32 AM
Division Approval	kdesoci1	11/04/2019 11:51:46 AM
Department Approval	kdesoci1	11/04/2019 11:51:49 AM
Contract Manager Approval	mjohns43	11/04/2019 11:54:16 AM
EITS Approval	tgalluzi	11/04/2019 14:49:03 PM
Budget Analyst Approval	dbaughn	11/05/2019 08:05:45 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22426**

Agency Name: **DETR - EMPLOYMENT SECURITY**
Agency Code: **902**
Appropriation Unit: **All Budget Accounts - Category 04**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **CASHMAN EQUIPMENT COMPANY**
Contractor Name: **CASHMAN EQUIPMENT COMPANY**
Address: **600 GLENDALE AVE**
City/State/Zip: **SPARKS, NV 89431**
Contact/Phone: **Jered Bentancourt 775/386-3611**
Vendor No.: **PUR0000249A**
NV Business ID: **NV19601000406**

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 % Federal, General Fund, P & I

Agency Reference #: **3346-22-ESD**

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 **12/2019**

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: **UPS Maintenance**

5. Purpose of contract:

This is a new contract that provides ongoing scheduled UPS maintenance services for the Carson City DETR Administrative office UPS Module and battery.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Payment for services will be made at the rate of \$375.00 per month

Other basis for payment: Other basis for payment: \$375.00 per month. UPS module will be visited every 365 days. Battery string will be visited every 180 days. Consumables/Components replaced as needed: \$135.00 per hour standard hourly rate; \$202.50 per hour overtime hourly rate; \$270.00 per hour premium hourly rate (Holiday or Sunday). Standard working hours are Monday - Friday 7:00 am - 3:30 pm; overtime hours 3:30 pm - 7:00 am and Saturdays, premium hourly rate Sunday and holidays. Material Mark-up; 50% per part. Total contract or installments payable at: The State will initiate payment upon receipt and approval from the program of an approved itemized invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Scheduled maintenance and servicing is required by manufacturer.

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

State employees do not have the expertise to perform these tasks.

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):

Nelson Electric
Cashman Equipment Company
Briggs Electric

b. Solicitation Waiver: **Not Applicable**

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

Only vendor to respond

d. Last bid date: 08/15/2019 Anticipated re-bid date: 08/15/2021

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 worked for Vocational Rehabilitation and services have 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	jbende2	10/14/2019 07:46:01 AM
Division Approval	kdesoci1	10/23/2019 14:04:15 PM
Department Approval	kdesoci1	10/23/2019 14:04:20 PM
Contract Manager Approval	mjohns43	10/23/2019 14:41:54 PM
Budget Analyst Approval	dbaughn	11/01/2019 09:33:34 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: **22531**

Agency Name: SILVER STATE HEALTH INSURANCE EXCHANGE	Legal Entity Name: Division of Welfare and Supportive Services
Agency Code: 960	Contractor Name: Division of Welfare and Supportive Services
Appropriation Unit: 1400-75	Address: 1470 College Pkwy.
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89706-7924
If "No" please explain: Not Applicable	Contact/Phone: Monique Pomerleau 775-684-0678
	Vendor No.:
	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 %	X	Fees	100.00 %	Carrier Premium Fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2019**

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 242 days**

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

Contract description: **Appeals Hearings**

5. Purpose of contract:

This is a new interlocal agreement to provide appeals hearings and expedited appeal hearings for health insurance consumers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,180.00**

Payment for services will be made at the rate of \$48.82 per hour

Other basis for payment: FY20 - \$14,060; FY21 - \$28,120

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals hearings are required under the Affordable Care Act, 45 CFR 155.310, 45 CFR 155.330(e)(1)(ii), 45 CFR 155.335(h)(1)(ii), 45 CFR 155.500-155.555, 45 CFR 155.610(i), 45 CFR 155.7159(e) and (f), or 45 CFR 155.716(e) for State Based Exchanges. Previously, this service was provided to the SSHIX by the Centers for Medicare and Medicaid Services (CMS), but with the transition away from Healthcare.gov, the SSHIX is required to provide this service for consumers.

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

Appeals hearings are required to be conducted by a third party under 45 CFR 155.310, 45 CFR 155.330(e)(1)(ii), 45 CFR 155.335(h)(1)(ii), 45 CFR 155.500-155.555, 45 CFR 155.610(i), 45 CFR 155.7159(e) and (f), or 45 CFR 155.716(e) to ensure a fair hearing process.

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 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	jsnido1	10/16/2019 12:39:57 PM
Division Approval	jsnido1	10/18/2019 11:00:34 AM
Department Approval	rhigh	10/18/2019 11:06:00 AM
Contract Manager Approval	jsnido1	10/21/2019 15:35:45 PM
Budget Analyst Approval	laaron	10/22/2019 12:47:28 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22603**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: ENCORE EVENT TECHNOLOGIES
Agency Code: BDC	Contractor Name: ENCORE EVENT TECHNOLOGIES
Appropriation Unit: B015 - All Categories	Address: INC
Is budget authority available?: Yes	1500 W SHORE DR STE 175
If "No" please explain: Not Applicable	City/State/Zip: ARLINGTON HEIGHTS, IL 60004-1486
	Contact/Phone: Steve Bistriz 702-784-5732
	Vendor No.: T32003181
	NV Business ID: NV20141001095

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 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2019**

Anticipated BOE meeting date **12/2019**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **30 days**

4. Type of contract: **Contract**

Contract description: **Encore**

5. Purpose of contract:

This is a new contract to provide audio and video conferencing equipment and services for the Board's meeting in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$8,872.75 per total

Other basis for payment: Billed at completion of services.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board has scheduled a public meeting in Las Vegas. This contract covers the video conferencing component of that meeting.

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

The Board's office in Las Vegas is too small for this type of meeting. The Board is not aware of any other agencies that can connect to our system in Reno for video conferencing.

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):

Tallen Technology Rentals
Encore Event Technologies, LLC
Visual i Solutions

b. Solicitation Waiver: **Not Applicable**

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

Lowest cost and better availability.

d. Last bid date: 11/06/2019 Anticipated re-bid date: 10/01/2020

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:

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	5522	11/08/2019 11:15:25 AM
Division Approval	5522	11/08/2019 11:15:29 AM
Department Approval	5522	11/08/2019 11:15:32 AM
Contract Manager Approval	5522	11/08/2019 11:15:36 AM
Budget Analyst Approval	lfree1	11/13/2019 14:14:47 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: **22532**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Geralynn Patellaro
Agency Code: BDC	Contractor Name: Geralynn Patellaro
Appropriation Unit: B015 - All Categories	Address: 3057 Brachetto Loop
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89434
If "No" please explain: Not Applicable	Contact/Phone: Geralynn Patellaro 408-209-9373
	Vendor No.:
	NV Business ID: NV20191551169

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 %	X	Fees	100.00 %	Licensure
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 **10/09/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

Pursuant to NAC 333.114 and NAC 333.150, we proceeded to hire an investigator due to the need for prompt action and the fact that it would not be suitable to do an RFP to hire an investigator to conduct a confidential investigation. Approved by Kevin Doty per email dated 10/8/19.

3. Termination Date: **10/09/2020**

Contract term: **1 year and 1 day**

4. Type of contract: **Contract**

Contract description: **Geralynn Patellaro**

5. Purpose of contract:

This is a new contract for workplace investigation services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$300.00 per hour

Other basis for payment: Billed monthly; includes travel but generally limited to 2 hours travel time

II. JUSTIFICATION

7. What conditions require that this work be done?

An complaint of workplace concern has been made and must be investigated. To ensure an objective investigation, we need to retain a non-employee to conduct the investigation and provide recommendations.

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

An investigation into workplace conduct should be performed by someone experienced in these types of complaints. In addition, to ensure an unbiased investigation, we need someone who is not employed by our agency to conduct it.

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):

Debra Schroeder
Rebecca Burch
Geraldynn Patellaro

b. Solicitation Waiver: **Not Applicable**

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

This vendor did not have any conflicts and was available more promptly than the others.

d. Last bid date: 10/07/2019 Anticipated re-bid date: 10/07/2020

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 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	5522	10/24/2019 15:09:58 PM
Division Approval	5522	10/24/2019 15:10:02 PM
Department Approval	5522	10/24/2019 15:10:06 PM
Contract Manager Approval	5522	10/24/2019 15:10:10 PM
Budget Analyst Approval	lfree1	10/28/2019 17:29:18 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22591**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Schroeder Workplace Investigations PLLC
Agency Code: BDC	Contractor Name: Schroeder Workplace Investigations PLLC
Appropriation Unit: B015 - All Categories	Address: 1 East Liberty Street, Suite 6
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: Debra Schroeder 775-357-9709
	Vendor No.:
	NV Business ID: NV20191594695

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 %	X	Fees	100.00 %	Licensing Fees
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 **10/31/2019**

Anticipated BOE meeting date 12/2019

Retroactive? **Yes**

If "Yes", please explain

Pursuant to NAC 333.114 and NAC 333.150, we proceeded to hire an investigator due to the need for prompt action and the fact that it would not be suitable to do an RFP to hire an investigator to conduct a confidential investigation. Approved by Kevin Doty. Email attached.

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

Contract term: **1 year and 1 day**

4. Type of contract: **Other (include description): Professional Services**

Contract description: **Schroeder**

5. Purpose of contract:

This is a new contract for workplace investigation services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$350.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

A Complaint of workplace concern has been made and must be investigated. To ensure an objective investigation, we need to retain and non-employee to conduct the investigation and provide recommendations.

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

An investigation into workplace conduct should be performed by someone experienced in these types of complaints and independent of staff in order to ensure a professional and unbiased opinion.

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):

Geralynn Patellaro
Rebecca Burch
Debra Schroeder

b. Solicitation Waiver: **Not Applicable**

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

This vendor had not conflicts.

d. Last bid date: 10/08/2019 Anticipated re-bid date: 10/07/2020

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:

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	5522	11/06/2019 11:51:13 AM
Division Approval	5522	11/06/2019 11:51:23 AM
Department Approval	5522	11/06/2019 11:51:25 AM
Contract Manager Approval	5522	11/06/2019 11:51:30 AM
Budget Analyst Approval	lfree1	11/14/2019 13:29:42 PM

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 | Fax: (775) 684-0260

Date: October 31, 2019

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

From: Bridgette Mackey-Garrison, Executive Branch Budget Officer
Budget Division

A handwritten signature in blue ink, appearing to be "B. Mackey-Garrison".

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

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

DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles (DMV) shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This is the first quarter of State Fiscal Year 2020 report for the period beginning July 1, 2019 and ending September 30, 2019.

Additional Information:

The Nevada Complete Streets bill was designed to provide a local funding source for transportation improvements to make local streets "Complete Streets" – streets that are safe and inviting for people using all transportation modes – walkers, baby strollers, people using canes, people using wheelchairs, bicyclist, buses, trolleys – rather than just for cars and trucks.

During the 1st quarter, the DMV collected a total of \$89,353 voluntary contributions for the Complete Streets Program. The following tables demonstrates the percent contributed by county alongside the previous 4th quarter of this year and the same period last year:

Contributions

1st Quarter			4th Quarter			1st Quarter		
FY 2020	Total 1st Quarter		FY 2019	Total 4th Quarter		FY 2019	Total 1st Quarter	
By County	1st Quarter	% of Total	By County	4th Quarter	% of Total	By County	1st Quarter	% of Total
Carson City	\$ 2,855.00	3.20%	Carson City	\$ 2,578.00	2.85%	Carson City	\$ 2,806.00	3.12%
Clark	\$ 69,838.00	78.16%	Clark	\$ 71,644.00	79.08%	Clark	\$ 69,642.00	77.46%
Douglas	\$ 2,404.00	2.69%	Douglas	\$ 2,502.00	2.76%	Douglas	\$ 2,646.00	2.94%
Washoe	\$ 14,256.00	15.95%	Washoe	\$ 13,870.00	15.31%	Washoe	\$ 14,808.00	16.47%
Total	\$ 89,353.00	100%	Total	\$ 90,594.00	100%	Total	\$ 89,902.00	100%

NRS 482.1825 subsection 3 authorizes the DMV to deduct and withhold 1% of the contributions collected to reimburse the Department for its expenses in collecting and distributing the contributions. After deducting \$893.53 for the 1% costs for DMV to administer the program, Clark County received \$69,139.62; Washoe County received \$14,113.44; Carson City received \$2,826.45 and Douglas County received \$2,379.96. The following tables demonstrates the percent of the DMV 1% commission by county alongside the previous 4th quarter of this year and the same period last year:

DMV Commission (1%)

1st Quarter			4th Quarter			1st Quarter		
FY 2020	Total 1st Quarter		FY 2019	Total 4th Quarter		FY 2019	Total 1st Quarter	
By County	1st Quarter	% of Total	By County	4th Quarter	% of Total	By County	1st Quarter	% of Total
Carson City	\$ 28.55	3.20%	Carson City	\$ 25.78	2.85%	Carson City	\$ 28.06	3.12%
Clark	\$ 698.38	78.16%	Clark	\$ 716.44	79.08%	Clark	\$ 696.42	77.46%
Douglas	\$ 24.04	2.69%	Douglas	\$ 25.02	2.76%	Douglas	\$ 26.46	2.94%
Washoe	\$ 142.56	15.95%	Washoe	\$ 138.70	15.31%	Washoe	\$ 148.08	16.47%
Total	\$ 893.53	100%	Total	\$ 905.94	100%	Total	\$ 899.02	100%

As required by subsection 2 of NRS 482.1825, the tables below summarize the monthly reports for the voluntary Complete Streets contributions collected by quarter pursuant to subsection 11 of NRS 482.480 for each participating county by the Department of Motor Vehicles for the period beginning July 1, 2019 and ending September 30, 2019.

FY 20 Total	Carson City	Clark	Douglas	Washoe	FY 20 Total	Total 1st Quarter
Donations	\$ 1,428	\$ 34,919	\$ 1,202	\$ 7,128	Donations	\$ 44,677
Registrations	11,315	236,225	13,180	68,259	Registrations	328,979
% of Registrations that Donate	12.62%	14.78%	9.12%	10.44%	Average %	11.74%

For FY20 1st quarter, Clark County received on average 14.78% where Douglas County received on average 9.12% of vehicle registrations donating.

The following table demonstrates the percentage of registrations that donated by quarter for fiscal year 2019:

Total FY19	1st	2nd	3rd	4th	Total FY19	
Donations	44,951	39,618	44,593	45,297	Donations	174,459
Registrations	321,654	283,407	300,110	324,069	Registrations	1,229,240
% of Registrations that Donate	13.97%	13.98%	14.86%	13.98%	Average %	14.198%

Uses:

The uses reports from the local jurisdictions will be reported on a fiscal year basis and is anticipated for the August 2020 Board of Examiners meeting.

Statutory Authority:

NRS 482.1825

REVIEWED: <u> <i>g-r</i> </u>
INFO ITEM: _____



**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 | Fax: (775) 684-0260

Date: October 23, 2019

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

From: Jim Rodriguez, Executive Branch Budget Officer
Budget Division 

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

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

DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 353.2755, the Division hereby submits notice to the Board of Examiners (BOE) of Lincoln County's intent to request a recommendation by the BOE to the Interim Finance Committee for approval of a grant and/or loan from the Disaster Relief Account to cover a portion of the expenses associated with the county-wide response to the anticipated September 2019 Facebook "Storm Area-51" event.

Additional Information:

In response to a viral Facebook post that urged the organization of "Alien" enthusiasts to amass around, and disrupt, the security perimeter of Nevada's famed Area 51, Lincoln County put into motion preemptive security measures to deal with an anticipated influx of as many as 2 million people into the region around Area 51.

In accordance with NRS requirements, the county must submit written notice to the Division of Emergency Management of its intent to request funding from the Disaster Relief Account within 60 days of the declared emergency. As a condition of that effort, the County's governing body, the County Board of Commissioners, must determine that the event, in which the damage was assumed, constituted a disaster.

A copy of the County Commissioners' Emergency Declaration/Proclamation dated August 19, 2019 is attached for the BOE's reference and consideration. Further, the County understands that it must submit an application with all supporting financial information and documentation to the State Department of Taxation within the statutorily

established reporting requirement of eighteen months from the date of this written notification to qualify for an allocation from the Disaster Relief Account.

Statutory Authority:

BOE approval required pursuant to NRS 353.2755.

REVIEWED: <u>Jan 2</u>
INFO ITEM: _____



Lincoln County Emergency Management

P.O. Box 90 – Pioche, Nevada 89043
Telephone (775) 962-2376

RECEIVED

OCT 15 2019

DIVISION OF
EMERGENCY MANAGEMENT

September 30, 2019

Nevada Division of Emergency Management
Attn: Chief Justin Luna
Chief and Homeland Security Advisor
2478 Fairview Drive
Carson City, NV 89701

RE: Notice of Intent to Request Disaster Relief Funding

Dear Chief Luna,

This letter serves as Lincoln County's written notice of intent to request funding from the State Disaster Relief Account, Pursuant to NRS 353.2755 for the Threat to public safety, loss of property and lack of law enforcement, emergency responders, and infrastructure to support an influx of 2 million + people to descend upon Lincoln County resulting from a viral facebook post while inciting unlawful activity with a group of 2 million + people who confirmed going to the facebook event.

Under the NRS, the county's governing board must determine that the event constituted a disaster. Attached is Proclamation No. 2019-A adopted on Oct. 7, 2019 by the Lincoln County Board of Commissioners. The County understands that it must submit an application with all supporting financial information and documentation to the State Department of Taxation within eighteen months of the date of this written notification for consideration of disaster relief funding.

Sincerely,

Eric Holt,
Fire Chief/Emergency Manager
Lincoln County Emergency Management office

Lincoln County

Declaration of Emergency

RESOLUTION OF THE LINCOLN COUNTY BOARD OF COMMISSIONERS DECLARING A STATE OF EMERGENCY AT SOUTHERN LINCOLN COUNTY DUE TO STORM AREA 51 VIRAL FACEBOOK POST RESULTING IN AN UNKNOWN AMOUNT OF PEOPLE COMING TO LINCOLN COUNTY THAT WILL OVERWHELM OUR LOCAL RESOURCES AND INFRASTRUCTURE.

WHEREAS, this UNPREDICTABLE EVENT poses a serious threat to the health and safety as well as property of the residents of Lincoln County, Nevada; and,

WHEREAS, Lincoln County is a political subdivision of the State of Nevada; and,

WHEREAS, The Board of County Commissioners finds that emergency conditions prevail and threats to health, life, safety, and welfare of persons and property due to A POTENTIAL INFLUX OF PEOPLE THAT WILL FAR EXCEED OUR RESOURCES are occurring within Lincoln County.

NOW, THEREFORE, BE IT RESOLVED that Lincoln County does hereby resolve that, under the provisions of the Nevada Revised Statutes Chapter 414, a state of emergency does exist due to conditions of peril arising from AN UNFORESEEN INFLUX IN PEOPLE FOR SEVERAL DAYS.

Within Lincoln County.

PASSED, ADOPTED AND APPROVED THIS 19 DAY OF Aug., 2019

CHAIRMAN, LINCOLN COUNTY, BOARD OF COMMISSIONERS

By: Carlin S. Higbee

LCC Chair

Title

ATTEST: Trishel

Lincoln

, County Clerk



**A PROCLAMATION BY THE LINCOLN COUNTY BOARD OF COMMISSIONERS
PROCLAIMING A STATE OF EMERGENCY**

WHEREAS, a social media event to trespass on and breach Area 51 property, which is in Lincoln County, on September 21, 2019 went viral on the Internet;

WHEREAS, over two million individuals responded that they would be attending the event to participate in the illegal activity;

WHEREAS, the influx of the number of persons into Lincoln County in a desert area without resources and/or services could not be reasonably predicted;

WHEREAS, the local county law enforcement resources were inadequate to manage the unpredictable and threatened illegal activity resulting in the Lincoln County Sheriff's Office maximizing the utilization of local law enforcement resources and also requesting and coordinating the use of other Nevada State and Nevada County law enforcement resources;

WHEREAS, the local county emergency management resources were inadequate to manage the unpredictable influx of persons that would potentially attend the social media event resulting in the Emergency Management Department's maximization of local emergency management resources and also requesting and coordinating the use of other Nevada State and Nevada County emergency management resources;

WHEREAS, the maximization of local law enforcement resources and emergency management resources for an unpredictable influx of persons into Lincoln County to participate in stated illegal activity came at a great financial expense to Lincoln County;

WHEREAS, the utilization of other Nevada State and Nevada County resources for law enforcement and emergency management for an unpredictable influx of persons into Lincoln County to participate in stated illegal activity came at a great financial expense to Lincoln County

WHEREAS, now Lincoln County's financial resources have been significantly depleted leaving Lincoln County in a financial crisis.

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NOW THEREFORE, BE IT RESOLVED the Lincoln County Board of Commissioners, does hereby proclaim Lincoln County in a State of Emergency and Issues Emergency Powers.

PASSED and ADOPTED this 7th day of October 2019.



Varlin Higbee



Jared Brackenbury



Keith Pearson



Kevin Phillips



Bevan Lister

ATTEST: 

Lisa Lloyd, Lincoln County Clerk



**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 | Fax: (775) 684-0260

Date: October 23, 2019

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

From: Jim Rodriguez, Executive Branch Budget Officer
Budget Division *JR*

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

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

DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 353.2755, the Division hereby submits notice to the Board of Examiners (BOE) of Nye County's intent to request a recommendation by the BOE to the Interim Finance Committee for approval of a grant and/or loan from the Disaster Relief Account to cover a portion of the expenses associated with the county-wide response to the anticipated September 2019 Facebook "Storm Area-51" event.

Additional Information:

In response to a viral Facebook post that urged the organization of "Alien" enthusiasts to amass around, and disrupt, the security perimeter of Nevada's famed Area 51, Nye County put into motion preemptive security measures to deal with an anticipated influx of as many as 2 million people into the region around Area 51.

In accordance with NRS requirements, the county must submit written notice to the Division of Emergency Management of its intent to request funding from the Disaster Relief Account within 60 days of the declared emergency. As a condition of that effort, the County's governing body, the County Board of Commissioners, must determine that the event, in which the damage was assumed, constituted a disaster.

A copy of the County Commissioners' Emergency Declaration/Proclamation dated August 28, 2019 is attached for the BOE's reference and consideration. Further, the County understands that it must submit an application with all supporting financial information and documentation to the State Department of Taxation within the statutorily

established reporting requirement of eighteen months from the date of this written notification to qualify for an allocation from the Disaster Relief Account.

Statutory Authority:

BOE approval required pursuant to NRS 353.2755.

REVIEWED: <u> <i>sc</i> </u>
INFO ITEM: _____

Pahrump Office
Nye County Government Center
2100 E. Walt Williams Drive
Suite 100
Pahrump, NV 89048
Phone (775) 751-7075
Fax (775) 751-7093



**Board of County
Commissioners
Nye County, Nevada**

Tonopah Office
Nye County Courthouse
William P. Beko Justice Facility
PO Box 153
Tonopah, NV 89049
Phone (775) 482-8191
Fax (775) 482-8198

91 7199 9991 7030 0718 5762

October 15, 2019

RECEIVED

OCT 21 2019

DIVISION OF
EMERGENCY MANAGEMENT

Jon Bakkedahl
Emergency Management Preparedness Section Manager
State of Nevada
Nevada Department of Public Safety
Division of Emergency Management/Homeland Security
2478 Fairview Drive
Carson City, Nevada 89701

Subject: Financial Relief Request for Nye County
Area 51 Event-Nye M2019035

Dear Mr. Bakkedahl:

This letter shall serve as Nye County's written notice of intent to request funding from the State Disaster Relief Account pursuant to NRS 353.2755. Specifically, the request considers the financial damages incurred from the 2019 "Storm Area 51 Event".

Under the NRS, Nye County's governing board must determine that the event constituted a disaster. Attached is Nye County's Declaration which was signed at 10:00 a.m. on August 28th, 2019 by the Nye County Board of County Commissioners.

The County understands that it must submit an application with all supporting financial information and documentation to the State Department of Taxation within eighteen months of the date of this written notification for consideration of disaster relief funding.

Respectfully submitted,


John Koenig,
Chairman

cc: Scott F. Lewis, Director, Nye County Department of Emergency Management

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 | Fax: (775) 684-0260

Date: November 13, 2019
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Shauna Tilley, Executive Branch 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:

FISCAL YEAR 2020 – 1st QUARTER OVERTIME REPORT

Agenda Item Write-up:

Fiscal year 2020 first quarter overtime report by department.

Additional Information:

As of the first quarter of fiscal year 2020, overtime pay and accrued compensatory leave accounted for a total of approximately \$46.23 million, or 4.27% of total pay, a 0.1% decrease from fiscal year 2019.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for 1st quarter FY20 accounted for 88.7% of the total:

1. Department of Corrections – \$3.83 million
2. Department of Health & Human Services – \$2.70 million
3. Department of Public Safety – \$2.39 million
4. Department of Transportation – \$1.32 million
5. Department of Conservation & Natural Resources – \$1.29 million

The 5 agencies with the highest percentage of overtime and accrued comp time as a share of total pay for 1st quarter FY20 were:

1. Department of Public Safety – 10.7%
2. Department of Conservation & Natural Resources – 10.6%
3. Department of Corrections – 9.9%
4. Department of Veterans Service – 9.1%
5. Commission on Mineral Resources – 7.0%

At the Department of Corrections, overtime and comp time increased by \$509,000 (15.3%) from the prior quarter and continued to be driven by the large correctional centers and medical personnel. Overtime and comp time for 1st quarter FY20 were highest at these 7 locations, which accounted for 85.3% of the total overtime for the department:

1. High Desert State Prison – \$1.31 million
2. Ely State Prison – \$701k
3. Southern Desert Correctional Center– \$407k
4. Lovelock Correctional Center – \$241k
5. Northern Nevada Correctional Center – \$232k
6. Florence McClure Women’s Correctional Center – \$228k
7. Prison Medical – \$150k

By event code, the highest four causes accounted for 86.7% of the overtime:

1. Covering annual and military leave – \$1.62 million
2. Hospital coverage – \$801k
3. Covering holiday shifts – \$486k
4. Workload – \$268k

At the Department of Health and Human Services, overtime was driven by Public & Behavioral Health (\$1.36 million - primarily in Southern Nevada Adult Mental Health (\$916k) and Facility for the Mental Offender (\$319k) budget accounts), Child and Family Services (\$697k) and Aging & Disability Services (\$404k). By event code, the highest four causes accounted for 77.2% of the overtime:

1. Covering vacant shifts – \$971k
2. Covering 24-hour shifts – \$586k
3. Workload – \$293k
4. Covering holiday shifts – \$231k

REVIEWED: 
INFO ITEM: _____

Overtime Analysis by Event Date

Overtime Analysis Settings

Agency:

440 DEPARTMENT OF CORRECTIONS

Code	Organization	Base Pay	Accrued Comp		Paid Overtime		Total	
			Hours	Dollars	Hours	Dollars	Hours	Dollars
3762	HR-HIGH DESERT STATE PRISON	\$6,798,284.48	1090:54:00	\$28,768.84	32192:23	\$1,276,495.01	33283:17	\$1,305,263.85
3751	HR-ELY STATE PRISON	\$3,548,189.38	306:15:00	\$8,216.53	16146:17	\$692,725.21	16452:32	\$700,941.74
3738	HR-SO DESERT CORRECTIONAL CTR	\$3,226,658.75	508:53:00	\$14,518.33		\$392,451.69	10507:34	\$406,970.02
3759	HR-LOVELOCK CORRECTIONAL CTR	\$2,954,485.39	316:00:00	\$8,443.88		\$232,841.55	6257:27:00	\$241,285.43
3717	HR-NO NEVADA CORRECTNL CENTER	\$3,247,318.86	649:23:00	\$17,145.50		\$214,409.09	6417:02:00	\$231,554.59
3761	HR-F MCCLURE WOMENS COR CTR	\$2,145,281.13	365:00:00	\$10,114.39		\$217,817.83	5982:18:00	\$227,932.22
3706	HR-PRISON MEDICAL CARE	\$4,707,452.88	402:30:00	\$15,690.95		\$134,765.76	3097:10:00	\$150,454.71
3710	HR-DIRECTOR'S OFFICE	\$2,502,219.34	435:02:00	\$14,371.02		\$90,501.05	2124:42:00	\$104,872.07
3716	HR-WARM SPRINGS CORRECTNL CTR	\$1,492,715.05	169:00:00	\$4,747.00		\$58,261.00	1883:20:00	\$63,008.00
3722	HR-STEWART CONSERVATION CAMP	\$207,814.00	28:00:00	\$777.76		\$7,218.46	1295:00:00	\$57,996.22
3752	HR-CARLIN CONSERVATION CAMP	\$120,325.12	8:00	\$319.52		\$56,745.54	1247:45:00	\$57,065.06
3741	HR-HUMBOLDT CONSERVATION CAMP	\$141,830.80	32:00:00	\$777.28		\$43,513.28	1050:00:00	\$44,290.56
3747	HR-ELY CONSERVATION CAMP	\$144,495.20	32:00:00	\$965.76		\$40,295.56	918:40:00	\$41,261.32
3725	HR-THREE LAKES VLY CNSRVN CMP	\$305,744.08	19:00	\$572.36		\$40,269.95	1134:10:00	\$40,842.31
3739	HR-WELLS CONSERVATION CAMP	\$118,746.88	8:00	\$214.40		\$40,255.64	994:30:00	\$40,470.04
3723	HR-PIOCHE CONSERVATION CAMP	\$207,884.56	79:30:00	\$2,077.27		\$23,617.77	648:30:00	\$25,695.04
3719	HR-TONOPAH CONSERVATION CAMP	\$155,389.44	0:00	\$0.00		\$22,108.48	656:40:00	\$22,108.48
3748	HR-JEAN CONSERVATION CAMP	\$220,263.48	0:00	\$0.00		\$21,566.69	469:45:00	\$21,566.69
3760	HR-CASA GRANDE TRANS HOUSING	\$185,724.80	24:00:00	\$722.08		\$12,070.92	325:00:00	\$12,793.00
3724	HR-NO NV TRANSITIONAL HOUSING	\$383,433.46	20:00	\$566.96		\$11,598.86	366:20:00	\$12,165.82
3727	HR-PRISON RANCH	\$155,436.16	0:00	\$0.00		\$7,990.72	177:45:00	\$7,990.72
3708	HR-OFFENDERS' STORE FUND	\$60,370.56	0:00	\$0.00		\$5,749.11	184:00:00	\$5,749.11
3711	HR-CORRECTIONAL PROGRAMS	\$512,932.16	0:00	\$0.00		\$2,722.30	49:30:00	\$2,722.30
3715	HR-SO NEVADA CORRECTIONAL CTR	\$1,237,184.07	62:45:00	\$1,583.28		\$855.91	84:15:00	\$2,439.19
3763	HR-INMATE WELFARE ACCOUNT	\$17,510.40	0:00	\$0.00		\$1,304.16	23:50	\$1,304.16
		\$240,405.88	4:30	\$105.93		\$0.00	4:30	\$105.93
		\$35,038,096.31	4560:42:00	\$130,699.04	91074:50	\$3,698,149.54	95635:32	\$3,828,848.58

0.852580741

Overtime Analysis by Event Date

Overtime Analysis Settings

Agency: 440 DEPARTMENT OF CORRECTIONS

Code	Event	Base Pay	Accrued Comp		FY2020 - 1st Quarter Paid Overtime		Total	
			Hours	Dollars	Hours	Dollars	Hours	Dollars
POT	P-OVERTIME	\$0.00	0:00	\$0.00	77272:36	\$3,324,950.82	77272:36	\$3,324,950.82
PHPRM	P-PHPRM	\$0.00	0:00	\$0.00	13788:14	\$372,576.31	13788:14	\$372,576.31
AHPRM	A-AHPRM	\$0.00	3519:39:00	\$98,704.48	0:00	\$0.00	3519:39:00	\$98,704.48
ACT	A-COMP TIME	\$0.00	1041:03:00	\$31,994.56	0:00	\$0.00	1041:03:00	\$31,994.56
PCALL	P-CALLBACK	\$0.00	0:00	\$0.00	8:00	\$412.29	8:00	\$412.29
PCALX	P-CALL NO RE	\$0.00	0:00	\$0.00	6:00	\$210.12	6:00	\$210.12
PADM	P-ADMIN LV	\$148,204.51	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PADRT	P-ADDED RT	\$14,563.07	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PAL	P-ANNUAL LV	\$2,366,186.96	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PCIV	P-CIVIL LV	\$6,925.61	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PCIVM	P-CIVIL LV M	\$1,289.89	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PCL	P-CAT LV/SVC	\$13,667.70	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PCL1	P-CAT LV/NSV	\$5,606.79	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PCT	P-COMP TIME	\$169,427.98	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFDA	P-FAM DEATH	\$60,380.60	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFDA	P-FM DV ANNL	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFDSL	P-FM DV SICK	\$587.67	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFMAD	P-FMLA ADMIN	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFMAL	P-FM ANNUAL	\$128,662.24	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFMC1	P-FM CAT/NSV	\$10,954.18	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFMCL	P-FM CAT/SVC	(\$5.26)	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFMCT	P-FMLA COMP	\$18,607.23	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFMFS	P-FM FAM SCK	\$110,037.02	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFMHL	P-FMLA HOLDA	\$3,437.54	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFMPS	P-FMLA PS IN	\$223.68	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFMSL	P-FM SICK LV	\$229,316.51	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFSL	P-FAM SCK LV	\$242,276.44	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFWAL	P-FW ANNUAL	\$1,335.40	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PFWSL	P-FW SICK LV	\$7,280.71	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PHS	P-HOLIDAY SI	\$8,999.55	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PMIL	P-MILITARY	\$52,948.28	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PMILT	P-MIL LV TRN	\$20,882.27	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PRT	P-REG TIME	\$30,121,768.51	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PSL	P-SICK LV	\$1,263,618.53	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PWCAL	P-WC ANNUAL	\$15,419.04	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PWCCT	P-WC COMP	\$308.04	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PWCSL	P-WC SICK LV	\$15,185.62	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
PWCTL	P-WC TRAVEL	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00
		\$35,038,096.31	4560:42:00	\$130,699.04	91074:50	\$3,698,149.54	95635:32	\$3,828,848.58

Overtime Analysis by Event Date

Overtime Analysis Settings

Agency: ALL

DEPT OF HEALTH AND HUMAN SERV

1st QTR FY2020

Row Labels	Sum of Dollars12
COVER-VACANT	970,850.44
COVER-24 HR	585,583.69
WORKLOAD	292,520.16
COVER-HOL/WK	231,519.16
COVER-SICK	124,419.67
CLIENT SVCS	64,965.16
COVER-AL/MIL	62,308.19
AGNCY DEFINE	60,043.13
EMERGENCIES	47,286.65
PROGRAM DEAD	47,192.52
TRAINING	45,300.69
TRAVEL	34,393.41
INVESTIGATE	29,965.12
ACCT/FISCAL	24,046.96
SPECIAL EVNT	12,631.10
SITE REPAIR	11,912.74
BUDGET PREP	7,427.40
PERSONNEL	7,246.10
OFFICE SPPRT	5,137.19
BACKLOG REDU	4,471.47
MEETINGS	4,221.78
STAFF MEET	4,035.41
ADMIN	3,494.69
COVER-TRAIN	3,261.16
CLIENT MEET	2,929.06
CONFERENCES	2,085.60
COVER-INJURY	1,623.74
TRAIN-PERSON	1,378.16
(blank)	996.87
ACCIDENTS	946.02
COURT	810.75
ADMIN SUPPRT	425.82
WORKSHOPS	402.03
Grand Total	2,695,832.04

1 COVER-VACANT	970,850.44
2 COVER-24 HR	585,583.69
3 WORKLOAD	292,520.16
4 COVER-HOL/WK	231,519.16
	2,080,473.45
	77.2%

Row Labels	Sum of Dollars3
400	5,028.36
HR-IDEA PART C COMPLIANCE	5,028.36
(blank)	-
HR-GRANTS MANAGEMENT UNIT	-
HR-CONSUMER HEALTH ASSISTANCE	-
HR-ADMINISTRATION	-
HR-DEVELOPMENTAL DISABILITIES	-
402	404,209.12
HR-DESERT REGIONAL CENTER	398,300.55
HR-AGING FEDERAL PROG & ADMIN	2,204.65
HR-SIERRA REGIONAL CENTER	1,682.53
HR-COMMUNITY BASED SERVICES	972.61
HR-COMMUNICATION ACCESS SRVCS	670.11
HR-EARLY INTERVENTION SVCS	341.83
HR-AUTISM TREATMENT PROGRAM	36.84
(blank)	-
HR-SENIOR RX AND DISABILITY RX	-
HR-RURAL REGIONAL CENTER	-
403	22,816.22
HR-HEALTH CARE FIN & POLICY	22,816.22
(blank)	-
406	1,360,671.78
HR-SO NEV ADULT MENTAL HEALTH	915,916.09
HR-FAC FOR MENTAL OFFENDER	319,428.11
HR-NNV ADULT MENTAL HEALTH SVC	65,040.33
HR-OFF OF STATE HEALTH ADMIN	30,272.23
HR-HEALTH CARE FACILITY REG	26,616.61
HR-BEHAVORIAL HEALTH ADMINSTR	1,411.33
HR-HEALTH ALERT NETWORK	1,044.35
HR-RADIATION CONTROL PROGRAM	942.73
HR-IMMUNIZATION PROGRAM	-
HR-WIC FOOD SUPPLEMENT	-
HR-EMERGENCY MEDICAL SERVICES	-
HR-CHILD CARE SERVICES	-
HR-ENVIRONMENTAL HEALTH SRVCS	-
HR-COMMUNITY HEALTH SERVICES	-
HR-BEHAVORIAL HEALTH PREV & TR	-
HR-MATERNAL CHILD HEALTH SRVC	-
HR- MARIJUANA HEALTH REGISTRY	-
HR-CHRONIC DISEASE	-
HR-CANCER CONTROL REGISTRY	-
HR-COMMUNICABLE DISEASES	-
HR-HEALTH STATISTICS&PLANNING	-
(blank)	-
HR-HHS DPBH RURAL CLINICS	-
HR-HHS HD BIOSTATS & EPIDMILG	-
407	1,553.35
HR-CHILD SPPRT ENFORCEMNT PROG	759.39
HR-WELFARE FIELD SERVICES	524.36
HR-WELFARE ADMINISTRATION	269.60
(blank)	-
HR-CHILD CARE ASSIST & DEVEL	-
HR-ENERGY ASSISTANCE - WELFARE	-
409	696,974.75
HR-SO NEV CHILD & ADLSCNT SVCS	180,831.02
HR-NEVADA YOUTH TRAINING CTR	133,349.96
HR-CALIENTE YOUTH CENTER	118,301.27
HR-SUMMIT VIEW YOUTH CENTER	115,469.54
HR-RURAL CHILD WELFARE	99,906.76
HR-NO NEV CHILD & ADLSCNT SVCS	24,794.95
HR-CHILDREN/YOUTH/FAMILY ADMIN	13,156.69
HR-YOUTH PAROLE SERVICES	11,164.56
(blank)	-
HR-VICTIMS OF CRIME	-
HR-COMMUNITY JUV JUSTICE PRG	-
HR-UNITY/SACWIS	-
Grand Total	2,491,253.58

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2020 SUMMARY (QTR 1)
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, December 10, 2019

CUMULATIVE STATEWIDE TOTALS (QTR 1)

	2018	2019	2020
BASE PAY	\$231,072,533	\$242,680,480	\$253,137,431
OVERTIME PAY + ACCRUED COMP	\$15,287,754	\$13,051,034	\$12,987,319
TOTAL PAY	\$246,360,287	\$255,731,514	\$266,124,750
OT/COMP AS A SHARE OF TOTAL PAY	6.21%	5.10%	4.88%

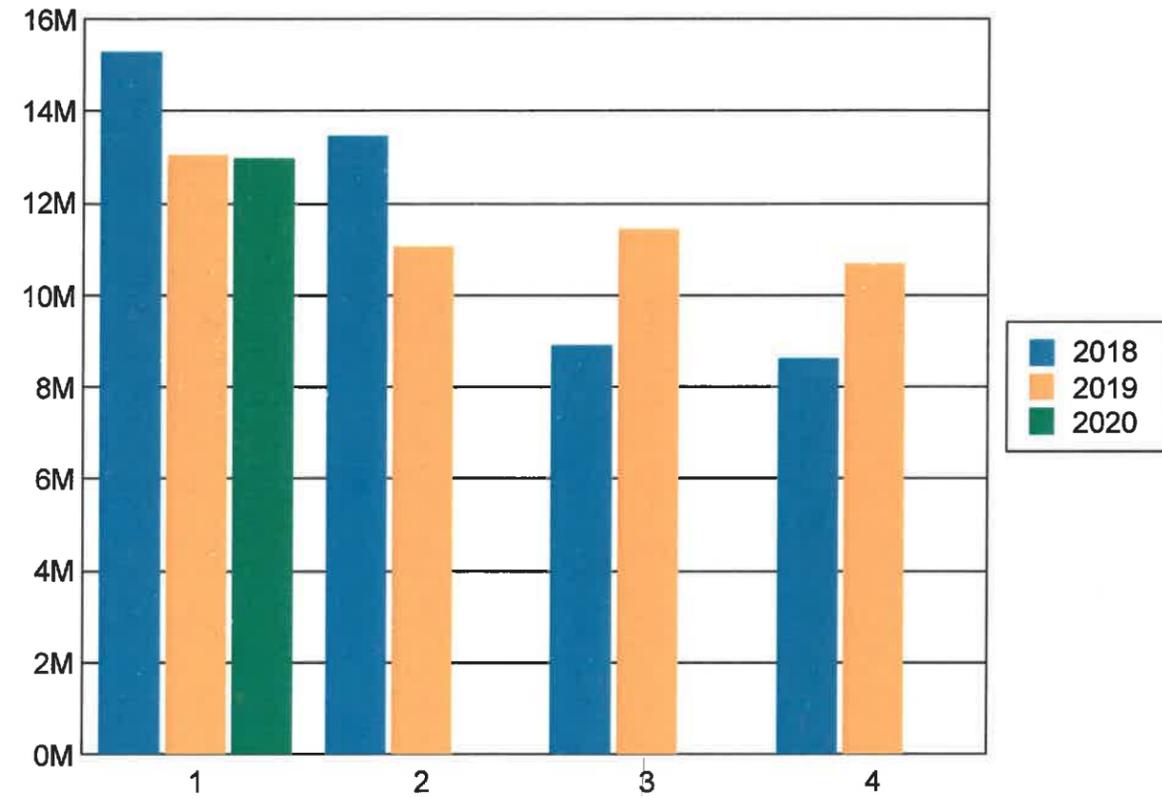
Highest OT/Comp expenditures in dollars

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$3,828,849	9.85%
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,695,832	3.59%
65	DEPARTMENT OF PUBLIC SAFETY	\$2,390,323	10.74%
80	DEPARTMENT OF TRANSPORTATION	\$1,317,450	4.79%
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,287,398	10.62%

Highest percentages of OT/Comp as a share of Total Pay

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
65	DEPARTMENT OF PUBLIC SAFETY	\$2,390,323	10.74%
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,287,398	10.62%
44	DEPARTMENT OF CORRECTIONS	\$3,828,849	9.85%
24	DEPARTMENT OF VETERANS SERVICE	\$262,387	9.12%
50	COMMISSION ON MINERAL RESOURCES	\$16,395	7.00%

Statewide OT/Comp Distribution by Quarter



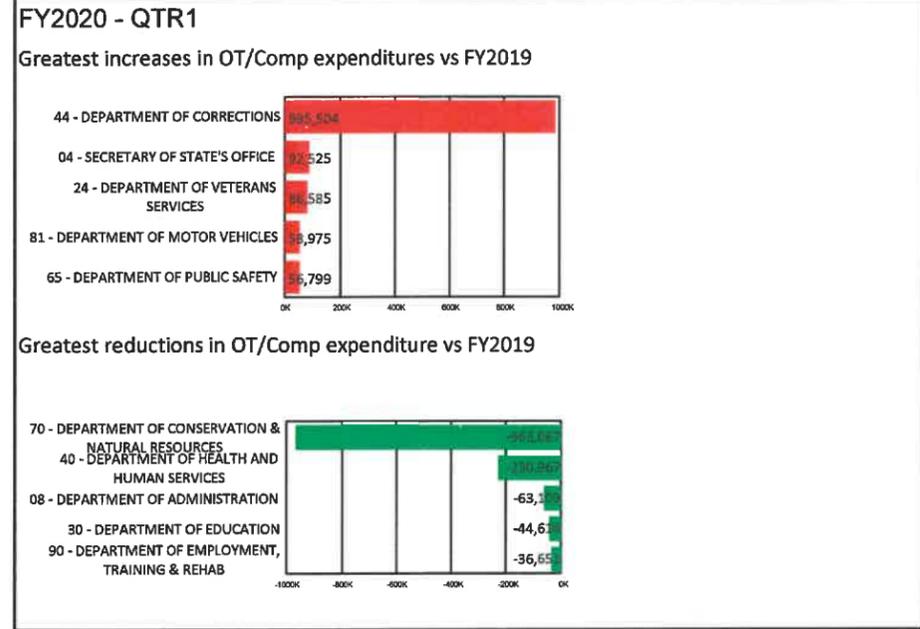
	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
2018	\$231,072,533	\$261,127,104	\$232,570,722	\$264,777,219
2019	\$242,680,480	\$274,880,354	\$242,191,033	\$276,971,716
2020	\$253,137,431	\$0	\$0	\$0

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2020 QUARTERLY ANALYSIS vs FY2019

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, December 10, 2019



FY2020 - QTR2

Greatest increases in OT/Comp expenditures vs FY2019

No Data Available

Greatest reductions in OT/Comp expenditure vs FY2019

No Data Available

FY2020 - QTR3

Greatest increases in OT/Comp expenditures vs FY2019

No Data Available

Greatest reductions in OT/Comp expenditure vs FY2019

No Data Available

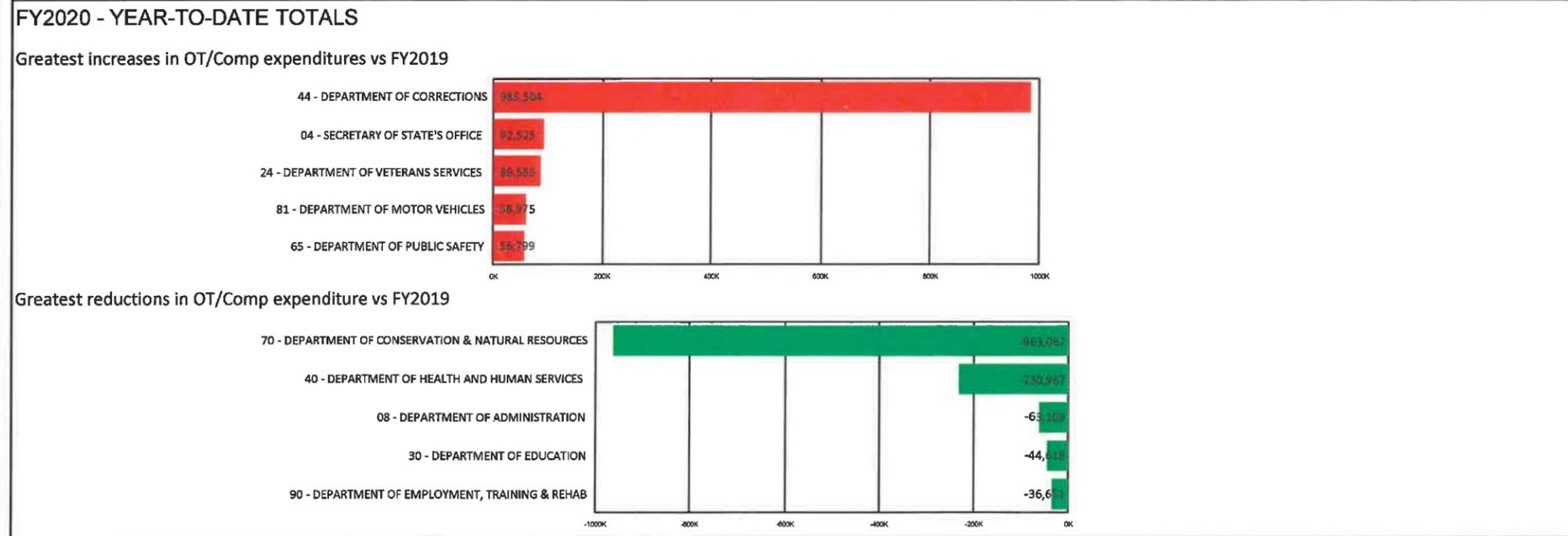
FY2020 - QTR4

Greatest increases in OT/Comp expenditures vs FY2019

No Data Available

Greatest reductions in OT/Comp expenditure vs FY2019

No Data Available



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2020 QUARTERLY DETAILED ANALYSIS

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, December 10, 2019



	FY2020QTR1				FY2020 QTR1-QTR1			
	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2019	Overtime Pay and Accrued Comp (YTD)	Total Pay (YTD)	OT/Comp as a Share of Total Pay (YTD)	Difference in OT Pay/Comp versus FY2019 (YTD)
01 - GOVERNOR'S OFFICE	\$14,038	\$1,735,789	0.81%	\$-21,827	\$14,038.17	\$1,735,788.83	0.81%	\$-21,827
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$74,677	0.00%	\$0	\$0.00	\$74,677.20	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$35,380	\$6,471,841	0.55%	\$18,795	\$35,379.75	\$6,471,840.76	0.55%	\$18,795
04 - SECRETARY OF STATE'S OFFICE	\$98,049	\$1,825,564	5.37%	\$92,525	\$98,049.39	\$1,825,564.17	5.37%	\$92,525
05 - TREASURER'S OFFICE	\$1,399	\$663,222	0.21%	\$1,037	\$1,398.93	\$663,222.09	0.21%	\$1,037
06 - CONTROLLER'S OFFICE	\$3,371	\$656,324	0.51%	\$-3,745	\$3,370.81	\$656,323.51	0.51%	\$-3,745
08 - DEPARTMENT OF ADMINISTRATION	\$101,189	\$7,828,320	1.29%	\$-63,109	\$101,188.80	\$7,828,320.23	1.29%	\$-63,109
09 - JUDICIAL BRANCH	\$0	\$6,726,861	0.00%	\$-2,506	\$0.00	\$6,726,860.99	0.00%	\$-2,506
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$9,512	\$1,561,253	0.61%	\$1,429	\$9,512.13	\$1,561,252.72	0.61%	\$1,429
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	\$0	\$276,304	0.00%	\$0	\$0.00	\$276,304.28	0.00%	\$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$677,229	0.00%	\$0	\$0.00	\$677,228.80	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$62,163	\$5,141,001	1.21%	\$14,043	\$62,163.28	\$5,141,001.29	1.21%	\$14,043
15 - COMMISSION ON ETHICS	\$0	\$114,165	0.00%	\$0	\$0.00	\$114,164.80	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$93,703	0.00%	\$0	\$0.00	\$93,702.72	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$53	\$245,641	0.02%	\$-164	\$52.61	\$245,641.49	0.02%	\$-164
24 - DEPARTMENT OF VETERANS SERVICES	\$262,387	\$2,876,956	9.12%	\$86,585	\$262,386.83	\$2,876,956.11	9.12%	\$86,585
30 - DEPARTMENT OF EDUCATION	\$34,073	\$2,633,215	1.29%	\$-44,618	\$34,072.94	\$2,633,215.33	1.29%	\$-44,618
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$6,745	\$308,606	2.19%	\$-5,431	\$6,745.21	\$308,606.25	2.19%	\$-5,431
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,695,832	\$75,104,748	3.59%	\$-230,967	\$2,695,832.04	\$75,104,747.58	3.59%	\$-230,967
43 - ADJUTANT GENERAL	\$61,668	\$1,317,652	4.68%	\$-1,798	\$61,668.29	\$1,317,651.84	4.68%	\$-1,798
44 - DEPARTMENT OF CORRECTIONS	\$3,828,849	\$38,866,945	9.85%	\$985,504	\$3,828,848.58	\$38,866,944.89	9.85%	\$985,504
50 - COMMISSION ON MINERAL RESOURCES	\$16,395	\$234,140	7.00%	\$-63	\$16,394.84	\$234,140.08	7.00%	\$-63
55 - DEPARTMENT OF AGRICULTURE	\$27,711	\$1,969,780	1.41%	\$-10,072	\$27,710.79	\$1,969,780.18	1.41%	\$-10,072
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,904,515	0.00%	\$0	\$0.00	\$1,904,514.53	0.00%	\$0
61 - GAMING CONTROL BOARD	\$181,874	\$6,306,478	2.88%	\$25,461	\$181,874.07	\$6,306,477.71	2.88%	\$25,461
65 - DEPARTMENT OF PUBLIC SAFETY	\$2,390,323	\$22,262,675	10.74%	\$56,799	\$2,390,323.13	\$22,262,675.48	10.74%	\$56,799
69 - COLORADO RIVER COMMISSION	\$1,845	\$710,076	0.26%	\$1,400	\$1,844.94	\$710,075.50	0.26%	\$1,400
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,287,398	\$12,121,767	10.62%	\$-963,067	\$1,287,398.39	\$12,121,766.79	10.62%	\$-963,067
72 - DEPARTMENT OF WILDLIFE	\$106,356	\$3,859,533	2.76%	\$33,400	\$106,356.14	\$3,859,533.17	2.76%	\$33,400
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$34,705	\$8,654,703	0.40%	\$-33,866	\$34,705.02	\$8,654,703.19	0.40%	\$-33,866
80 - DEPARTMENT OF TRANSPORTATION	\$1,317,450	\$27,510,896	4.79%	\$-21,781	\$1,317,449.85	\$27,510,896.31	4.79%	\$-21,781
81 - DEPARTMENT OF MOTOR VEHICLES	\$254,196	\$13,543,635	1.88%	\$58,975	\$254,196.34	\$13,543,634.53	1.88%	\$58,975
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$154,357	\$11,206,227	1.38%	\$-36,651	\$154,357.25	\$11,206,226.84	1.38%	\$-36,651
95 - PUBLIC EMPLOYEES BENEFITS PROGRAM	\$0	\$415,866	0.00%	\$0	\$0.00	\$415,865.81	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$224,444	0.00%	\$0	\$0.00	\$224,443.60	0.00%	\$0
Total	\$12,987,319	\$266,124,750	4.88%	\$-63,716	\$12,987,319	\$266,124,750	4.88%	\$-63,716

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2020 COMPARATIVE YEAR-TO_DATE ANALYSIS (QTR1-QTR1) VS FY2018-FY2019

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, December 10, 2019



	FY 2018 QTR1-QTR1				FY 2019 QTR1-QTR1				FY 2020 QTR1-QTR1			
	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year
01 - GOVERNOR'S OFFICE	\$300	\$1,386,065	0.02%	\$-31,069	\$35,865	\$1,540,285	2.33%	\$35,565	\$14,038	\$1,735,789	0.81%	\$-21,827
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$67,337	0.00%	\$0	\$0	\$79,060	0.00%	\$0	\$0	\$74,677	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$20,601	\$6,029,201	0.34%	\$-3,533	\$16,585	\$6,292,314	0.26%	\$-4,015	\$35,380	\$6,471,841	0.55%	\$18,795
04 - SECRETARY OF STATE'S OFFICE	\$3,548	\$1,656,484	0.21%	\$-16,939	\$5,525	\$1,674,793	0.33%	\$1,977	\$98,049	\$1,825,564	5.37%	\$92,525
05 - TREASURER'S OFFICE	\$1,308	\$536,564	0.24%	\$268	\$362	\$585,477	0.06%	\$-946	\$1,399	\$663,222	0.21%	\$1,037
06 - CONTROLLER'S OFFICE	\$7,501	\$630,176	1.19%	\$-5,699	\$7,116	\$663,171	1.07%	\$-385	\$3,371	\$656,324	0.51%	\$-3,745
08 - DEPARTMENT OF ADMINISTRATION	\$127,331	\$7,339,377	1.73%	\$-14,398	\$164,298	\$7,882,300	2.08%	\$36,967	\$101,189	\$7,828,320	1.29%	\$-63,109
09 - JUDICIAL BRANCH	\$2,060	\$6,646,265	0.03%	\$565	\$2,506	\$6,862,635	0.04%	\$446	\$0	\$6,726,861	0.00%	\$-2,506
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$5,095	\$1,469,112	0.35%	\$1,177	\$8,083	\$1,526,336	0.53%	\$2,988	\$9,512	\$1,561,253	0.61%	\$1,429
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$0	\$276,304	0.00%	\$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$740,216	0.00%	\$0	\$0	\$666,628	0.00%	\$0	\$0	\$677,229	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$35,497	\$4,531,146	0.78%	\$-47,231	\$48,120	\$4,808,467	1.00%	\$12,623	\$62,163	\$5,141,001	1.21%	\$14,043
15 - COMMISSION ON ETHICS	\$0	\$110,080	0.00%	\$0	\$0	\$100,787	0.00%	\$0	\$0	\$114,165	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$99,941	0.00%	\$0	\$0	\$96,983	0.00%	\$0	\$0	\$93,703	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$219,352	0.00%	\$0	\$217	\$228,617	0.09%	\$217	\$53	\$245,641	0.02%	\$-164
24 - DEPARTMENT OF VETERANS SERVICES	\$232,502	\$2,676,785	8.69%	\$-62,593	\$175,802	\$2,786,174	6.31%	\$-56,700	\$262,387	\$2,876,956	9.12%	\$86,585
30 - DEPARTMENT OF EDUCATION	\$64,604	\$2,345,475	2.75%	\$23,955	\$78,691	\$2,553,559	3.08%	\$14,087	\$34,073	\$2,633,215	1.29%	\$-44,618
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$1,526	\$186,142	0.82%	\$-5,774	\$12,176	\$294,250	4.14%	\$10,651	\$6,745	\$308,606	2.19%	\$-5,431
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,813,667	\$67,295,302	4.18%	\$328,388	\$2,926,799	\$71,510,141	4.09%	\$113,132	\$2,695,832	\$75,104,748	3.59%	\$-230,967
43 - ADJUTANT GENERAL	\$59,187	\$1,152,025	5.14%	\$-5,889	\$63,467	\$1,311,973	4.84%	\$4,279	\$61,668	\$1,317,652	4.68%	\$-1,798
44 - DEPARTMENT OF CORRECTIONS	\$5,772,398	\$38,471,203	15.00%	\$2,588,906	\$2,843,345	\$36,435,362	7.80%	\$-2,929,053	\$3,828,849	\$38,866,945	9.85%	\$985,504
50 - COMMISSION ON MINERAL RESOURCES	\$18,996	\$217,136	8.75%	\$5,621	\$16,458	\$212,274	7.75%	\$-2,538	\$16,395	\$234,140	7.00%	\$-63
55 - DEPARTMENT OF AGRICULTURE	\$19,890	\$1,746,722	1.14%	\$-10,107	\$37,783	\$1,802,872	2.10%	\$17,893	\$27,711	\$1,969,780	1.41%	\$-10,072
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,622,008	0.00%	\$0	\$0	\$1,849,658	0.00%	\$0	\$0	\$1,904,515	0.00%	\$0
61 - GAMING CONTROL BOARD	\$158,281	\$5,870,044	2.70%	\$52,679	\$156,413	\$5,929,203	2.64%	\$-1,868	\$181,874	\$6,306,478	2.88%	\$25,461
65 - DEPARTMENT OF PUBLIC SAFETY	\$2,226,166	\$20,632,474	10.79%	\$228,062	\$2,333,524	\$21,709,460	10.75%	\$107,358	\$2,390,323	\$22,262,675	10.74%	\$56,799
69 - COLORADO RIVER COMMISSION	\$819	\$636,261	0.13%	\$262	\$445	\$697,940	0.06%	\$-374	\$1,845	\$710,076	0.26%	\$1,400
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,898,711	\$11,572,828	16.41%	\$356,962	\$2,250,466	\$12,742,649	17.66%	\$351,754	\$1,287,398	\$12,121,767	10.62%	\$-963,067
72 - DEPARTMENT OF WILDLIFE	\$54,193	\$3,479,610	1.56%	\$-16,728	\$72,956	\$3,659,052	1.99%	\$18,763	\$106,356	\$3,859,533	2.76%	\$33,400
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$54,068	\$8,164,376	0.66%	\$-45,596	\$68,571	\$8,580,789	0.80%	\$14,504	\$34,705	\$8,654,703	0.40%	\$-33,866
80 - DEPARTMENT OF TRANSPORTATION	\$1,392,396	\$25,157,192	5.53%	\$191,861	\$1,339,231	\$26,214,466	5.11%	\$-53,165	\$1,317,450	\$27,510,896	4.79%	\$-21,781
81 - DEPARTMENT OF MOTOR VEHICLES	\$133,264	\$12,405,333	1.07%	\$22,839	\$195,222	\$12,837,086	1.52%	\$61,958	\$254,196	\$13,543,635	1.88%	\$58,975
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$183,846	\$10,684,167	1.72%	\$-20,177	\$191,008	\$10,936,485	1.75%	\$7,163	\$154,357	\$11,206,227	1.38%	\$-36,651
95 - EMPLOYEES' BENEFITS DIVISION	\$0	\$376,696	0.00%	\$0	\$0	\$439,202	0.00%	\$0	\$0	\$0	0.00%	\$0
95 - PUBLIC EMPLOYEES BENEFITS PROGRAM	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$0	\$415,866	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$207,190	0.00%	\$-2,113	\$0	\$221,069	0.00%	\$0	\$0	\$224,444	0.00%	\$0
Total	\$15,287,754	246,360,286.58	6.21%	\$3,513,699	\$13,051,034	255,731,514.02	5.10%	\$-2,236,719	\$12,987,319	266,124,749.60	4.88%	\$-63,716

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

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

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
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Date: November 22, 2019
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Laura Freed, Executive Branch Budget Officer
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.

OCCUPATIONAL BOARDS AND COMMISSIONS

Agenda Item Write-up:

Update on NRS Title 54 Boards and the amounts of their contracts, as well as those Boards that had lobbyist representation at the 2019 Legislative Session without a Board/Clerk-approved contract.

Additional Information:

Almost all occupational boards and commissions are authorized pursuant to Title 54 of Nevada Revised Statutes. However, occupational boards and commissions are excluded from many of the same statutory requirements as Executive Branch departments. Occupational boards are excluded from NRS 284 (state personnel laws), NRS 353 (the state Budget Act), and NRS 353A (internal accounting). As such, the Governor's Finance Office does not know the contents of most boards' budgets, nor their number of personnel and classifications.

One exception to this administrative exclusion from most state business processes is contracting. Pursuant to NRS 333.020, occupational boards are included in the definition of "using agencies" of the Purchasing Division. Therefore, board contracts are subject to Board of Examiners review. The GFO has prepared a list of all the contracts that exist within the contract tracking system, both current and expired. There is a list of lobbying services/government relations contracts as well as a list of legal services contracts.

REVIEWED: 
INFO ITEM: _____

Contract Number	Vendor Name	Service	Board Agency Number	Board Name	Contract Term	Total Amount of Contract (including all approved amendments)	Rate
20592	Alpha Omega Strategies, Inc.	Legislative Services	B007	Dental Examiners	10/9/18-6/30/20	\$72,000	3428.57/month
20571	Capitol Partners	Govt Relations Svc	B029	Social Workers	8/1/18-6/30/20	\$40,500	varies by month
21365	CARRARA GROUP LLC	Lobbyist Services	B024	Podiatry	1/15/19-6/30/19	\$12,600	2100/month 200/hr except during 2021 session when
22336	CARRARA GROUP LLC	Government Affairs	B024	Podiatry	10/8/19-12/31/21	\$40,000	\$2300/month
19017	Dan Musgrove Advocacy, Inc.	Legislative Services	B005	Chiropractic Examiners	8/15/17-6/30/19	\$49,081	varies by month
17879	J.K. Belz & Associates, Inc.	Lobbying Services	B006	Cosmetology	7/1/16-5/31/20	\$126,000	2625/month
21740	K. Neena Laxalt Consulting	Lobbyist Services	B023	Physical Therapy Examiners	12/6/18-12/31/20	\$48,000	2000/month
17757	Kaempfer Crowell	Lobbyist Services	B001	Accountancy	1/1/17-12/31/19	\$54,000	1500/month
22194	Kaempfer Crowell	Government Affairs	B001	Accountancy	9/10/19-6/30/22	\$61,200	1800/month
21446	KAEMPFER CROWELL Ltd.	Government Affairs	B017	Nursing	2/12/19-2/12/20	\$48,000	4000/month
21156	McDonald Carano	Lobbyist	B021	Oriental Medicine	7/1/18-6/30/19	\$27,000	varies by month
19775	McDonald Carano	Lobbyist Services	B026	Osteopathic Medicine	4/10/18-12/31/21	\$116,000	varies by month
20048	Paula Berkley	Lobbyist Services	B003	Audiology/Speech Pathology	7/1/18-9/30/19	\$30,000	2000/month
19883	Paula Berkley	Lobbyist Svcs	B031	Occupational Therapy	4/6/18-9/30/19	\$36,000	2000/month
21751	Strategies 360, Inc.	Legislative Services	B005	Chiropractic Examiners	8/9/19-6/30/21	\$60,500	varies by month
20999	The Ferraro Group	Professional Service	B011	Contractors	1/1/19-12/31/20	\$288,000	12000/month

(includes other services besides lobbying)

The following individuals and entities appear to have been working for occupational boards during the 2019 session without a contract in place:

Paula Berkley – Registered Environmental Health Specialists

Tom Clark/Keith Lee – Medical Examiners

McDonald Carano – Professional Engineers and Land Surveyors

McDonald Carano -- Optometry

Capitol Partners – Homeopathic Medical Examiners

Neena Laxalt/Alex Tanchek/Keith Lee – Massage Therapy, Psychological Examiners, Dispensing Opticians, Vet Med Examiners

Jim Wadhams/Fennemore Craig – Architecture, Interior & Residential Design